

ENOC SYNTHESIS REPORT

The Protection and Promotion of the Rights of Children in Alternative Care

2024



Co-funded by
the European Union



Research commissioned by the
European Network of Ombudspersons for Children (ENOC)

This report is authored by
Tarja Pösö, Independent Expert Advisor, Professor Emerita,
Tampere University, Finland

Terhi Tuukkanen, Senior Researcher,
Office of the Ombudsman for Children, Finland

Elina Pekkarinen, the Ombudsman for Children in Finland



ENOC is co-funded by the European Union's Citizenship, Equality, Rights and Values Programme (CERV 2022-2025). The content of this publication represents only the views of ENOC and is its sole responsibility. The European Commission does not accept any responsibility for use that may be made of the information it contains.

Table of Contents

1. Summary	6
2. Introduction	7
3. The point of departure: children's rights in alternative care	8
4. The survey: concepts and data collection	10
5. Alternative care as a response to concerns of children's well-being and safety – Children's entry and exit	14
5.1 Making decisions to take a child into alternative care	14
5.2 The number and profiles of children entering alternative care	17
5.3 The length of care provision and exit from care	21
5.4 The placement in alternative care	23
6. Children's involvement in decision-making regarding their placement	25
6.1 Norms and practices of involvement	25
6.2 Children's involvement in making changes and activism	29

7. Maintenance of contact	33
7.1 Contact in general	33
7.2 Contact with siblings	36
7.3 Maintaining culture, religion, language and/or identity roots	38
8. The quality of alternative care	40
8.1 Quality in practice	40
8.2 Practitioners' awareness of children's rights in alternative care	43
9. Children's Ombudspersons and alternative care	46
9.1 The role regarding alternative care	46
9.2 The role of Children's Ombudspersons and the survey	48
10. Conclusion	50
References	53
Appendix 1 & 2	55

1. SUMMARY

The report explores the protection and promotion of children's rights in alternative care as reported by the Children's Ombudspersons, members of the European Network of Ombudspersons for Children (ENOC). The starting point for the report is that rights are universal and all children in alternative care are entitled to the recognition of their rights. The report builds on a survey, designed by the ENOC Working Group on the rights of children in alternative care, to which 34 jurisdictions out of the 43 ENOC members (based in 33 countries) contributed. The contributing jurisdictions vary in terms of their legal, political, and social circumstances, and in terms of the nature and role of alternative care among the services provided to children and families. Although the contextual issues matter, this report presents the overall state and nature of children's rights in alternative care in European jurisdictions as seen by the Children's Ombudspersons.

The findings highlight a variety of shortcomings in the implementation of children's rights and in the quality of alternative care. There are groups of children who are recognised to be especially vulnerable: young children, children with disabilities or behavioral problems and/or children from a minority/migrant background. Children lack opportunities and experiences of meaningful participation, and they and their families may experience stigma as users of child welfare services. Family reunification and leaving care are especially challenging moments in the alternative care trajectory, requiring much more support than given at this moment. There may be a lack of contact between children, their parents, siblings, and other close people; sometimes the contacts are harmful, and their safety is not well supported. Cross-border placements and children's right to maintain their culture, religion, language, and identity roots as well as the fragmentary monitoring of the quality of care are also frequently mentioned as shortcomings of alternative care. In addition to such shortcomings, the report also highlights good practices, which recognise children's rights. The practices to place children under the age of three in family-based care, the rich variety of guidelines and regulations to guide practice, and activism among children and young people who have experienced care are among the many examples.

The ENOC policy statement on protecting and promoting the rights of children in alternative care, published separately, is informed by the survey findings. It provides recommendations to the national, regional, European, and international authorities and all other relevant authorities on how to better implement children's rights in alternative care.

2. INTRODUCTION

In 2024, the European Network of Ombudspersons for Children (ENOC) decided to issue a policy position statement concerning the protection and promotion of the rights of children in alternative care and to carry out a survey to support the preparation of the statement. This report presents the findings of the survey exploring the present state of children's rights in alternative care in the ENOC jurisdictions. The survey was completed by 34 out of 43 ENOC member institutions¹.

Previously, in 2011, the ENOC survey and related report "Respect of the rights of children & young people living in institutional care: state of play" (Vanderkerchove 2011) was published. In contrast to the previous report's focus on institutional care, the present report aims to cover alternative care also including family-based foster care and other types of care. Given the current focus, there is considerable variation across the countries and jurisdictions regarding the very definition of alternative care and relevant practices and policies, not to mention the data and information available. The variation poses challenges to any production of information about alternative care and children's rights in care, and these challenges need to be taken into account when interpreting the findings. Nevertheless, the survey findings highlight clearly that it is imperative to strengthen the role and impact of children's rights in policies and practices with/about children in alternative care.

The report is structured to present the survey findings. Before the presentation of the survey, children's rights in alternative care are framed as seen from the point of view of ENOC and its aims and activities. The ENOC policy position statement is published as a separate document.

¹ In September 2024, Poland joined ENOC, bringing the total membership to 44 institutions.

3. THE POINT OF DEPARTURE: Children's rights in alternative care

Alternative care protects children's rights, but it may also restrict them. Concerning children's rights, the conditions and procedures for alternative care are specified in Article 9 and Article 20 of the Convention on the Rights of the Child (CRC). The key content of Article 9 is summarized by Tobin & Cashmore (2019), stating that there is, first, a presumption against the separation of children from their parents and that, secondly, separation is permitted only when competent authorities subject to judicial review determine that it is in accordance with applicable laws and procedures and when it is necessary for the best interests of the child. Article 9 reads in detail as follows:



States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. Such determination may be necessary in a particular case such as one involving abuse or neglect of the child by the parents, or one where the parents are living separately and a decision must be made as to the child's place of residence.

In any proceedings pursuant to paragraph 1 of the present article, all interested parties shall be given an opportunity to participate in the proceedings and make their views known. States Parties shall respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests.

Where such separation results from any action initiated by a State Party, such as the detention, imprisonment, exile, deportation or death (including death arising from any cause while the person is in the custody of the State) of one or both parents or of the child, that State Party shall, upon request, provide the parents, the child or, if appropriate, another member of the family with the essential information concerning the whereabouts of the absent member(s) of the family unless the provision of the information would be detrimental to the well-being of the child. States Parties shall further ensure

that the submission of such a request shall of itself entail no adverse consequences for the person(s) concerned. ”

The UN Guidelines for the Alternative Care of Children (UN 2010) provide further guidelines to safeguard children’s rights and well-being in alternative care arrangements, aligning with the broader principles of the Convention on the Rights of the Child. The guiding principles also include the preference for family-based care, an individual approach to the consideration of the best interests of the child, avoidance of discrimination, monitoring and standards for quality in alternative care, and the participation of children.

There have, however, been various concerns expressed by the CRC Committee (Tobin & Cashmore 2019), the European Commission’s target group discussion in 2019 (Lerch & Severinsson 2019), and the UN CRC General Discussion Day 2021 (UN 2021 Day of General Discussion), among many others, about the problems of the child’s best interests in alternative care. Among the concerns highlighted are discrimination resulting in the overrepresentation of some groups of children, a lack of children’s participation, the poor quality of alternative care and its monitoring systems as well as a shortage of information about children in alternative care.

4. THE SURVEY:

Concepts and data collection

The key concept of the survey is “alternative care”. The definition of the concept is informed by the UN Guidelines for the Alternative Care of Children (2010). Alternative care refers here to a service decided on by public authorities following the country’s/jurisdiction’s legislation and administrative practices and provided by public authorities and other recognised service-providers. Alternative care is implemented for the sake of the protection and welfare of children and with the sole or main motives for removals of children from parental care (excluding arrangements for punishment, education, or medical care only). The lack of quality of parental care (e.g., due to abuse and neglect) is among the prerequisites for children entering alternative care. The forms of alternative care may vary, typically meaning family-based foster care, residential care, or formal kinship care.

As the focus of this survey is on formal alternative care, it is important to acknowledge that there may also exist informal arrangements for the care of children without any involvement of public authorities in the countries/jurisdictions. These arrangements may take place within families, with relatives, or with friends (e.g., informal kinship care), and may be short or long-term arrangements. They are not, however, explored in this study. Furthermore, inter-country adoptions are excluded from this survey. It is important to also note that the survey does not include any information about other services for children and families in the ENOC region. It is known that alternative care is only one of the services provided to children and families in need or at risk, and the array of other services and benefits vary across the countries in a complex way (e.g. Burns et al. 2017; Berrick et al. 2023).

The survey was designed by the ENOC Working Group to map the key themes of children’s rights in alternative care in spring 2024. The survey includes questions (96 altogether) about legislation and other formal regulations, practice, and the Children’s Ombudspersons’ informed views about the topic. There are questions related to decisions made about taking children into alternative care, about the practices while children are in alternative care and when children leave care. There is also a section of questions addressing the informants’ overall views about children’s rights in alternative care and the [survey itself](#). The survey material was collected by the Office of the Ombudsman for Children, Finland. The data is the property of ENOC. The analysis was conducted, and the report was prepared by an independent expert advisor in cooperation with the Office of the Ombudsman for Children in Finland.

The survey was shared with the 43 ENOC member institutions based in 33 countries within largest Europe. By April 2024, 34 member institutions have contributed to the survey. Those are based in the following jurisdictions:

Albania	Denmark	Jersey (UK)	Scotland (UK)
Andalusia (Spain)	England (UK)	Latvia	Serbia
Basque country (Spain)	Estonia	Lithuania	Slovakia
Belgium (Flanders)	Finland	Malta	Slovenia
Belgium (Wallonia/Brussels)	France	Montenegro	Sweden
Catalonia (Spain)	Georgia	Norway	The Netherlands
Croatia	Greece	Republic of Moldova	Ukraine
Cyprus	Iceland	Republika Srpska (B&H)	Wales (UK)
	Ireland		
	Italy		

Later in May 2024, the respondents were asked to check the numerical information about children in alternative care. The challenge to report comparable statistical information about children in alternative care has been acknowledged in many contexts for many years (e.g. Thoburn 2007; Better data for better child protection systems in Europe 2021). This challenge is deeply evident in this survey as well. Although we provided some general definitions of the decisions of alternative care, they do not communicate well with the jurisdictions' typologies of decisions. This remark was also frequently mentioned by the respondents to the survey when providing feedback on the questionnaire. Definitional challenges in general as well as the length and details of the survey questionnaire were among the critical remarks; positive feedback included the importance of the topic and the detailed questions. The survey obviously required a high level of expertise: seventeen surveys were answered by three or more persons, eleven by two, and only five were filled in only by one respondent. Despite the challenges of the study, the data is rich and informative. Many of the survey responses include detailed free text comments.

The analysis is done from the perspective of children's rights in alternative care, which means that the report does not aim to compare the countries and jurisdictions. Instead, it aims to present the state and nature of children's rights in alternative care in European jurisdictions as seen by Children's Ombudspersons. Consequently, only very rarely will some country or jurisdiction specific data be highlighted as examples of the topic at hand. The overall frame for presenting the findings rests on the sentiment that children's rights are universal and all children within the ENOC region are entitled to the recognition of their rights. It is thus important to highlight any shortcomings with regard to that recognition, which may exist in a jurisdiction; it is, however, of less importance – or no importance at all – in which jurisdiction such shortcomings exist.

The analysis is descriptive. It presents the responses to the answer options provided in the survey form. Free text answers vary in terms of details, style, and other similar considerations. The free text responses may be one word or include a long text with links to several websites, for example. When analysing the free text answers, efforts have first been made to see whether there are any reoccurring themes; if there are, they are presented. Secondly, the analysis focused on the variation of the themes and also aimed to recognise rarely occurring themes, if relevant to the topic. For the sake of the readability of the report, the key messages from the free text answers are presented in the form of thematic summaries with some original extracts from the data.

Although the survey responses are rich, *the limitations of the report* should be acknowledged. In particular, the conceptual challenges should be kept in mind when reading the report. The conceptual challenges are at least of two kinds. First, the child welfare systems may use the same kind of terminology but the meaning of the terms differ. Some meanings are taken for granted or are assumed to be universal with the result that they are not specified². Although we tried to provide certain definitional criteria to address the topics, it is most likely that the jurisdictions struggled to fit their terms into the terms provided. The types of removals are one such example. The term ‘care order’, for example, was specified in the survey as follows: “a child is taken into public care on a long-term basis, birth parents’ rights are restricted or terminated and public authorities have rights to make a variety of decisions concerning the child”. For some respondents, this definition was problematic as it did not include information on whether it is especially courts that make those decisions. Courts as decision-makers were not, however, included in the definition provided as it was known that care order decisions are not made only by courts in some jurisdictions. Secondly, almost all respondents needed to translate their own terminology and practices into English from their own languages. The English language terminology might have changed the original meaning of the terms.

Furthermore, regarding the limitations of the report, the respondents report about the limited nature or lack of information about alternative care. In some jurisdictions, there may (only) be (a) few statistics, reports, or studies available about the topics of the survey. The profiles of the Children’s Ombudspersons also vary to a great degree as some of them have very direct links with children in alternative care whereas others work more at distance from children in care (see Chapter 9). As the survey includes topics about “facts” and ‘informed views of the respondents’, it is essential to acknowledge the diversity of the knowledge base, which the survey responses reflect. When presenting the findings, we also frequently present the responses of ‘I do not know’ to highlight any shortage of information. In addition, we also often present the numbers when the informants have left the question blank (without any answer).

² For example, when we asked about “short-term placements”, it is very likely that “short-term” was interpreted differently: either days, weeks, or a month – or months.

When working with the survey results, we took a neutral standpoint and withdrew from making any assumptions about the “correctness” of the information given. The statistical information is, however, treated differently. As the statistical information about children entering and exiting alternative care seemed to include some obvious mistakes, the respondents were given the opportunity to revise the information initially provided. Nevertheless, there are still doubts about the accuracy of the statistics, not to mention the gaps in information. Therefore, we do not provide any detailed overview of the number of children in the system of alternative care (see Appendix 1). The general style of presenting the findings is such that we do not intend to provide our interpretation of the survey responses or their context-specific meaning. Occasionally, there are references to research literature to highlight some important similarities or differences.

5. ALTERNATIVE CARE AS A RESPONSE TO CONCERNS OF CHILDREN'S WELL-BEING AND SAFETY –

Children's entry and exit

5.1 Making decisions to take a child into alternative care

According to the CRC, Article 9, children should not be separated from their parents against their will, except when competent authorities subject to judicial review determine that such separation is necessary. The decisions to take a child into care are based on legislation in the ENOC jurisdictions. Only a few jurisdictions refer to one piece of child welfare legislation to guide the decisions and related criteria and procedures, whereas several jurisdictions have a variety of legislations related to the decision of placement and form of care (e.g. family law, adoption law).

Children can enter alternative care as a result of a variety of decisions. The terminology varies and the terms do not necessarily translate easily into English. We provided the following explanations to define the types of decisions:

- a. adoption: a child placed in alternative care is permanently removed from the birth parents' care to the private care of adoptive parents, and the birth parents' rights are terminated
- b. "care order": a child is taken into public care on a long-term basis, the birth parents' rights are restricted or terminated, and public authorities have the right to make a variety of decisions concerning the child
- c. short-term placements: for support or respite, no restriction of parental rights, voluntary entry and exit
- d. emergency placements: short-term removals in cases of urgent need
- e. change of guardianship
- f. other types of removal

In Table 1, following the definitions expressed above and the responses of the Children's Ombudspersons, care orders, and emergency placements exist in almost all jurisdictions, whereas adoption, short-term placements, and change of guardianship are less common but still (relatively) widespread. The data does not, however, specify whether adoption has been

mentioned here as an option for the placement in alternative care or whether it refers to the existence of adoption in the jurisdiction's legislation in general. Its frequency as an option for child welfare removal in the sense of "adoption from care" is quite high from the point of view of existing literature on adoption from care (Pösö et al. 2021).

Table 1 - The types of removal decisions into alternative care as defined in legislation in the ENOC region

	Yes	No	I do not know	Total	No answer
Adoption	28 (82%)	6 (18%)	0 (0%)	34 (100%)	0 (0%)
"Care order"	32 (94%)	1 (3%)	0 (0%)	33 (97%)	1 (3%)
Short-term placements	29 (85%)	4 (12%)	0 (0%)	33 (97%)	1 (3%)
Emergency placements	33 (97%)	1 (3%)	0 (0%)	34 (100%)	0 (0%)
Change of guardianship	26 (77%)	4 (12%)	0 (0%)	30 (88%)	4 (12%)
Other types of removal	9 (27%)	11 (32%)	2 (6%)	22 (65%)	12 (35%)

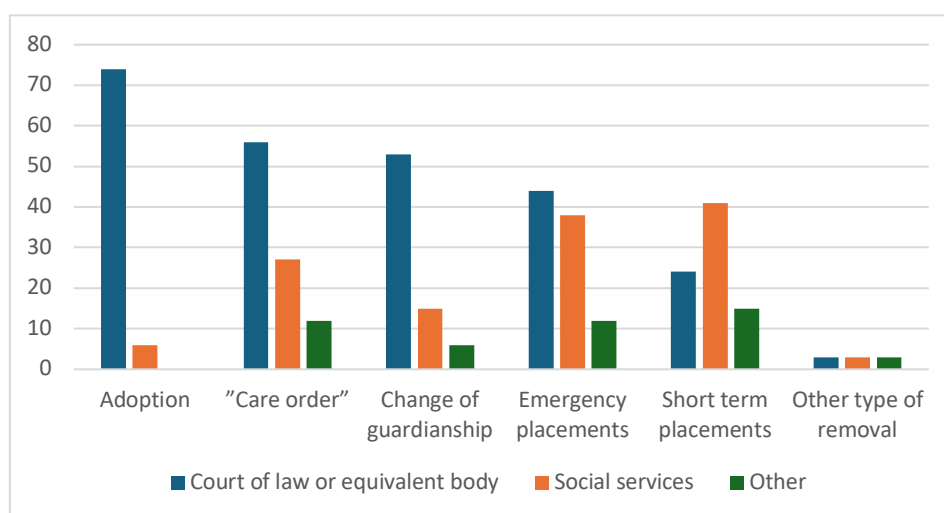
When specifying what other types of removal include, the following explanations are given: long-term voluntary removals, removals for assessment or for treatment, removals for stateless children and foreign citizens up to three years, and the police keeping the child.

The decision-making body for the decisions of adoption, care order, and change of guardianship is often the court but not always (Figure 1)³. Social services also make some of those decisions, with the majority being decisions on short-term placements and emergency placements. The duty to make decisions also falls to other instances not specified in this survey.⁴

³ The role of the courts or court-like bodies differs from a study by Burns et al. (2017) as well as that by Pösö et al. (2021) in which they were the common decision-making bodies for adoption and care orders.

⁴ There is a high number of 'I do not know' or empty answers regarding this question.

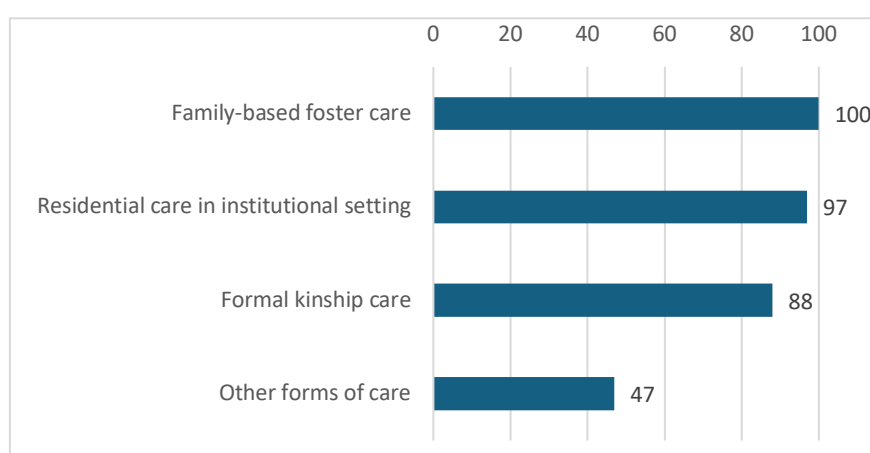
Figure 1 - The decision-making bodies (% of jurisdictions)



The reasons why children are taken into alternative care rest on the criteria provided by legislation. Some jurisdictions follow detailed criteria set by legislation. More professional discretion is needed in those jurisdictions that have legislation with less specific criteria. Although we asked the respondents to mention the three main reasons for the placements in alternative care, the majority of the answers do not reflect the question in detail. Instead, the answers provide a wider view of the reasons such as the references to relevant legislative paragraphs. One explanation for the missing information about the main reasons is that such information was not available to the informants. The lack of collected information about reasons for entering care was also mentioned in the UN and Eurochild report (Better data for better child protection systems in Europe 2021). In general, the reasons for removals widely address children's safety and well-being, and, to some extent, children's behavioral problems. The loss of parents (orphans) is mentioned in some answers as one reason for a removal. Children with disabilities and unaccompanied minors are included in the criteria for alternative care in a varied manner.

The forms of alternative care include family-based foster care in all jurisdictions. Residential care is almost equally common. Formal kinship care exists in 30 jurisdictions out of 34. Other forms of care are specified to mean professional family homes, treatment centers, children living on their own, at home, hostels/hotels and secure institutions.

Figure 2 - The forms of alternative care (% of jurisdictions)



Secure care as one form of placement is provided in 22 jurisdictions (65%). Eleven respondents (32%) reported that secure care does not exist and one (3%) did not know. Half of the jurisdictions (17.5%) allow cross-border placements and 13 (38%) do not allow them. Three respondents (9%) did not know whether they are allowed.

More than half of the jurisdictions have regulations to guide the number of children staying in the same residential unit (65%) or foster home (68%) at the same time. The numbers given vary between two and 150 children in the same residential units, with the numbers of seven and eight being mentioned most often⁵. It is also mentioned that the number of children can be flexible if, for example, siblings need to be placed in the same unit. In addition, it is said that the norms vary between different types of residential institutions in some jurisdictions. Regarding the regulation about foster care, the number of children in the same foster home varies between one and five. The number can also be modified in the case of siblings to be placed. Some regulations also consider the number of children placed at the same time as well as the birth children of the foster family. Unfortunately, this survey does not give any hint about the number of children staying in residential units and foster homes at the same time in those jurisdictions that do not have any regulations.

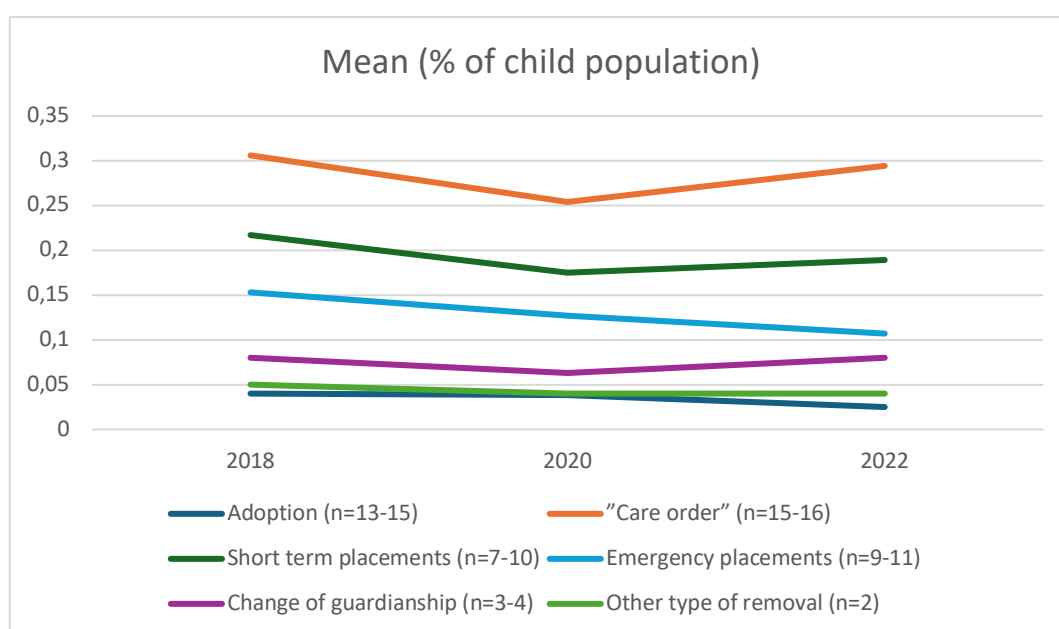
5.2 The number and profiles of children entering alternative care

A recent report “Better data for better child protection systems” by UNICEF and Eurochild (2021) highlights the challenges on both national and international levels to obtain accurate data about alternative care. In a cross-country context, the data, especially the numbers of children entering and being in alternative care, are problematic as the measures and data

⁵ It is very likely that the term ‘residential care unit’ has varied meanings in different contexts (e.g. living units for children vs. institution as a whole).

collection vary across the jurisdictions and information is thus not truly comparable. Nevertheless, it is often informative to have a rough overview of the number of children in alternative care across the jurisdictions. That is why in this survey we also asked about the number of children entering alternative care. Although we asked the respondents to check the information included in the survey in the first round, we are still hesitant about the accuracy of the data due to data availability and definitional differences⁶, and therefore present the statistical information only in the appendix (Appendix 1). We were also interested in the changes before and after the years of the COVID-19 pandemic. Figure 3 presented here should be read with caution as the information covers only a fraction of the jurisdictions. Table 4 suggests, however, that the number of emergency placements might have decreased since 2018 and also after the key pandemic years but the placements by care order and short-term placements tend to have slightly increased since 2020.

Figure 3 - The changes of children entering alternative care in 2018, 2020 and 2022



Regarding the age of children entering alternative care, we decided to obtain information only about the age profiles of children in each country. This was done due to the differences in the age categories used in the jurisdictions' data gathering. It is however noteworthy that 10 respondents could not provide any information to this general question, reflecting the lack of information. This rather vague data about the age profiles highlights that the majority of children in 12 jurisdictions out of 24 enter care in their teenage years. Very young children, below the age of two, make up the majority only in one jurisdiction.

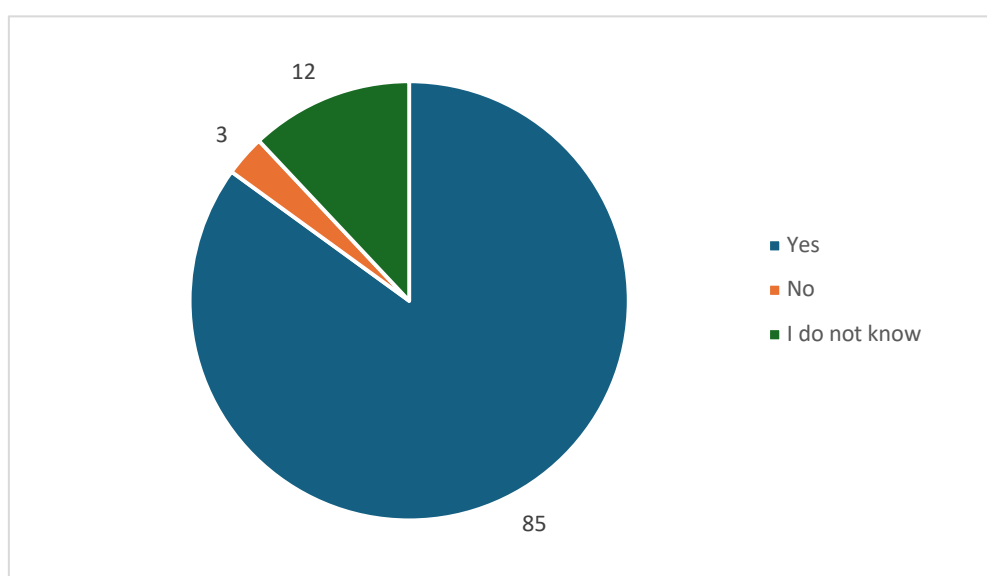
⁶ In some jurisdictions, a child may be counted several times if they have been removed by different decisions. This is one example of the factors hindering the comparability of the data.

Table 2 - The majority of the age of children who enter alternative care

	Frequency	Percent
Children below the age of 2	1	3%
Children between the age 2 and 12	11	32%
Children older than 12	12	35%
Total	24	71%
No answer	10	29%

As the UN Guidelines for Alternative Care state that children under the age of three should be placed in family-based settings, we asked whether children under three years are placed mainly in family-based settings. This is the case in 29 jurisdictions (85%). Four respondents reported that they did not know, and one answered negatively. In the latter case, the reason for not placing all young children in family-based foster care is reported to be the insufficient number of foster families that are able and willing to take care of children under the age of three.

Figure 4 - Distribution of answers to the question “Are children under the age of 3 placed in family-based settings?” (% of jurisdictions)



We asked whether the Children’s Ombudspersons see that there are any groups of children and/or families that are under, or over-represented among the children taken into alternative care: more than half of them (21/34) acknowledge certain groups to be over-represented (Table 3) whereas five did not think so and eight did not know. The latter number is quite high considering that over and under-representation may be a sign of discrimination in society and shortages of services for some groups.

Table 3 – Distribution of answers to the question “Are there any groups of children and/or families that are under- or over-represented among the children taken into alternative care in the jurisdiction?”

	Frequency	Percent
Yes	21	62%
No	5	15%
I do not know	8	24%
Total	34	100%

Those groups that are over-represented are described in the free text comments as children with a disability or from ethnic/migrant backgrounds. Ethnic/migrant background refers when specified, to migrants, Roma, and/or Travelers, or unaccompanied minors. Disability, that of children or their parents, and migrant/ethnic background are seen to be related to poverty and other (long-lasting) socio-economic vulnerabilities. Under-representation is only mentioned twice. When it is mentioned, it refers to specific ethnic groups in the jurisdiction’s context.

Furthermore, while children are in alternative care, some – and to some extent similar – discriminatory elements are acknowledged (Table 4).

Table 4 - Distribution of answers to the question “Are there any groups of children whose needs and rights for welfare and protection are, in the respondents’ views, ignored or systematically poorly met in alternative care?”

	Frequency	Percent
Yes	19	56%
No	10	29%
I do not know	4	12%
No answer	1	3%
Total	34	100%

According to the free text answers, children with disabilities and from migrant/ethnic backgrounds are among those whose needs and rights are ignored or systematically poorly met. They are also those who are seen as over-represented among children taken into care. In addition, children with behavioral problems, unaccompanied minors, and young people leaving care belong to those groups of children whose needs and rights are not well met in alternative care.

5.3 The length of care provision and exit from care

Information about how long children stay in alternative care is only available for 17 jurisdictions. Information does not exist in 12 jurisdictions and five respondents did not know whether it existed. Even when information is available, the survey findings do not provide a solid overview of the periods when children stay in alternative care. Some respondents remark that the removal is permanent and/or long, but do not specify what it concretely means in terms of children's time in care. Self-evidently, some removal decisions are time-limited (e.g. emergency placements). When the length of removal by a care order decision is specified in some free text comments, the period of five years or more is often mentioned to describe the majority of children.

Despite the difficulty of learning about the average length of stay in alternative care, it is clear that the continuation of the placement is regularly assessed once or twice a year in most jurisdictions (62%). Nevertheless, there are also practices that are less frequent (3%) or only by request (15%). Six respondents did not know about the frequency of those assessments.

Table 5 - Distribution of answers to the question “How often is the need for the placement of a care order decision assessed in accordance with legislation or other formal regulations?”

	Frequency	Percent
Monthly	0	0%
1-2 times a year	21	62%
Less frequently	1	3%
Only when someone asks for such an assessment	5	15%
I do not know	6	18%
No answer	1	3%
Total	34	100%

According to the informed views of Children's Ombudspersons, there are considerable shortcomings regarding support for families to be united: only three respondents see that support is given well or very well. In addition, there are concerns about the services to support children towards independent living after alternative care: only four respondents see it as being done well or very well.

Table 6 - Distribution of answers to the question “How well does alternative care in its present form provide support for families to be united and children’s independent living?”

	Very well or well	Adequately	Needs improvement or inadequately	I do not know
Prepare children for independent living after alternative care?	4 (12%)	3 (9%)	25 (64%)	1 (3%)
Provide adequate support for families to be reunited?	3 (9%)	8 (24%)	21 (62%)	1 (3%)

Concerns about the lack or shortage of support exist despite there being formal regulations for providing services for children leaving care in more than half of the jurisdictions. Such regulations exist when young people age out of care and when they leave care before the age of 18⁷.

Table 7 - Distribution of answers to the question “Are there formal regulations for providing services for children leaving care?”

	Yes	No	I do not know	No answer
Under the age of 18	22 (65%)	7 (21%)	1 (3%)	4 (12%)
At the age of 18	27 (79%)	3 (9%)	1 (3%)	3 (9%)

Some jurisdictions make exit plans to support children when they leave care, and there are services provided to families/children. Services mentioned include counselling and support for families to have a certain living standard. It is, however, difficult to draw a detailed picture of the services. It is noteworthy that in some jurisdictions care expires when children are 15 or 16 whereas in other jurisdictions the age is 18 (unfortunately, we did not collect information about this age from all jurisdictions). Transition into adulthood may be supported in some jurisdictions until the age of 21 or 23. The services include support in general and support for housing, employment and education to varying degrees. However, even though regulations and services exist, there are major concerns about children leaving care. The informants are concerned about the lack of skills for independent living (emotional as well as practical), lack of housing, employment and financial resources as well as lack of general support in the transition from care into independent living. ⁸Some children leave care to live on the streets,

⁷ We also asked for information about the numbers of children leaving care either to be reunited with their family or when they age out of care. Unfortunately, the data received is too diverse and limited to be used in detail in this report (see Appendix 1).

⁸ Research exploring transition from care has highlighted the problems attached to leaving care for many years, including the shortage of services and the complex dynamics between young people’s agency and institutional practices, but also the differences among young people leaving care (e.g. Bond et al. 2024; Stein & Munro 2008). Unaccompanied minors, young people who identify as LGBTQIA+ and young people who leave care to live on the streets are

and some return to their parents' (inadequate) homes. Children/young people may have lost contact with their local community due to the location of the placement, which will make it difficult to find a place to settle and start independent living. Many respondents report poor outcomes due to the difficulties that children experience when leaving care.

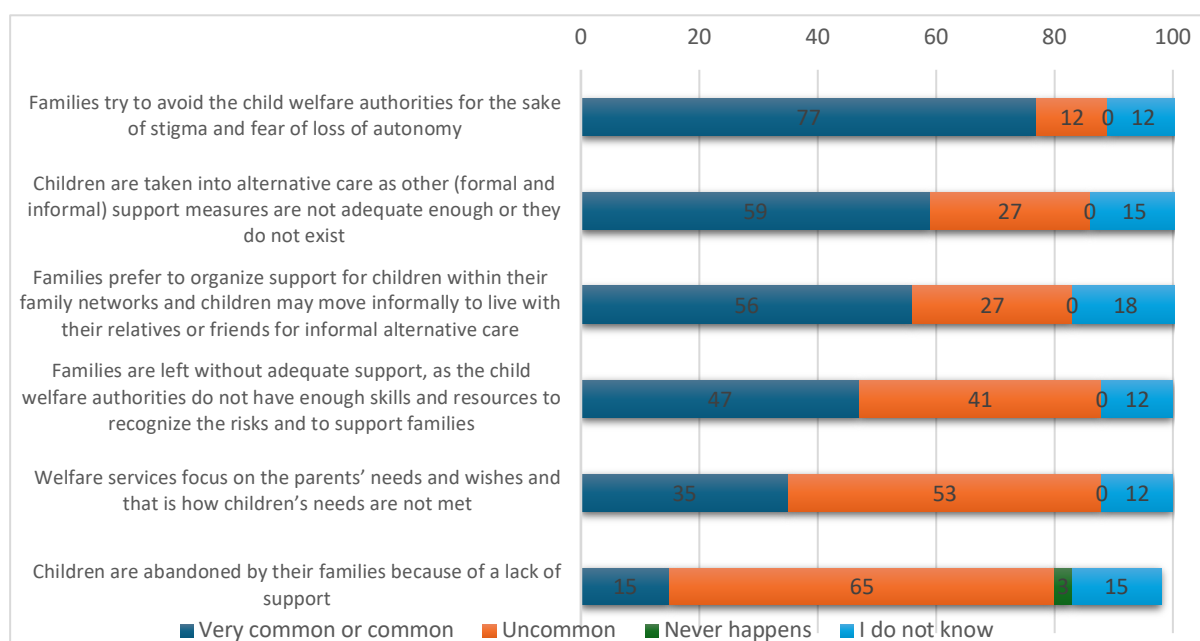
Regarding support for family reunifications, the free text comments report major concerns as such support is not seen as being sufficient. When support services are mentioned, they are often given to parents by non-statutory/independent agencies (NGOs) whereas statutory services are seen as being limited and decreasing due to austerity in many contexts. Support provided is a mix of psychosocial, therapeutic, or socio-educational support as well as support for housing, financial problems, and substance abuse treatment, to name but a few. The regularity of such support and constant reviewing of parenting and the accuracy and efficiency of given support are described as elements for successful family reunification.

5.4 The placement in alternative care

The placement of children into alternative care is a service option when certain criteria by legislation are met. It is the task of public authorities to assess the child's and family's situation and to make decisions accordingly. There are several factors at stake when those decisions are made. Can children and families be supported by other measures? Do support services exist and are they provided to families in need/at risk? Is it in the interest of families that the child is separated from its parents' care? In the following figure (figure 8), we present the findings of the questions regarding the informed views of Children's Ombudspersons about the role of alternative care in their jurisdictions. The questions highlight families' attitudes and available services.

among those groups of young people about whose transition from care is very little known according to a recent study (Bond et al. 2024).

Figure 5 - Alternative care as an option for families: Children's Ombudspersons' views



When we asked about parents trying to avoid child welfare authorities for the sake of stigma and fear of loss of autonomy, 77% saw it as a common or very common characteristic of the service provision. More than half of the respondents also see that alternative care is implemented because of the lack of adequate services or any services and that families prefer informal arrangements to support their children ('informal alternative care'). However, 65% think that it is rare for children to be abandoned by their families because of a lack of support. Five respondents (15%) see that abandonment takes place in their jurisdiction commonly or very commonly due to the lack of support. When we asked whether services prioritise parents' needs and wishes over children's needs, 12 respondents (35%) said this happens often or very often, while 18 respondents (53%) said it happens rarely.

These responses are good reminders that alternative care exists among other social services for families and children and that some negative image is attached to alternative care and child welfare services. In the views of the Children's Ombudspersons, the negative image and lack of other relevant services shape the provision of alternative care. There is, however, some variation suggesting that the image and availability of services vary across the countries⁹.

⁹ The variation is also recognised in research studying child welfare systems globally (Berrick et al. 2023). The role of alternative care is influenced by attitudes towards child welfare in general and children's rights in particular, and is also shaped by the state of services for families and children in society.

6. CHILDREN'S INVOLVEMENT IN DECISION-MAKING REGARDING THEIR PLACEMENT

6.1 Norms and practices of involvement

The UN Guidelines for the Alternative Care for Children (2010, 3) state the following:

“

In applying the present Guidelines, determination of the best interests of the child shall be designed to identify courses of action for children deprived of parental care, or at risk of being so, that are best suited to satisfying their needs and rights, taking into account the full and personal development of their rights in their family, social and cultural environment and their status as subjects of rights, both at the time of the determination and in the longer term. The determination process should take account of, inter alia, the right of the child to be heard and to have his/her views taken into account in accordance with his/her age and maturity. ”

The last sentence emphasises the child's rights to be heard and to have his/her views taken into account in accordance with his/her age and maturity, highlighting that the inclusion of children in decision-making is an essential feature in alternative care as well (cf. CRC Article 12¹⁰). In the survey, the inclusion of children in decisions regarding alternative care is approached by several questions covering different aspects of alternative care. We asked about the norms in legislation, the Children's Ombudspersons' views on the fulfilment of those norms, children's right to formally influence and to be included in the choice of placement, children's right to access complaint mechanisms, children's inclusion in decisions regarding the continuation of care and the Children's Ombudspersons' views thereof, whether children have access to a person of trust and finally about children's involvement in influencing child welfare services.

¹⁰ See also about decisions regarding separating children and parents Article 9 (CRC) 2. In any proceedings pursuant to paragraph 1 of the present article, all interested parties shall be given an opportunity to participate in the proceedings and make their views known.

The overall message is that there is a discrepancy between the formal regulations about the involvement of children in decisions regarding them, and practice that is reported to reflect some shortage of meaningful involvement. The recognised discrepancy shadows a variety of decisions regarding the decision of taking a child into care and decisions during alternative care¹¹.

In the following, we present the findings in more detail.

On the legislative level, there are many legal norms concerning the involvement of children in the decision-making processes across the jurisdictions. Most jurisdictions report a variety of forms of involvement: informing the child and hearing the child's views, wishes, and opinions. In several jurisdictions, children's opinions also influence the decision-making process. It is reported that, for example, adoption is not possible if a child, 10 or 12 years or older, does not give their consent. There is only one free text comment stating that it is up to the judge's discretion whether the child will be included in the decision-making process.

In general, all children are entitled to be involved. The assessment of maturity is at the discretion of decision-makers, noted as a problematic issue by some respondents. There are age categories, ranging from eight to 15, regarding some specific types of involvement. Children are also provided with representatives, either legal advocates or guardians (e.g. guardian ad litem, safeguarder), expert psychologists or social workers to present their views in the decision-making processes. That provision may be a part of standard practice or on request. While in care, in most jurisdictions (25) children have access to a person of trust, assigned by the authorities, in whom they may confide in total confidentiality¹². The respondents in eight jurisdictions answer negatively about access to a person of trust.

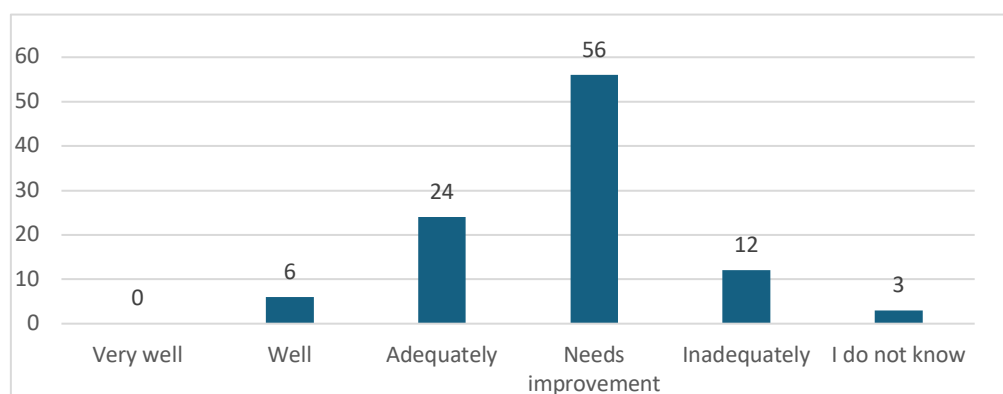
The legal norms concerning children's involvement seem to be especially detailed with regard to decisions made by the courts. When we asked how well the legal norms about including

¹¹ The involvement of children in child welfare decision-making has been widely studied in research literature. The empirical studies tend to focus on children's own experiences about having been involved. The messages highlight weaknesses in their experiences: Being involved, being informed, and having a say do not conclusively characterize their experiences of decision-making in child welfare (e.g. Bijlevel et al. 2015; Wilson et al. 2020; Toros 2021; Križ & Petersen 2023).

¹² There is quite a lot of variation in "persons of trust". There are procedures in some jurisdictions, which define the task of the person of trust clearly and the appointment process; the person of trust equals the 'child's representative'. On the other hand, in some jurisdictions, the person of trust can just be any adult working in child welfare, or a trustee. The role can include some formal tasks of representation. There are, however, several remarks in the survey about the impossibility of confidentiality in matters of alternative care, suggesting that there are moral contradictions attached to a person of trust.

children in decision-making for care orders are met in practice, 56% of the respondents said that improvements are needed.

Figure 6 - Distribution of answers to the question “How well are the norms of involvement met in practice?” (% of jurisdictions)



When we asked for their views on the provision of child-friendly and age-appropriate information concerning the rights of children in alternative care, 59% said there is a need to improve the practice (Table 8). None is of the view that the present system provides information of that kind “very well”. The view on the provision of age-appropriate opportunities to be included in decisions about their own care is somewhat more positive as 12 respondents (36%) see it as good or adequate.

Table 8 - Children’s Ombudspersons’ views about child-friendly and age-appropriate information

	Very well	Well	Adequately	Needs improvement	Inadequately	I do not know	No answer
Provide children with child-friendly and age-appropriate information about their rights in alternative care?	0 (0%)	3 (9%)	6 (18%)	20 (59%)	3 (9%)	1 (3%)	1 (3%)
Provide children with age-appropriate opportunities to be included in decisions about their own care?	0 (0%)	5 (15%)	7 (21%)	15 (44%)	4 (12%)	1 (3%)	2 (6%)

The dilemmas of norms and practice are highlighted by the following respondent in free text, suggesting that it is not enough to speak about ‘involvement’; instead one should speak about “meaningful involvement”.

“

Children possess formal rights to shape and be incorporated into decisions regarding their placement, encompassing participation, access to information, consent, legal representation, review processes, and guaranteeing stability and continuity of care. Nonetheless, obstacles emerge in facilitating meaningful involvement, particularly for younger children or those with special needs. Enhancing the realization of these rights necessitates offering assistance for effective participation, advocating for child-friendly decision-making procedures, and ensuring that professionals engaged in placement decisions are versed in child rights and participation principles.

”

The obstacles in involving children are many. Children’s Ombudspersons mention especially the following: the skills of practitioners and decision-makers, which may vary (variation), lack of practice procedures to make children’s involvement a standard process, time and other organisational constraints, lack of information for children to be adequately included, values and attitudes against the recognition of children’s rights and abilities. If age-specific regulations exist, they are followed but children below that age category may be excluded. Children lack advocates.

When we asked more specifically about children’s *involvement in decisions regarding the choice of a placement*, there was some variation in the nature of involvement. In some jurisdictions, there are clear regulations on how children should be heard in the process of choosing their placement whereas the regulations in some jurisdictions state more vaguely that children’s views should be acknowledged. There is even a term, “co-decision”, presented to highlight that somewhere children have an impact on the choice in an equal manner with other parties’ views. Regardless of the regulations, several respondents stated that the influence of children’s views is overshadowed by the availability of placements or other organizational features. There may be so few foster homes or institutions available at the specific moment of the placement that the availability of any placement matters more than the child’s view.

“

It is important that the child is seen as an active participant in their own child welfare process. However, it is sometimes arbitrary how well the child is involved in decision-making. In some cases, the child/adolescent may visit the planned alternative care place and express their thoughts regarding it,

but often there are situations where no other alternative care places are available, or there is not enough time to hear/take into account the child's views. Also, the opinions of children already living in foster care units are usually not heard when a new child moves into the foster care unit.



We also asked whether children should be included in the assessment of the continuation of the placement. Such a regulation exists in most of the jurisdictions (85%). Four jurisdictions did not have such a regulation and one respondent did not know whether such a regulation existed. We explored the topic further by asking how well children's involvement is manifested in practice as seen by the Children's Ombudspersons. The responses are critical as more than half of the respondents claim that children's inclusion needs improvement or is inadequately manifested.

Table 9 - Distribution of answers to the question "How well is children's inclusion manifested in practice regarding their views about the continuation of a placement?"

	Frequency	Percent
Very well	0	0%
Well	2	6%
Adequately	9	27%
Needs improvement	15	44%
Inadequately	4	12%
I do not know	4	12%
Total	34	100%

6.2 Children's involvement in making changes and activism

As children's involvement in decision-making also includes the right to complain and to expect changes regarding decisions affecting their situation, we asked whether children have this right and age-appropriate mechanism to make complaints about the quality of care. The responses highlight that the right to complain and age-appropriate complaint mechanisms exist in 28 jurisdictions out of 34.

There is a variety of systems supporting children in making complaints as highlighted in the free text comments. Information about the complaint mechanisms is essential and in some contexts is given as part of standard practices to children (and parents) when children are placed in care. In residential care, information is shared through information leaflets, which are given to every resident. In fact, the free text comments tend to cover the residential care

context in particular and highlight that residential care facilities provide certain forums for sharing information (e.g. information boards). However, children in foster care lack access to such information but this is not specified very clearly in the comments. The most frequently mentioned form of support mechanism to express concerns about the quality of care is helplines (by phone). Helplines are provided by a variety of agencies, including several Children's Ombudspersons' offices. There may be legal actors, ombudspersons or other commissioned practitioners who are obliged to provide help in submitting a complaint. Some Children's Ombudspersons have the obligation to examine the complaints (see Chapter 9). Despite the existing support systems, there are major concerns about how children's awareness and the very practice of submitting complaints are manifested in practice. The obstacles are a mixture of children's own behavior, practitioners' reluctance to support the lodging of complaints that they consider unnecessary and lack of information. The following extract highlights these obstacles in a concrete way.

“

We don't have the impression that young people always know these rights well. It depends on the care facility, but also from young person to young person, how communication about this takes place and whether the young person picks up this communication. For example, if the brochures of information are distributed to young people, there will undoubtedly be some young people who will throw this brochure in their trash, while others will read it.

”

“

We have the impression young people can often go to their counselor with complaints. That is not necessarily 'the procedure' for this, but they do often have a place where they can go with their story or complaint. We don't know if that complaint is then treated or taken seriously enough. The stories that reach us are not always positive about this. The knowledge of the complaints lines among young people is also rather substandard.

”

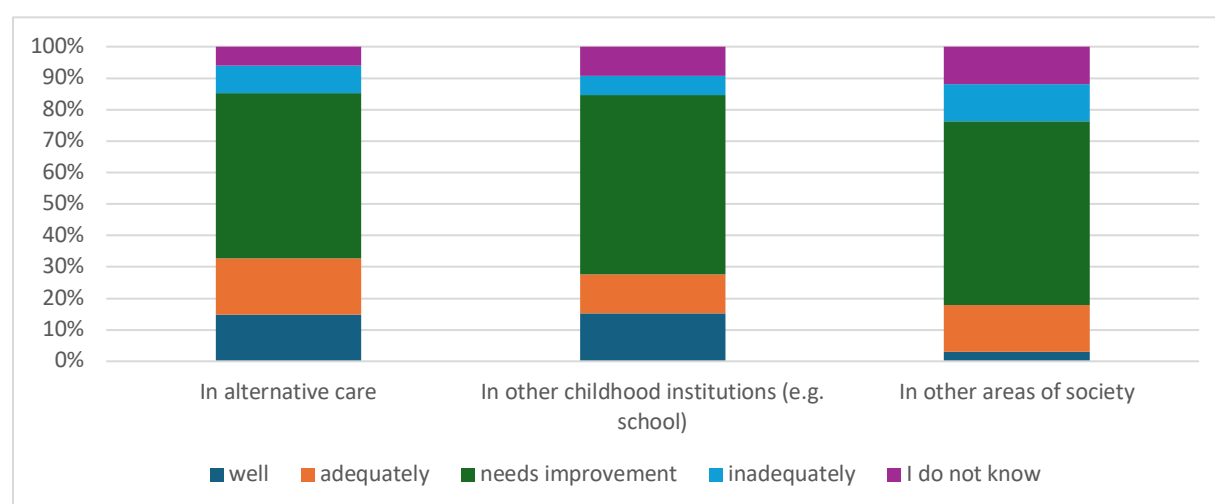
“

We don't have the impression young people are often supported in filing a complaint. This doesn't always seem to be the case. This support should start with information about the possibilities. If this does not happen sufficiently, there will of course be no further support. Supervisors will rarely support young people in filing a complaint against a colleague, or against a care consultant (staff of the youth care agency or the youth court).

”

When children are in alternative care, they are members of other area of society as well: they attend education, take part in hobbies, join different social groups, etc. We asked how well alternative care supports children’s right to participate outside alternative care placements. The views are somewhat similar regarding participation in alternative care, in other childhood institutions as well as other area of society. The required support is lacking or insufficient whether within the framework of alternative care or in other areas of society.

Figure 7 - Distribution of answers to the question “How well does alternative care in its present form support children’s right to participation in certain areas of society?”



While the involvement of individual children is at the core of alternative care, it is important to acknowledge the involvement of children as group actors as well. We approached this theme by asking whether there are any forms of activism among care-experienced children, young people and/or their parents aimed at having an impact on services. Twenty-three jurisdictions out of 34 recognised that such activism exists (Table 10).

Table 10 - Distribution of answers to the question “Are there any forms of activism among care-experienced children, young people and/or their parents aimed at having an impact on services?”

	Frequency	Percent
Yes	23	68%
No	5	15%
I do not know	6	18%
Total	34	100%

Activism aim at having an impact on services by involving care-experienced children and young people and/or their parents. There are NGOs including former foster children, for example, some of which are called “knowledge centers”. Some groups are well established and carry out a variety of activities. In some jurisdictions, they may also have national umbrella organisations. The activities can include participation in formal inspections of alternative care

providers, for example. Some activist groups are included in a systematic way in policy-making or reviews of practice. In addition to advocacy, activities also include peer support and empowerment of the participants.

Parents have also formed groups for activism, as mentioned by some respondents.

Several respondents remark that activism also needs support. In some jurisdictions, the inclusion of the service-user perspective in the development of practices of alternative care and child welfare is obligatory. It is noteworthy that we lack responses about activism from six jurisdictions. This finding together with the information about five jurisdictions without any form of activism suggests that service-user activism regarding alternative care is not a widespread element of alternative care across the ENOC membership, even if it is strong in some jurisdictions.

7. MAINTENANCE OF CONTACT

7.1 Contact in general

Even when children are separated from their parents, the contact between them should be maintained. According to the CRC (Article 9):

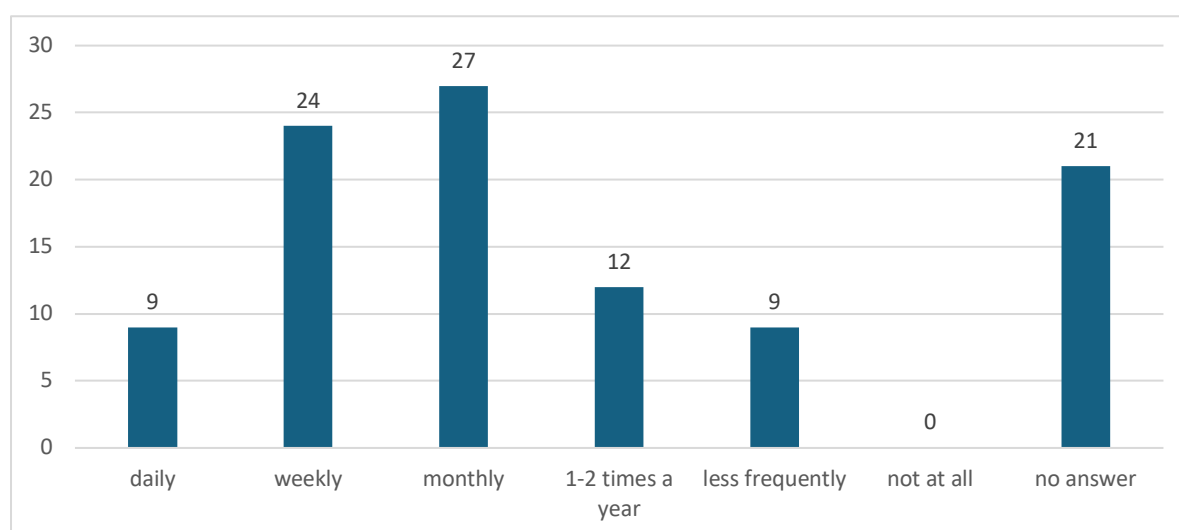
“ States Parties shall respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests. ”

The United Nations Guidelines for Alternative Care specifies further that family separation should be avoided as much as possible and, if necessary, family reunification should be promoted. The maintenance of contact is one of the elements needed to mitigate the drawbacks of separation and to support family reunification.

In our survey, almost all jurisdictions (31 out of 34) have legislation to define “maintenance of contact”. Contact with parents is the most emphasised form of contact but contact with other family members, relatives, and other close people is also defined in legislation. In some jurisdictions, the court decides the contact and its frequency, whereas elsewhere it may also be social workers or other practitioners (e.g. assessment teams) making the contact decisions on a case-by-case basis. The forms of contact are quite similar across the jurisdictions: visits outside and at the placement location, phone or video calls, letters and supervised meetings are commonplace. Overnight visits outside the placement location are common as well (in 27 jurisdictions).

The frequency of contact in practice varies across the jurisdictions from daily contact to annual or rarer contacts (Figure 8). The Children’s Ombudspersons estimated the frequency to be weekly or monthly in half of the jurisdictions. Most important is that in their view contact took place in every jurisdiction. However, seven informants (21%) did not provide answers.

Figure 8 - The frequency of children's contact with families, relatives, and others outside the placement



If there is a need to restrict the contact, there are formal regulations about such restrictions in 31 jurisdictions. When we asked about the safety of contacts and whether it is a problem at present, the safety problem was recognised by seven Children's Ombudspersons, not recognised by 18 and nine did not know. In the free text comments, the concerns about the safety of contact related to the violent elements of the contacts and also their harmful nature in a wider sense. Contacts sometimes include 'the management of risks' and therefore require risk-aware preparations, assessments, safe places and monitoring. Nevertheless, not all contacts are in the best interest of the child as it is impossible to eliminate all risks and harm. Some jurisdictions have introduced guidelines about the safety of contacts.

Supervised meetings also take place to guarantee the safety of contact. Safety concerns are expressed by one respondent as follows:

“Safety of contact continues to be a concern in situations where a child has experienced domestic abuse. There can be a reluctance to refuse contact where there has been no criminal conviction, although attitudes are changing on this. The regular review of contact and flexibility does generally ensure that contact is safe.”

There are also obvious concerns about whether the safety of contact can be guaranteed. One respondent commented that “no one monitors what happens in families at weekends”. Another respondent mentioned that there is “a lack of a video surveillance system when the need arises”.

In addition to safety concerns, the maintenance of contact may also be troublesome due to the need to travel long distances and a lack of suitable meeting places as demonstrated in the next extract.

“ The service often does not have an adequate, and sometimes improvised, space, not only relative to the time or season but also relative to the distance that the minor has to travel from the community where he resides. This is an additional discomfort for the minor. This undermines both the relationship and the structure of the visit. ”

In alternative care, children may sometimes maintain contact with persons against the will of the public authorities. Children may run away to meet someone or they may be in contact with persons via social media with whom they are not permitted to be in contact. According to the survey responses, there are practices to map out the safety risks of those contacts and also practices to restrict and control such contacts. According to the free text responses, practices also aim to learn about the reasons and motivations that children have when they run away. Several responses concerning harmful contacts explicitly mention the residential context; fewer comments are given about foster care contexts. Restrictions are targeted at the contact itself or the form of contact (e.g. social media), and control sometimes means involving the police as well to find a runaway child. In addition, control in the form of juridical responses can also include restrictions on the adults involved in the contact. The child's placement can also be changed, and a more restricted placement provided.

“ If there is a considerable and recurring flight risk, and the child is considered to be at risk, the authorities may decide to place the child in a closed institution. ”

“ Policies in different residential care units vary with regard to sanctions imposed in cases children violate rules, including with regard to maintaining contact with persons they are not permitted to. In case a child runs away, the unit is obliged to report it to the police. ”

“ More drastic measures may be taken to prevent contact in cases it is believed to place the child at risk, depending on the severity of the situation (prevention of access to social media, legal measures against the person(s) if adult, etc.). ”

“

Electronic contact, whether text message or messaging via social media, gaming platforms or similar, can be challenging. It can be addressed through changing accounts if needed but is usually addressed through informal advice to the parent and supporting the child to understand what is happening.

”

In the overall assessment of the maintenance of contact in alternative care, according to the informed views of the Children’s Ombudspersons, the strength of the present situation is that in many jurisdictions the maintenance of contact is a legal obligation and that at its best it can support the children’s sense of belonging. However, more weaknesses than strengths regarding practice are mentioned in the free text comments: while the focus of contact is on the nuclear family, contacts with siblings and friends in particular are not supported, the placements may be far away requiring long-distance travel, which is costly and difficult, the contacts may be infrequent and not regulated or monitored; parents are not supported well enough to keep in contact with their children, children may suffer from some contacts or have too many contacts. In addition, children are not always included in making decisions about contact.

7.2 Contacts with siblings

The placements of siblings in alternative care and their contact with each other while in care is an issue, which is addressed in the United Nations Guidelines for Alternative care (2010) as follows:

“

UN 17. Siblings with existing bonds should in principle not be separated by placements in alternative care unless there is a clear risk of abuse or other justification in the best interests of the child. In any case, every effort should be made to enable siblings to maintain contact with each other, unless this is against their wishes or interests.

”

Many jurisdictions (25 jurisdictions out of 34) have formal regulations to keep siblings together if separated from their parents. The ambition to keep siblings together is widely acknowledged in other ways as well across several jurisdictions. Some jurisdictions provide, for example, exact data about the number of separated siblings, highlighting that it is a topic that is monitored.

Several jurisdictions report, however, that siblings tend to be separated for a variety of reasons: they may have different needs for care due to their age or health requiring different types of placements, there is a shortage of placements that could accommodate siblings (a risk for bigger sibling groups in particular). Organisational norms may also be a reason for sibling separations: some residential institutions are categorised to serve only certain age groups of children. In that case, not all siblings may fit that age category and are therefore separated.

Furthermore, the placement practices are challenged by the very notion of “siblings”. Due to the variety of family forms, siblings may share the same parents but they may also share only residential and social ties. The ties may not be fixed but change over the years. The notion of ‘a sibling-like relationship’ is used to cover the variety of siblings in some jurisdictions where the intention is to support the richness of relationships which are “sibling-like”.

When asked specifically how sibling contacts are maintained in alternative care, the answers give a rather dark picture of the contact in practice. Some views stated that contacts between separated siblings are poorly maintained despite the formal norms. This may be due to the high workload of practitioners – the contact is “forgotten”. There are, however, also jurisdictions that regulate sibling contact as well and set practices to promote the contact. In the following, there is a free text extract describing the details of plans to promote sibling contact.



In Iceland, efforts are typically made to maintain contact between siblings who are separated due to removal decisions, recognising the importance of sibling relationships for the well-being and development of children. Maintaining contact between siblings helps preserve their bonds, provides emotional support, and promotes a sense of continuity and connection despite being placed in different care arrangements. Here's how contact between separated siblings may be maintained in Iceland:

Communication Plans: Child welfare authorities, social workers, and caregivers work collaboratively to develop communication plans that outline how and when siblings will have contact with each other. These plans take into account factors such as the children's age, preferences, needs, and the nature of their relationship.

Scheduled Visits: Scheduled visits between siblings may be arranged to allow them to spend time together in person. These visits may take place at designated locations, such as a neutral family centre, the home of one of the

siblings, or a supervised visitation facility, depending on the circumstances of the case and the availability of resources.

Supportive Supervision: Visits and communication between separated siblings are typically supervised to ensure the safety and well-being of all parties involved. Trained professionals or caregivers may supervise visits to provide support, facilitate interactions, and ensure that the siblings are comfortable and engaged during their time together.

Transportation and Logistics: Child welfare authorities or caregivers may assist with transportation and logistics to ensure that siblings can attend scheduled visits or communicate with each other as planned. This may involve coordinating schedules, arranging transportation, and providing any necessary support or resources to facilitate contact.

Regular Review and Assessment: Contact arrangements between separated siblings are regularly reviewed and assessed to evaluate their effectiveness and make adjustments as needed. This includes soliciting feedback from the siblings, caregivers, and other relevant parties to ensure that contact arrangements are meeting the needs of the children and supporting their relationships.

”

7.3 Maintaining culture, religion, language, and/or identity roots

In addition to maintaining contact with parents, other family members, relatives, and friends, children also have the right to maintain their culture, identity, language, and religion while in alternative care (CRC Article 20, subparagraph 3). According to the survey, these rights are acknowledged, and several respondents report that they have legal regulations to guarantee respect of these rights. On the practice level, the placement choices and care plans for children need to be done accordingly. There are relevant training programs for foster families, intercultural mediators, specialized practitioners and placements, sophisticated matching practices, and guidance in everyday issues such as nutrition for foster families and residential institutions. There may also be written material to support children and specialized centres for minority groups for teaching and practising religion and culture. While such programs and support exist, there are also concerns that there is not enough support or specialized programs to help children maintain their links. Very much is left to individual placements. The following extracts report that it is not easy in the day-to-day reality of alternative care.

“

Children are supported in maintaining their cultural, linguistic, religious, and identity roots, even if they differ from those of their placement, recognising their importance. This support includes access to relevant resources and efforts to incorporate their cultural and/or religious practices into their daily lives, in accordance with their desire and best interests. However, challenges may arise due to caregivers' sensitivity and the need for additional training in this area.

”

“

Efforts are made to place children in foster care that is compatible with their culture, language, religion, and/or identity roots. It doesn't always work, but we try our best. Otherwise, foster parents have a duty to another foster child and show them respect and care. They must fulfil their care and guardianship duties in a way that best suits the interests and needs of the foster child and take into account the child's origin, culture and religion as appropriate.

”

Although the maintenance of one's roots and identity is an important topic in alternative care, it was not explored in great detail in this survey. We did, however, ask about support for children's gender identity as a specific topic. As we can see in Table 11, nine Children's Ombudspersons report that they do not know about support of gender identity. When they did know, the respondents recognised that there is a need to improve the support provided.

Table 11 - Distribution of answers to the question “How well does alternative care in its present form provide adequate support for children's gender identity”

	Very well	Well	Adequately	Needs Improvement	Inadequately	I do not know	No answer
Provide adequate support for children's gender identity?	1 (3%)	0 (0%)	9 (27%)	9 (27%)	5 (15%)	9 (27%)	1 (3%)

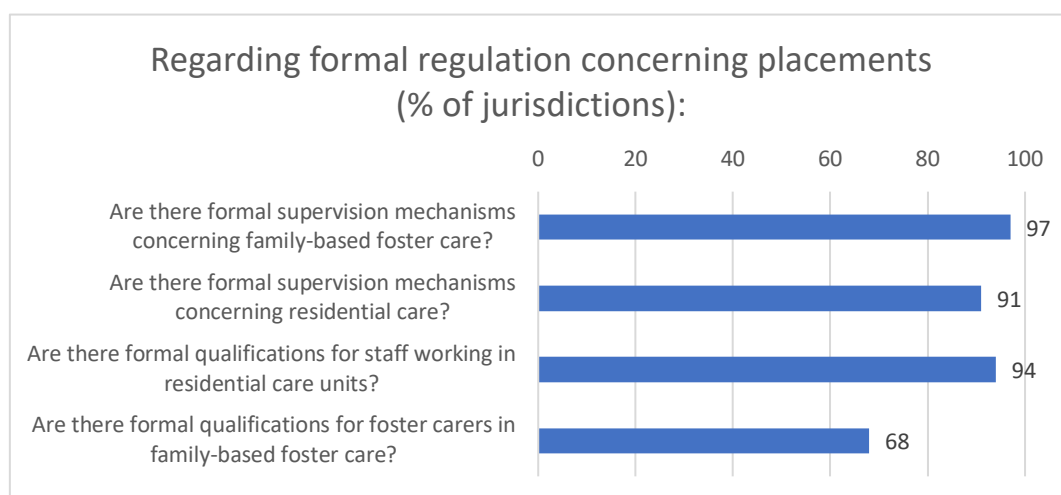
8. THE QUALITY OF ALTERNATIVE CARE

8.1 Quality in practice

When children are removed from their parents' care and placed in alternative care, there are expectations that the care in the placement should be of good quality. The United Nations Guidelines for Alternative Care (2010) define a variety of criteria that the placements should meet. They address a variety of topics such as professional skills, selection, training, and supervision of carers as well as the transfer of a child into alternative care, and everyday life in alternative care. Good quality of care is required in all forms of alternative care. In the survey, we asked for the Children's Ombudspersons' views on some key quality issues. The questions range from existing regulations to the respondents' informed views of practice.

Regarding the formal qualifications of staff and foster carers, the survey highlights differences between different forms of placements: staff in residential care are required to have formal qualifications more frequently than foster carers. Despite this difference, it is noteworthy that there are formal qualifications for foster carers in 23 jurisdictions out of 34 (68%). Both forms of alternative care also have formal supervision mechanisms for the quality of care with some exceptions.

Figure 9 - Formal regulation concerning placements



The survey does not provide any additional information about the formal qualifications of staff and carers, but we have more information about the supervision mechanisms in the free text comments. The formal supervision mechanisms of residential institutions include licensing the

units, quality control, supervision, monitoring, and complaint mechanisms, among others. Supervision responsibilities belong not only to the institutions themselves and social workers but also to specific monitoring/supervisory bodies ('inspectors'). Certain supervision obligations are defined in some jurisdictions covering, for example, the number of monitoring visits to the units. The supervision mechanisms for family-based foster care are much more based on the activities of local social services than in the case of residential care. In fact, there are very few remarks about external supervisory bodies for foster care in the free text responses. In some jurisdictions, the supervision mechanisms start from approving the home as a foster home and continue to regular visits to monitor the quality. It is, however, common to say that supervision takes place mainly in social work practice, which suggests that it happens in the contact between practitioners, foster carers, and children as demonstrated by the following extract.

“

Specialists of the service visit the child, determine whether there are signs that the child's guardian (caregiver) may not perform its duties properly, does not ensure the protection of the rights and legitimate interests of the child under care (looked after), uses its rights for selfish purposes; in cooperation with the child care centre, conducts a care review.

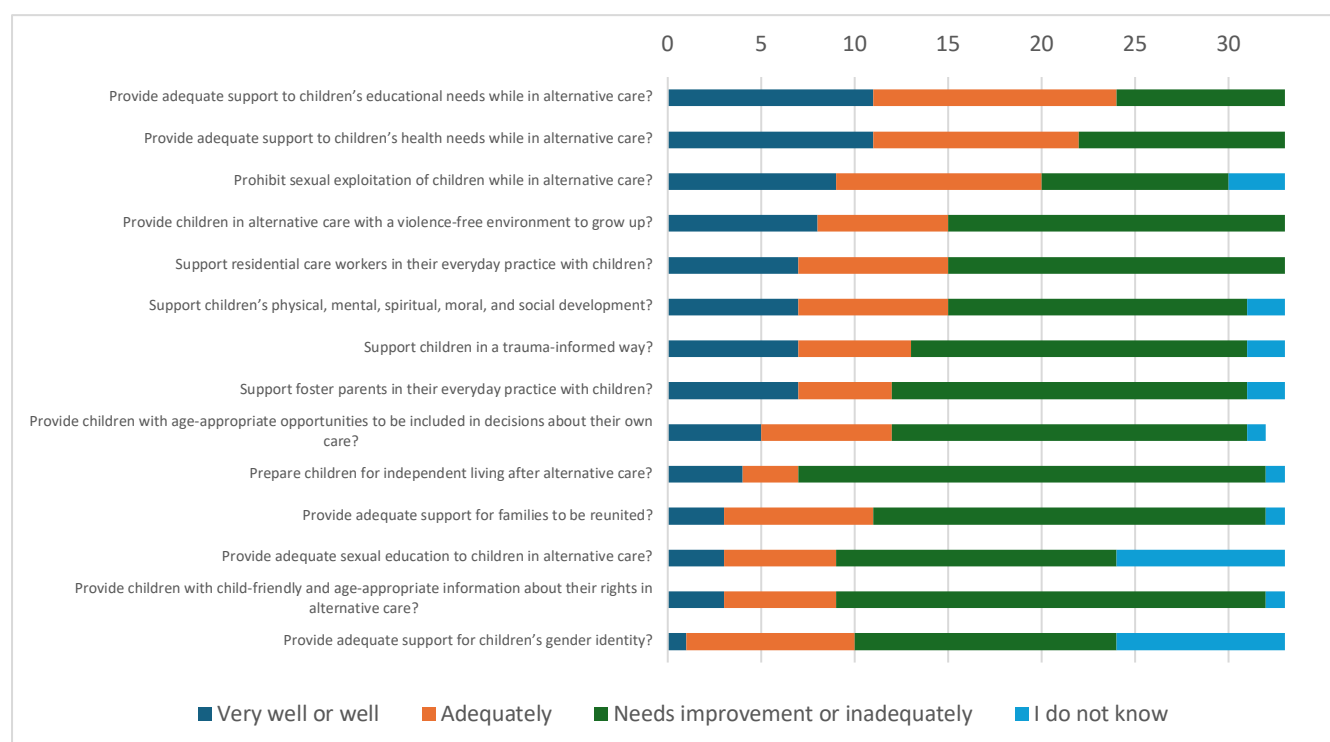
Legal acts determine the frequency of these reviews, the forms of acts to be completed, and the involvement of interested participants.

”

Some survey respondents express concerns about the weak supervision and poor monitoring quality.

Good quality of care covers many other issues as demonstrated in Figure 10 below.

Figure 10 - Children's Ombudspersons' views on certain quality aspects of alternative care¹³



In particular, the quality of alternative care seems to be at its best in providing support for children's educational and health needs: 70% of the respondents say that educational needs are met at least adequately and 64% of them say the same about children's health needs¹⁴. Several issues were, however, met with criticism as more than half of the respondents see that the quality is inadequate or needs improvement regarding support given to foster carers and residential care workers, trauma-informed support for children, and providing children with a violence-free environment to grow up in. The majority of the respondents are also concerned about children's involvement in decision-making, age-appropriate information, and support for families to be reunited. These topics have been explored in other sections of this report (Chapter 6). The quality of care in relation to providing sexual education and support for gender identity are among topics that are not well known and where respondents reported 'I do not know' more frequently than on other issues. The broad issue of how well alternative

¹³ The findings regarding support for independent living, gender identity and family reunification have also been reported above in Chapters 5.2. and 7.3.

¹⁴ The relative satisfaction with support for children's health needs in alternative care is in contrast with some findings of academic research. In 2018, in a summary of international research, it was noted that health care needs (physical, dental and mental health) were not well met in the practices of that time, and that children had a variety of health issues needing treatment in out-of-home care and afterwards (Vinnerljung & Hjern 2018). The assessment of children's health needs was not mandatory in many jurisdictions. Concerns about support for children's educational needs and educational achievements in care have also been widely expressed in academic studies (e.g. Kääriälä et al. 2019; Sinclair et al. 2020).

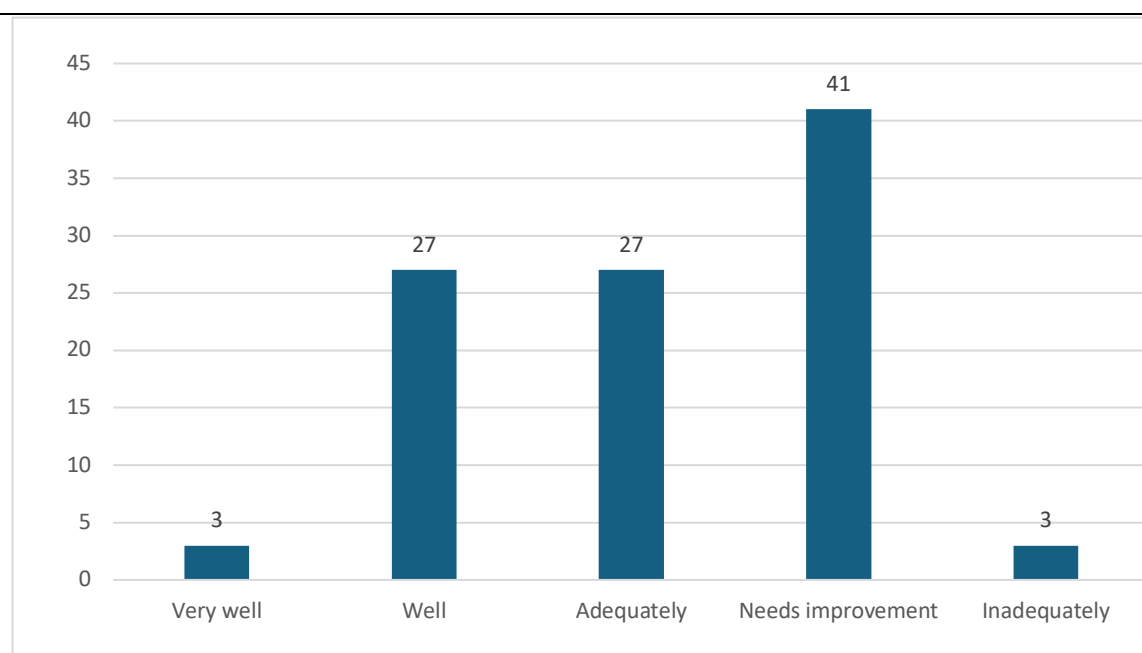
care provides support to children's physical, mental, spiritual, moral, and social development received diverse views: 21% chose "Very well or well", 24% "adequately", and 47% "needs improvement or inadequately". In sum, the responses suggest that the quality of alternative care varies across jurisdictions and, even when the quality is seen to be good or adequate, it is not so in every jurisdiction.

We wanted the respondents to elaborate on the quality issues further and asked them to point out which of the above-mentioned topics need the most urgent improvement in their jurisdictions. The responses highlight that there are jurisdictions that require urgent improvement in *all* aspects of quality. The most frequently mentioned topics deal with children leaving care and support for family reunification. In addition to the quality issues on the list, some respondents mention the uneven quality of alternative care as a topic needing urgent improvement: some placements may be of high quality while others are of poor quality in the same jurisdiction. Foster care and its regular reviews and support for families, children's participation, and practitioners' knowledge about children's rights and the lack thereof are also among the frequent quality concerns expressed.

8.2. Practitioners' awareness of children's rights in alternative care

The quality of care is supported by professionals and public authorities who acknowledge children's rights in alternative care. Figure 11 shows that public authorities and professionals are well or very well-informed about children's rights in one-third of the jurisdictions. However, 44% of respondents see that they need improvement in their knowledge of children's rights and also just some basic information.

Figure 11 - Distribution of answers to the question “How well are professionals and public authorities working with children in alternative care informed about children’s rights?” (%)



Those groups that would need additional education about children’s rights are described in some responses to be “all”. There are, however, also more specific answers. The informants reported that there is a need for continuous training of practitioners who work closely with children, either in children’s services or in the legal decision-making systems. The target groups should include those who work with children in care as well as those who work with children in general. In addition to these “front-line” professionals, the wider system influencing decisions concerning children should be trained in acknowledging children’s rights.

The recognition of ‘best practices’ is one way to address the good quality of care. Therefore, we asked the respondents to share their views about the ‘best practices’ in their jurisdictions. It was not an easy question to answer as viewed by one respondent:



It's challenging to pinpoint specific "best practices" regarding children's rights in alternative care in our jurisdiction. While there may be some positive initiatives and efforts in place, there is significant room for further improvement. However, regarding legislation, it does provide a solid foundation upon which to build and strengthen protections for children in alternative care. By continuously refining and enhancing legislation, we can create a more robust framework that better

safeguards children's rights and ensures their well-being within alternative care settings.

”

Best practices vary from support/supervision services for staff to advocacy services for children. There are good practices in placements: regular joint meetings between different parties involved in alternative care, specific services to support reintegration, intensive care provision, and support for leaving care. Media-related best practices for sharing information and attitudes, certain specific services such as those targeted at experiences of violence, and the inclusion of children systematically in policy committees, are also among the best practices mentioned.

9. CHILDREN'S OMBUDSPERSONS AND ALTERNATIVE CARE

9.1 The role regarding alternative care

With regard to the alternative care of children, the role of the Ombudsperson for Children varies across the jurisdictions according to the survey.¹⁵ The main duties vary from supervision of alternative care by investigating individual complaints to raising public awareness of children's rights. Some offices address issues related to the rights of children in alternative care in general whereas some offices address issues related to individual cases.

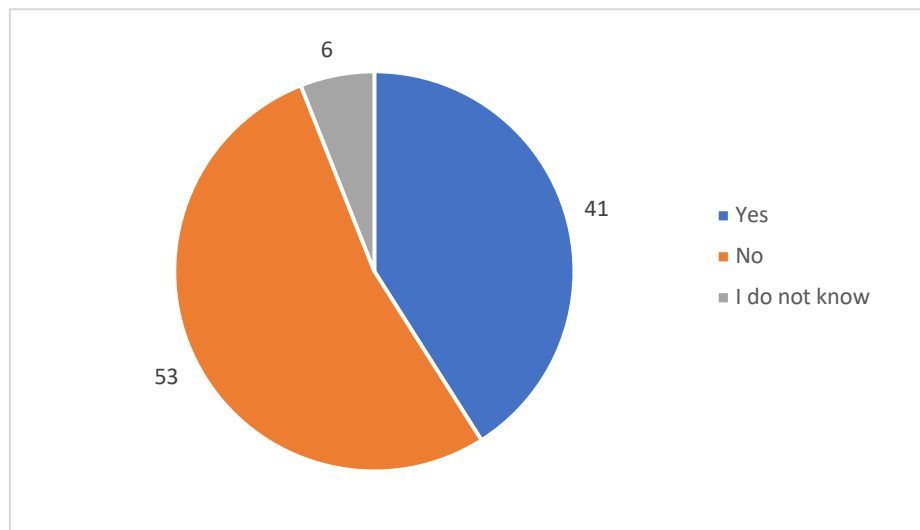
The main activities mentioned in the survey include:

- Supervision, investigation, evaluation, and control of public administration regarding the protection of children;
- Examining and making decisions about complaints about alternative care;
- Assisting individual children in their matters;
- Dissemination of knowledge of the rights of the CRC;
- Periodical and special reports about alternative care and recommendations to improve children's rights in alternative care;
- Education about children's rights for all children, including those in alternative care;
- One-site visits in alternative care;
- Raising awareness and dialogue about children's rights;
- Organising youth councils and other ways to involve children in policy recommendations

The profiles vary greatly also regarding the OPCAT (Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment) inspections as shown in Figure 12.

¹⁵ The variation of the roles, missions, and duties of Children's Ombudspersons across Europe was also reported in the ENOC 2010 survey authored by Rachel Hodgkin and Peter Newell, as well as in 2023 in the ENOC synthesis report on 'Independent Children's Rights Institutions' authored by Ursula Kilkelly and Katrien Klep.

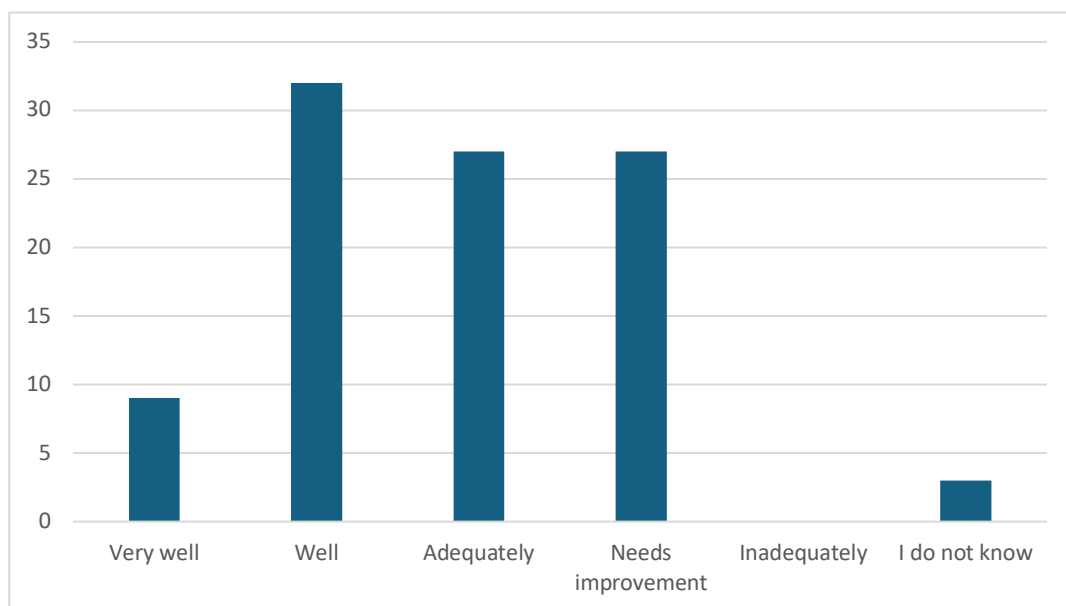
Figure 12 - Distribution of answers to the question “Do the OPCAT inspections belong to the duties of a Children’s Ombudsperson?” (%)



Out of 34, 41% of Children’s Ombudspersons carry out the OPCAT inspections in children’s care whereas 53% do not. Some respondents (6%) did not know about the topic.

The profiles do indeed vary across the jurisdictions. We asked how well a Children’s Ombudsperson can meet the many expectations. More than half of them (68%) say that they meet the expectations at least adequately.

Figure 13 - Distribution of answers to the question “How well do Children’s Ombudspersons meet the expectations of their role in their jurisdiction?” (%)



The obstacles to meeting the expectations are mentioned to be the lack of having ‘real powers’ to make changes as well as the shortage of staff and other resources. In concrete terms, the shortage of resources may mean only a few personal visits to alternative care and contacts with children. The lack/vagueness of general awareness of children’s rights in public administration and professional services is a challenge as it may hinder cooperation in including children’s rights in society. Furthermore, according to the free text responses to the survey, the role, duties and missions of the Children’s Ombudsperson may not be well-known, or well respected.

9.2 The role of Ombudspersons for Children and the survey

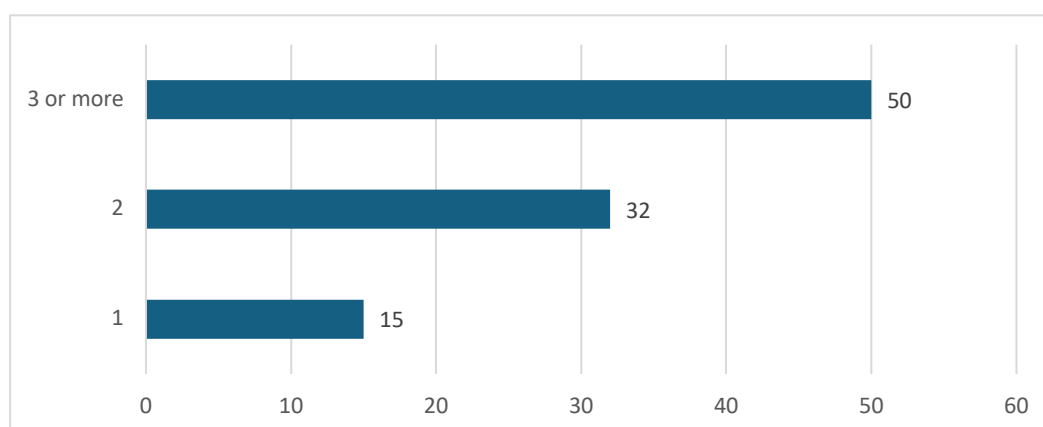
The diversity of the roles and duties of the Children’s Ombudsperson is reflected in the survey responses. We asked the respondents to assess how confident they were in answering the questions.

Table 12 - Confidence in answering the survey questions (self-evaluation)

	Frequency	Per cent
Completely confident	17	50%
Somewhat confident	17	50%
Total	34	100%

Half of the Children’s Ombudspersons report that they were confident in their own expertise in answering the questions (Table 12). One could assume that the more Children’s Ombudspersons have duties and roles regarding children in alternative care, the more information about alternative care they have and the more confident they are in providing information and their views in the survey. It is also noteworthy that only a small fraction of the survey was answered by one person only (15%, see Figure 14). The majority of the survey results are based on teams of two or more people (see also Chapter 4).

Figure 14 - The number of people involved in answering the survey (%)



In addition to one's own experiences in working on issues affecting children's rights in alternative care, the availability of statistical material as well as research, reports, and other similar material has most likely supported confidence in answering the questions. The jurisdictions differ in their access to such material as presented in Table 13. The shortage or lack of relevant material to answer the survey is recognised in approximately one-third of the jurisdictions.

Table 13 - The availability of statistical, research, and other information about children's rights in alternative care needed to answer the survey questions

The availability of relevant information	Statistical information	Relevant research, reports, other similar material
Yes	23 (68%)	26 (77%)
No	11 (32%)	8 (24%)
Total	34	34

Children's Ombudspersons also share information with each other. At the end of the survey, we provided an opportunity to list if there are reports, articles, studies, or websites relevant to alternative care and children's rights in their jurisdiction that they would like to share with their colleagues. We specified that the language of the material was not limited to English. A long list emerged of best practices and reports to share (Appendix 2). The list demonstrates the intensity of the activities across the jurisdictions and the large scope of the activities.

10. CONCLUSION

This report explores the protection and promotion of the rights of children in alternative care as seen by the Children's Ombudspersons, members of ENOC. The starting point for the report is that children's rights are universal and all children in alternative care are entitled to the recognition of their rights. Instead of comparing the ENOC jurisdictions or countries, the focus is on children in alternative care. As said at the beginning of the report, the shortcomings in the recognition of their rights in any jurisdiction are important to highlight; it is, however, of less importance – or no importance at all in this report – in which jurisdiction such shortcomings exist. The jurisdictions vary in terms of their legal, political and social circumstances, and the nature and role of alternative care among the services provided to children and families are not the same in every jurisdiction. Even the terms and definitions of the elements of alternative care may vary to a considerable degree, which is also reflected in the survey data, which is uneven but rich and informative. The key messages of the survey exploring the descriptions and informed views of the Children's Ombudspersons in 34 jurisdictions are summarised as follows:

Because decisions to place a child in alternative care are regulated by legislation, as are many other elements of alternative care, alternative care in general is a clearly institutionalized practice in the ENOC context. When looking at alternative care *in practice*, a variety of shortcomings in the recognition of children's rights emerge. Children's involvement in decision-making is a good example of the disparity in the formal norms and practice: there are concerns about the scarcity of *children's meaningful participation* in decisions concerning themselves, despite the legislation and other regulations.

Family-based foster care and residential care are provided to children in the ENOC jurisdictions, but alternative care is also provided in different forms (e.g. hostels). There are more specific norms and practices to regulate residential care than foster care, including monitoring of their quality. In terms of informing children about their rights in alternative care, residential care seems to have more tools to mediate that particular information. Children under the age of three are generally placed in family-based foster care. The limited availability of foster families challenges ambitions to place children in foster care.

Age, disability and minority/migrant positions in society challenge the manifestation of children's rights in many aspects of alternative care. Children's age tends to determine involvement in decision-making and some placement trajectories, whereas children's disability and some minority/migrant statuses are seen as more likely to result in the children being

taken into care, being poorly met in care, and having extra challenges when leaving care. Furthermore, children with behavioural problems and unaccompanied minors are mentioned as the group whose needs and rights are not met well in alternative care.

Alternative care is *not a welcome option* for families due to its stigma. The shortage or lack of other relevant services may be reflected in children entering alternative care.

Children's contacts with families, relatives, and other close people are generally supported, especially those with parents, but certain shortcomings occur: contacts may be unsafe and difficult to organize due to long distances between the child's placement and families' whereabouts. Children's relations with their siblings tend to rest on the narrow definition of being a sibling. Despite the aim of placing siblings together in the same location, they may also be separated due to the lack of availability of placements.

Leaving care, whether ageing out of care or otherwise, may take place without enough support for children's skills of independent life and the required resources. Support for parents and children in having their family reunited is fragmentary and insufficient.

Cross-border placements take place in half of the ENOC jurisdictions. For children, they mean a longer distance from their own social relations and communities and, in some cases, different norms and regulations regarding the placement than in their own community. Such placements also challenge the moments of transitions from care.

The quality of alternative care, whether in residential care or in foster care, requires improvements to acknowledge children's rights in every dimension explored in the survey. Children's right to maintain their *culture, religion, language, and/or identity roots*, a well-recognised element of care, is in practice balanced against the availability of relevant placements and communities.

Although there may be a variety of formal mechanisms to support children to report and complain about the lack of quality or malpractice in alternative care, children need more information and especially support about how to use those mechanisms.

Knowledge about children in alternative care is collected in a jurisdiction specific manner. Several gaps in knowledge are common across the jurisdictions, making it difficult to follow or to compare the manifestation of children's rights in care.

Professionals and decision-makers working with children in alternative care require more and constant education about children's rights to increase *their awareness of children's rights*. Children are also entitled to have more age-appropriate information about their rights in care.

Although there are shortcomings in children's meaningful participation in decision-making, there is also *activism among care-experienced children* and young people with the aim of changing the problematic practices and policies and providing peer support.

The role of Children's Ombudspersons varies across the ENOC region, from being directly involved in individual cases of children (e.g., complaints) to raising general awareness of children's rights in alternative care.

Despite the extent of the shortcomings reported by the Children's Ombudspersons when answering the survey, it is noteworthy that there are also practices that acknowledge and implement children's rights and aim to provide high-quality alternative care. In addition, the survey highlights some positive changes in practice: for example, children under the age of three are now mainly placed in family-based care and there are groups of care-experienced children and young people in many jurisdictions involved in changing practices to better meet their needs. However, the survey also highlights the contradictory nature of the rights of children in care. For example, some jurisdictions that ensure that children have a person of trust, acknowledge that there cannot be full confidentiality in child welfare between the child and their person of trust, overshadowing the purpose of a person of trust for children to some extent. Contact with parents is another example: it is very much supported but at the same time the jurisdictions need to be alert about the safety risks embedded in some contacts. That is to say, the implementation of the rights of children in alternative care is not a straightforward task due to the very nature of child welfare. Therefore, it is essential that the rights are carefully considered and assessed taking into consideration the unique situation of each child in alternative care, in addition to acknowledging their rights as a group of children for whom the public authorities have a very specific responsibility.



REFERENCES

Better data for better child protection systems in Europe: Mapping how data on children in alternative care are collected, analysed and published across 28 European countries. Technical report of the datacare project (2021). UNICEF and Eurochild. <https://eurochild.org/uploads/2022/02/UNICEF-DataCare-Technical-Report-Final-1.pdf>

Bijleveld, G. & Dedding, C. & Bunders-Aelen, J. (2015) Children's and young people's participation within child welfare and child protection services: a state-of-the-art review. *Child and Family Social Work* 20(2), 129–138.

Bond, S., Kelly, B., Benwik, I., Bollinger, J. Faragher, R., Flynn, C., Carcia-Alba, L, Gullo, F. Göbberls-Koch, P. & Horn, J. (eds.) (2024) Transition to adulthood: Innovative Research on Leaving Care and Transitions to Adulthood. Policy Press. *ProQuest Ebook Central*, <https://ebookcentral.proquest.com/lib/tampere/detail.action?docID=31361100>.

Burns, K., Pösö, T. & Skivenes, M. (eds.) (2017) *Child removals by the state: A cross-country analysis of decision-making systems*. New York: Oxford University Press.

Križ, K. & Petersen, M. (2023) (eds.) *Children and young people's participation in child protection*. New York: Oxford University Press.

Kääriälä, A. Haapakorva, P., Pekkarinen, E. & Sund, R. (2019) From care to education and work? Education and employment trajectories in early adulthood by children in out-of-home care. *Child Abuse & Neglect* 98.

Lerch, Véronique & Anna Nordenmark Severinsson, Anna (2019) Target Group Discussion Paper on Children in Alternative Care. Feasibility Study for a Child Guarantee. European Commission. <https://ec.europa.eu/social/BlobServlet?docId=22872&langId=en>.

Stein, M. & Munro, E. (2008) *Young people's transitions from care to adulthood: international research and practice*. London & Jessica Kingsley Publishers.

Pösö, T., Skivenes, M. & Thoburn, J. (eds.) (2021) *Adoption from care. International perspectives on children's rights, family preservation and state intervention*. Bristol: Policy Press.

Sinclair, I., Luke, N., Fletcher, J., O'Higgins, A. , Strand, S., Berridge, D., Sebba, J. & Thomas, S. (2020) The education of children in care and children in need: Who falls behind and when? *Child & Family Social Work* 25, 536-547.

Thoburn, J. (2007). *Globalisation and child welfare: Some lessons from a cross-national study of children in out-of-home care*. Social work monographs. Norwich: University of East-Anglia.

Tobin, John & Cashmore, J. (2019) Article 9. Oxford Handbook on the Convention on the Rights of the Child. Oxford, 704-722.

Toros, K. (2021) A systematic review of children's participation in child protection decision-making: Tokenistic presence or not? *Children & Society* 35(3), 395–411.

UN Guidelines for the Alternative Care of Children A/RES/64/142 (2010) <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N09/470/35/PDF/N0947035.pdf?OpenElement>

UN 2021 Day of General Discussion: Children's Rights and Alternative Care:
<https://www.ohchr.org/en/events/days-general-discussion-dgd/2021/2021-day-general-discussion-childrens-rights-and>

Vandekerckhove, A. (2011) Respect of the rights of children & young people living in institutional care: state of play. ENOC Survey 2011. Retrieved on July 22, 2024 from: <https://enoc.eu/wp-content/uploads/2015/02/2011-ENOC-report-on-children-in-institutional-care.pdf>

Vinnerljung, B. & Hjern, A. (2018) Guest editorial: Health and health care for children in out-of-home care. *International Journal of Social Welfare* 27, 321-324.

Wilson, S., Hean S., Abebe T. & Heaslip V. (2020) Children's experiences with Child Protection Services: A synthesis of qualitative evidence. *Children and Youth Services Review* 113.

Appendix 1¹⁶ :

The number of children entering alternative care in a year (number +% of child population), in 2018, 2020 and 2022

- ADOPTION**

	2018		2020		2022	
	Number of children	% of child population	Number of children	% of child population	Number of children	% of child population
Basque Country	47	0.012	32	0.008	46	0.012
Lithuania	103	0.02	51	0.01	59	0.012
Norway	79	0.0079	31	0.0031	15	0.0015
Montenegro	2	0.0015	4	0.003	1	0.0007
Scotland	471	0.0005	211	0.0002	370	0.0004
Andalusia	125	0.0078	83	0.0052	132	0.0085
Ireland	72	0.006	81	0.007	102	0.008
Latvia	152	0.4	144	0.4	91	0.2
Jersey	9	0.05	<5	<1	<5	<1
Estonia	22	0.009	22	0.009	20	0.008
Flanders	20	0.001	16	0.001	17	0.001
Denmark	10	0.0007	30	0.002	32	0.002
England	3850	0.032	3480	0.029	3000	0.025
Wales	250	0.045	250	0.0453	230	0.0419
Albania	19		27		5	
Italy	846	0.0088	727	0.0077		
Republic of Srpska	11		9			
Republic of Croatia	132		136		196	
Slovakia	201		194		192	
Republic of Moldova	1745		1525		1370	

¹⁶ The information in the tables is provided by the informants. The tables were double-checked by them as well. Nevertheless, there may be some inaccuracies due to the definitional and other challenges (see Chapter 4 for more details).

- **“CARE ORDER”**

	2018		2020		2022	
	Number of children	% of child population	Number of children	% of child population	Number of children	% of child population
Basque Country	419	0.1	280	0.07	653	0.17
Lithuania ¹⁷	2052	0.41	897	0.182	3491	0.715
Norway	711	0.0711	467	0.0467	393	0.0393
Republic of Moldova	5484		4860		4436	
Republic of Croatia	412		396		555	
Catalonia	9590	0.6	6004	0.5	5798	0.6
Scotland	3979	0.004	3490	0.003	2909	0.003
Andalusia	1271	0.08	1210	0.08	1194	0.08
Ireland	4006	0.3	4502	0.4	4480	0.4
Latvia	6438	1.8	6004	1.7	5798	1.6
Jersey	31	0.17	19	0.10	30	0.17
Estonia	116	0.05	129	0.05	121	0.05
Georgia			34	0.003	60	0.006
Flanders	2302	0.18	2200	0.17	1529	0.12
Slovakia	5223		3263		3119	
Malta	64	0.08	28	0.035	28	0.035
Denmark	4200	0.3	3700	0.3		
Finland	1908	0.18	1688	0.16	1652	0.16
Iceland	59		83			
England	32190	0.27	31010	0.26	31090	0.26
Albania	60		47		45	
The Netherlands					10045	0.3

¹⁷ Care orders with unaccompanied minors

- SHORT TERM PLACEMENTS**

	2018		2020		2022	
	Number of children	% of child population	Number of children	% of child population	Number of children	% of child population
Lithuania			1605	0.33	2065	0.42
Norway	1136	0.1136	775	0.0775	718	0.0718
Republic of Moldova	4278		3908		3736	
Wales	620	0.112	545	0.099	620	0.113
Catalonia	523	0.03	523	0.03	608	0.04
Ireland	792	0.07	738	0.06	900	0.07
Jersey	36	0.19	23	0.12	18	0.10
Estonia			8	0.003	40	0.02
Flanders			63		271	
Malta	0	0	4	0.005	23	0.029
The Netherlands	40585	1.0	38395	1.0	38200	1.0
Iceland	52		80		45	
Albania			22		17	
Andalusia			322	0.021	388	0.024

- **EMERGENCY PLACEMENTS**

	2018		2020		2022	
	Number of children	% of child population	Number of children	% of child population	Number of children	% of child population
Basque Country	1549	0.39	429	0.11	730	0.19
Norway	1516	0.1516	1092	0.1092	1043	0.1043
Republic of Moldova	217		213		175	
Republic of Croatia			39		291	
Catalonia	2047	0.1	2219	0.2	2066	0.1
Scotland	633	0.0006	487	0.0005	434	0.0005
Ireland	138	0.012	201	0.017	175	0.015
Jersey	10	0.05	23	0.12	18	0.10
Estonia	¹⁸		582	0.2	546	0.2
Flanders			3686		4117	
Malta	0	0	3	0.0038	4	0.005
Finland	4390	0.4	4662	0.4	4498	0.44
Iceland	67		84			
The Netherlands					1900	0.05
Albania	0		25		21	
Andalusia	4246	0.27	1736	0.11	2322	0.15

¹⁸ Data not comparable as includes children staying at a shelter together with the parent.

- **CHANGE OF GUARDIANSHIP**

	2018		2020		2022	
	Number of children	% of child population	Number of children	% of child population	Number of children	% of child population
Catalonia	2447	0.2	2441	0.2	2385	0.2
Republic of Srpska	410		362			
Republic of Moldova	3259		2878		2682	
Estonia	61	0.02	47	0.02	31	0.01
England	3460	0.02	3720	0.031	3910	0.03
Iceland	42		21			
Malta			1	0.00125		

- **OTHER TYPE OF REMOVAL**

	2018		2020		2022	
	Number of children	% of the child population	Number of children	% of the child population	Number of children	% of the child population
Jersey	11	0.06	9	0.05	10	0.06
Flanders	2302		2200		1529	
Malta	32	0.04	28	0.035	15	0.019
Iceland	135		97			

- In 2022, how many children in alternative care were placed in family-based foster care, formal kinship care, residential care, and other forms of alternative care on a given day? Please, provide the number of children and % of children in alternative care on a given day.

	Family-based foster care		Formal kinship care		Residential care		Other forms of alternative care	
	Number of children	% of children in alternative care	Number of children	% of children in alternative care	Number of children	% of children in alternative care	Number of children	% of children in alternative care
Basque Country	498	21.5	310	13.4	1510	65.1		
Republic of Srpska	21		11		104		3	
Norway	500	0.5	3000	0.3	851	0.0851		
Montenegro	396	0.3			71	0.053		
Republic of Moldova	63							
The Republic of Croatia					818			
Wales	4890	69	1100	15.5	585	8		
Albania	1				197			
Ireland	5219	89.4	1504	25.8	439	7.5		
Catalonia	2385	27.5	902	10.4	5004	57.7	387	4.5
Jersey	31		24		13		9	
Estonia	146	5.43	1273	47.38	716	26.65	552 ¹⁹	20.54
Georgia	236				103		92	
Slovakia	1014		7052		3119		714	
Malta	20				41		9	
Denmark		66				30		2.3
Finland		42.4				47.3		
The Netherlands	9532	0.29	8120	0.24	16970	0.51	5930	0.18
Andalusia	1576	29.73	1443	27.22	2281	43.03		

- How many children exited alternative care in 2022

¹⁹ Other forms of alternative care reflect the number of children aged 0-17 living in adoptive families.

	The number of children who aged out of care	The number of children who exited care before the age of 18
Wales	245	150
Basque Country		
Albania	14	8
Andalusia (Spain)	551	647
Ireland	425	448
Jersey	13	17
Estonia	218	105
Georgia	77	119
England	5400	26280
The Netherlands	3300	

Appendix 2:

REPORTS, ARTICLES, STUDIES, WEBSITES AND OTHER RELEVANT INFORMATION REGARDING ALTERNATIVE CARE AS SUGGESTED BY THE RESPONDENTS (see Chapter 9.2)

- **Albania**

1. www.avokatipopullit.gov.al
2. Special Report "On guaranteeing of children's rights in public care residential institutions":
<https://www.avokatipopullit.gov.al/media/manager/website/reports/Raport%20Femijet%20ne%20qendra%20residenciale%202016.pdf>;
3. INSTAT Statistics: <https://www.instat.gov.al/al/statistika-zyrtare-femije-dhe-terinj/popullsia/f%C3%ABmij%C3%AB-0-17-vje%C3%A7-n%C3%AB-raport-me-popullsin%C3%AB/>;

- **Andalusia (Spain)**

1. Andalusian Ombudsman for Children and Adolescents:
<https://defensordelmenordeandalucia.es/>;
2. The Annual Report of the Institution, including its activities during 2022
<https://defensordelmenordeandalucia.es/node/22990>;
3. The 34th Coordination Seminar gathering Spanish Ombudsman Institutions at the national and regional level to study the issues related to unaccompanied migrant minors: <https://www.defensordelpuebloandaluz.es/34-jornadas-de-coordinacion-de-defensores-del-pueblo-sevilla-y-tarifa-cadiz-15-y-16-de-octubre-de>;
4. The 36th Coordination Seminar gathering Spanish Ombudsman Institutions at the national and regional level to study the issues related to risk situations for children and adolescents:
https://www.defensordelpuebloandaluz.es/sites/default/files/taller_andalucia.pdf;
5. The Andalusian Observatory on Children:
<https://www.observatoriodelainfancia.es/oia/esp/index.aspx>;

- **Basque Country (Spain)**

1. "Listening we make it better" Document that gathers the participative process for the improvement of the protection system in Gipuzkoa (Basque province).
2. UNICEF: A place to stay
3. Videos from the Spanish Ministry of Social Rights: on the responsibility of all people in detecting and stopping violence against children "Thank you"; violence against children is not a particular issue "What do you care".
4. Conference aimed at adolescents organized by Ararteko, on the impact on the brain experiencing adverse circumstances in childhood "Brains moulding other brains: how

relationships damage and repair brain development".
5. Articles:

- Soares, Kristina: Proyecto Izeba: una mirada a diez años de vínculos entre personas menores de edad tuteladas y familias voluntarias en Gipuzkoa. Zerbitzuan nº 69.
- Mendieta, Arantza: Sensitisation and recruitment of families for the fostering of minors: What strategies work? Zerbitzuan no. 77.
- Sarasa, Hodei: The weakening of the affective bond with the peer group of adolescents institutionalised in residential foster care resources. Zerbitzuan nº 77.

- **Catalonia (Spain)**

1. Report of the Catalan Ombudswoman: "DISINSTITUTIONALIZATION OF CHILDHOOD AND ADOLESCENCE OF THE PROTECTION SYSTEM" Presented to the Catalan Parliament: NOVEMBER 2023:
https://www.sindic.cat/site/unitFiles/9754/Informe%20centres%20de%20proteccio%20sencer_cat.pdf;
2. Additional information: <https://www.sindic.cat/ca/page.asp?id=53&ui=9754>;

- **Croatia**

1. <https://dijete.hr/hr/>

- **Denmark**

1. VIVE - Alternative Care in Denmark: <https://www.vive.dk/da/temaer/anbragte-boern-i-danmark/>;

- **England**

1. Children supported under Section 17 of the Children Act 1989: Children who have child-in-need plans are the largest group supported by children's social care in England. They are often highly vulnerable and face a wide variety of challenges. The office recently published 'Children on Child- in-Need Plans', which found that the proportion of children with a child-in-need plan varied across local authorities. In one local authority, 70% of the children involved in children's social care were on child-in-need plans, while in another it was as low as 3.6% - suggesting a variation in thresholds for intervention across the country.
2. Homeless 16 and 17 year olds who should be in care: In November last year the office published a report on homelessness amongst 16- and 17-year-olds following a data request to all local authorities in England. The report found that, of the 6,000 children aged 16 and 17 who presented as homeless to their local authority in 2022–23, only 39% of those accommodated were treated as they should be, as children needing care under section 20 of the Children Act.
3. Advocacy services in England: Using the office's statutory data collection powers, the office collected data from local authorities in England to assess the extent of variation

in the availability, quality, and effectiveness of advocacy services across the country. This report found that, even when children get a referral to an advocate, and most children do not, many referrals do not result in children getting direct support from an advocate.

4. Unaccompanied asylum-seeking children: In November last year, the office published a report that drew on data collected from the Home Office to show just how vulnerable unaccompanied children housed in contingency Home Office hotels are. The data threw into stark relief how incredibly vulnerable these children are – including children aged ten years and up, travelling alone, who have been beaten, contracted diseases, and faced sexual assault. Using the Commissioner’s statutory powers, the office has continued to make regular visits to newly arrived unaccompanied children. The Commissioner and the team have continued to raise concerns around the likely influx of arrivals of children in the coming months and the need for greater capacity to provide care for children from the day they arrive.

- **Estonia**

1. Analysis on leaving care and starting independent life (2022), English summary from page 124:
https://sotsiaalkindlustusamet.ee/sites/default/files/documents/2023-03/Asendushoolduselt%20elluastuvate%20noorte%20uuring_aruanne.pdf;
2. Article on the rights of siblings in adoption cases:
https://www.juridica.ee/article.php?uri=2021_2_dede-vendade_igused_lapsendamisel;

- **France**

1. Annual Report on the Rights of the Child 2019, Childhood and violence: the role of public institutions <https://www.defenseurdesdroits.fr/rapport-annuel-sur-les-droits-de-lenfant-2019-enfance-et-violence-la-part-des-institutions>

- **Georgia**

1. Parliamentary reports of the Public Defender of Georgia:
<https://ombudsman.ge/eng/saparlamento-angarishebi>
2. Special reports on children’s rights:
<https://ombudsman.ge/eng/190307051819angarishebi>
3. LEPL Agency for State Care and Assistance for Statutory Victims of Human Trafficking:
<https://atipfund.moh.gov.ge/eng>

- **Iceland**

1. Althingi laws and regulations: <https://www.althingi.is/lagas/nuna/2002080.html>
2. Regulations from Ministry: <https://www.reglugerd.is/reglugerdir/eftir-raduneytum/mbr/nr/1826>
3. Other regulations: <https://island.is/reglugerdir/nr/0804-2004>

4. Legal documents: <https://www.althingi.is/lagas/nuna/1999130.html>
5. Bofs website: <https://island.is/s/bofs>

- **Ireland**

1. Study on outcomes for permanence and stability: <https://researchrepository.universityofgalway.ie/bitstream/handle/10379/14560/Outcomes-for-Permanence-and-Stability.pdf?sequence=4&isAllowed=y>
2. Care leavers study: https://www.tcd.ie/news_events/articles/2024/care-leavers-ten-years-on--first-phase-of-landmark-new-study-commences--/#:~:text=Funded%20by%20the%20Department%20of,were%20in%20care%20as%20children
3. EPIC publications: <https://www.epiconline.ie/publications/>
4. Study of Tusla Child Protection: <https://www.tusla.ie/news/through-the-eyes-of-the-child-childrens-experiences-of-tusla-services/#:~:text=The%20research%20which%20is%20the,outcomes%20for%20children%20and%20families>
5. Study on power relations in foster care: <https://researchrepository.universityofgalway.ie/handle/10379/15005>
6. Additional publications: <https://www.tusla.ie/publications/>

- **Italy**

1. Independent Authority for Children and Adolescents publication: <https://www.garanteinfanzia.org/sites/default/files/2022-09/La%20tutela%20dei%20minorenni%20in%20comunit%C3%A0 WEB.pdf>

- **Latvia**

1. Research on alternative care system improvement: https://ppdb.mk.gov.lv/wp-content/uploads/2023/12/Petjums_arpusgimenes_aprupes_sistemas_pilnveide.pdf
2. Research on alcohol usage impact: <https://esparveselibu.lv/sites/default/files/2023-10/Gala%20zi%C5%86ojums.pdf>

- **Lithuania**

1. www.globoscentrai.lt

- **Malta**

1. "Let Me Thrive" - Foster Care Study: <https://tfal.gov.mt/wp-content/uploads/2021/09/Let-Me-Thrive-A-Research-Study-on-Foster-Care.pdf>
2. Study on Out-of-Home Care in Malta: <https://tfal.gov.mt/wp-content/uploads/2021/09/Children-in-Out-Of-Home-Care-in-Malta.pdf>

- **Montenegro**

1. Report on children's rights: https://www.ombudsman.co.me/docs/1645367416_13052021_preporuka_bp.pdf

- **Republic of Moldova**

1. Annual report on child rights: <https://ombudsman.md/post-document/raport-privind-respectarea-drepturilor-copilului-in-republica-moldova-in-anul-2022-2/>
2. Report on institutionalized children's rights: <https://ombudsman.md/post-document/raport-tematic-evaluarea-respectarii-drepturilor-si-libertatilor-copilului-institutionalizat-in-centrele-ftiziopneumologice-de-reabilitare-pentru-copii-din-cornesti-si-tirnova/>
3. Monitoring report on recommendations: <https://ombudsman.md/post-document/monitorizarea-implementarii-recomandarilor-avocatului-poporului-pentru-drepturile-copilului-din-raportul-evaluarea-situatiei-copiilor-plasati-in-casele-internat-pentru-copii-cu-deficiente-min-3/>
4. Report on children left without parental care: <https://ombudsman.md/post-document/raport-tematic-monitorizarea-respectarii-drepturilor-copiilor-ramasi-fara-ocrotire-parinteasca-2/>

- **Republica of Srpska**

1. www.djeca.rs.ba under session "reports"
2. www.djecijidom.com

- **Scotland**

1. The Scottish Care Leavers Covenant: <https://www.scottishcareleaverscovenant.org/>

- **Slovakia**

1. "Children and Young People in Slovakia" 2017: link

- **Slovenia**

1. Research on school success in out-of-home care: link

- **Sweden**

1. <https://kunskapsguiden.se/omraden-och-teman/barn-och-unga/vagledning-for-elevhalsa/stodja-elever/barn-och-unga-som-riskerar-att-fara-illa/placerade-barn-och-unga/>;
<https://ivo.se/barn-och-ungdomar/placerade-barn-och-ungdomar/> ;
2. Annual reports of the Office of the Ombudsman for Children 2011, 2012, 2019 and 2024
[https://www.barnombudsmannen.se/stallningstaganden/publikationer/?c=80](https://www.barnombudsmannen.se/stallningstaganden/publikationer/?c=80;);
3. För barn och unga i samhällsvård SOU 2023:66
<https://www.regeringen.se/rattsliga-dokument/statens-offentliga-utredningar/2023/11/sou-202366/>;

- **Wales**

1. Leaving care - <https://www.childcomwales.org.uk/publications/hidden-ambitions/> ;
2. Rights based practice - <https://www.childcomwales.org.uk/resources/the-right-way-a-childrens-rights-approach/a-childrens-rights-approach-for-social-care-in-wales/>;

