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# Situation Analysis

of Children at risk of  
the Deprivation of Family Care  
and Children without Parental Care  
in Bosnia and Herzegovina



September 2017



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The opinions expressed are those of the authors and do not necessarily reflect the policies or views of UNICEF and its partners.

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# PREFACE

In Bosnia and Herzegovina as in other countries, children without parental care, children at risk of separation from their families, and children with disabilities are often among the most vulnerable in society.

UNICEF in Bosnia and Herzegovina supports the relevant ministries in further advancing childcare reform. The focus is on strengthening models and capacities to prevent family separation, to provide family and community-based alternative care and to support the transformation of childcare institutions into services that provide support and assistance to vulnerable children and families.

UNICEF commissioned this Situation Analysis in order to provide current insight into the status of children without parental care and those at risk of the deprivation of family care in BiH. This group of children often remains 'hidden' and there is only limited reliable data and information on all aspects of their lives. This ranges from policy and legislative protection and the services they can access to the social norms and practices around them and their families who, for various reasons, can be considered 'at risk'. It is our hope that this Situation Analysis raises attention and mobilises more targeted and concerted action among all of us who are responsible for the well-being and protection of children.

The European Union funded this analysis as part of our general and ongoing partnership to ensure that all children are cared for and protected. We thank the EU Delegation for its efforts, as part of the EU accession process and beyond, for being such a strong supporter of the rights of children in BiH.

We trust that the findings and recommendations of this Situation Analysis will help inform planning and decision-making among all stakeholders targeted at improving the lives of all those children in Bosnia and Herzegovina who are growing up without their own parents and families. Evidence from around the world tells us that every child needs a family in order to grow and develop and to achieve their full potential.



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## Abbreviations

<b>BiH</b>	Bosnia and Herzegovina
<b>CRC</b>	Convention on the Rights of the Child
<b>CSW</b>	Centre for Social Welfare
<b>CWPC</b>	Children without parental care
<b>BAM</b>	Bosnian Convertible Mark
<b>BD</b>	Brcko District
<b>EU</b>	European Union
<b>FBiH</b>	Federation of Bosnia and Herzegovina
<b>FG</b>	Focus Group
<b>FGD</b>	Focus Group Discussions
<b>KII</b>	Key Informant Interviews
<b>KM</b>	Convertible Mark
<b>N</b>	Number
<b>NGO</b>	Non-Governmental Organisation
<b>RS</b>	Republika Srpska
<b>SPS</b>	Social Protection Services
<b>UNICEF</b>	United Nations Children's Fund

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# 1. Executive Summary

This report presents the findings of a study conducted in Bosnia and Herzegovina (BiH) in 2016 on children without parental care and children at risk of the deprivation of family care. The study consisted of an extensive desk review, interviews and focus group discussions (FGDs) as well as a fax/email survey of all 139 centres for social welfare (CSW) and the social protection services (SPS) in BiH together with all 30 institutions for alternative care of children without parental care as well as other institutions caring for children.<sup>1</sup> From June to September 2016 a team of researchers from Customs Concept Ltd conducted a total of 19 focus group discussions and 22 key informant interviews (KIIs) with 152 participants, including representatives of the CSWs and institutions, foster parents, children and young people and parents. Additional qualitative data was collected through case studies of six foster families and eight young adults aged over 18 years. The key findings and recommendations follow.

<sup>1</sup> Mainly institutions caring for children with disabilities, some of whom are also without parental care.

<sup>2</sup> TransMonEE (Transformative Monitoring for Enhanced Equity) 2015, based on official statistics of the Government of BiH.

<sup>3</sup> Defined as children who experience any difficulty in performing basic activities at home, at work or in school in six possible domains: seeing, hearing, walking or going upstairs, remembering or concentrating, dressing and bathing, and communicating. BHAS, *Census of Population, Households and Dwellings in BiH 2013* (BiH 2016). The WHO/World Bank, *World Report on Disability*, (2011) cites on page 36 that, the Global Burden of Disease (2004) estimate that globally 5.1% of children aged 0-14 experience 'moderate to severe disability'. The 2006 Multiple Indicator Cluster Survey (MICS) for BiH estimated that 6.5% of children from 2 to 9 years of age in BiH had some form of disability.

## HOW MANY CHILDREN WITHOUT PARENTAL CARE ARE THERE?

**1. The prevalence of children without parental care can only be estimated, because the definition of 'without parental care' is not harmonised in the legislation or within the child protection data management system in BiH.**

According to the latest available official government statistics from 2015, the number of children without parental care in BiH was 2,435<sup>2</sup> (0.35 per cent of the child population).

In response to the questionnaire disseminated as part of this situation analysis and based on their records, the CSWs and childcare institutions reported 1,311 children without parental care as of 30 June 2016. After extrapolating the information and taking into consideration the twenty per cent non-response rate, the research team arrived at an overall estimate of 1,640 children without parental care. Although this number should be interpreted with caution, at least for the purposes of this study, the researchers are confident that this estimate is reasonable.

Using the 1,640 as a denominator, the study found that 17.7 per cent of children without parental care were children with disabilities. This compares to the 2013 census estimate that 0.9 per cent of the overall child

population are children with disabilities.<sup>3</sup> This overrepresentation of children with disabilities among children without parental care would be even higher if children in specialised institutional care for children with disabilities were included.

The study found that 4.7 per cent of children under three years of age were without parental care, out of which 87 per cent were in institutional care in June 2016.

Overall, as of June 2016, 13 per cent of children in institutional care were found to be eighteen years of age or older and hence no longer children.

## WHY ARE CHILDREN WITHOUT PARENTAL CARE?

**2. Economic factors drive a third of placements of children into alternative care. The majority of children without parental care (64 per cent) reportedly have at least one living parent. Yet this was found to be 72 per cent among children with disabilities without parental care.**

The CSWs in BiH reported in 2016 that in 33 per cent of instances poor material conditions of the family or parents were the major influence on their decision to place their child in institutional care for up to two months, often while the parent(s) went abroad for work.

About one in four (24 per cent) children without parental care were reported as having no living parents, while this figure was only 15 per cent for children with disabilities.

Other key reasons reported for placement in alternative care were in 39 per cent of instances neglect and abandonment of the child. For children with disabilities, placement for the reason of special protection required because of the child's health status was reported in 14 per cent of cases, compared to 4 per cent for all children. Further research is required to understand and address the factors driving the reported neglect and abandonment. This may also be connected to economic factors and therefore it is necessary to understand how parents and families can be better supported in the community to care for their children with disabilities.

## WHAT IS BEING DONE TO PREVENT CHILDREN LOSING PARENTAL CARE UNNECESSARILY?

**3. The capacity of CSW multidisciplinary teams to work on prevention and child protection varied significantly across the country.**

**Of the CSWs, 75 per cent had teams of three or more members that included at least one qualified social worker and a lawyer. This represents a considerable resource for supporting families and preventing unnecessary family separation.**

Other specialists most commonly found in larger CSW teams included psychologists and pedagogues. A multidisciplinary team conducts the CSW decision-making process on the removal of a child from parental care and this in many cases is based on comprehensive assessments; however, the process and criteria for taking such a decision can differ among the CSWs.

**Of the CSWs, 23 per cent had signed protocols on cooperation in the field of preventive protection of children at risk of separation.**

The level of support and prevention work provided to families in each municipality depends primarily on the capacity of the CSW as well as the existence of referral mechanisms and other services in the community, including those of NGOs that in some areas are very active.

**4. A clear and uniform definition and criteria for the identification of families at risk is needed and should focus on the prevention of unnecessary family separation.**

**The family support services most commonly provided by the CSW are inclusion in material support programmes and the provision of counselling and psychosocial support services.**

There were examples of child socialisation and increased supervision services effectively supporting families in order to prevent unnecessary separation yet the surveyed CSW reported that they were less common. The CSWs most frequently reported unemployment, poverty and parent health problems as risk factors among families at risk of separation. Many of the CSWs cited parental behaviour, neglect and abuse of children as contributing to the risk of separation, but to a lesser extent.

**5. The effectiveness of prevention work was not known and hence better monitoring and evaluation is required.**

Better targeting and more effective prevention and family support could mean that fewer children need to enter alternative care in the first place. Yet a lack of data did not allow for an assessment of the effectiveness of the prevention work being carried out by the CSWs, despite the fact that 95 per cent of the CSWs reported providing prevention and support services of some kind.

**6. It is likely that once separated children will maintain contact with their parents, if they have them, but are unlikely to return home.**

**Half of the children without parental care in non-kinship foster care and over two-thirds in institutional care were reported to be in contact with their birth parents and relatives.**

**After being accommodated in alternative care only 6.6 per cent of children had returned to their families over the previous two and a half years.**

Most CSWs reported that they carry out work aimed at reintegration, including counselling, the provision of financial and material support, promotion of contact with children in alternative care and support for accessing health services if needed, but it did not seem to have a significant impact on the return of children to their families.

## **IS SUITABLE ALTERNATIVE CARE BEING PROVIDED?**

According to CSW records, almost half (48.5 per cent) of the children without parental care were in institutional care, 35.5 per cent were in kinship care and 9.8 per cent were in foster care as of June 2016.

**7. Foster care is underutilised and kinship care is an important resource for children in need of alternative care, especially those who have lost both parents, but less so for young children and children with disabilities.**

**More than a third of children without parental care were in kinship care, while 49 per cent of children who had lost both parents first went into kinship care and were likely to remain there.**

**Out of the 4.7 per cent of children under three years of age without parental care, 87 per cent were in institutional care in June 2016. This form of accommodation is the least suited to meeting their need for a constant adult caregiver and could compromise their development in the first months and years of life.<sup>4</sup>**

**8. There is an overreliance on long stays in institutional care, averaging six years<sup>5</sup>, especially for children with disabilities.**

**Of the children without parental care surveyed, 48.5 per cent (70.7 per cent of children with disabilities without parental care) were living in institutional care in June 2016.**

*Of the surveyed children, 49 per cent experienced institutional care as their first placement. Most CSWs conducted placement reviews yet for the most part (82 per cent) they resulted in no change from the initial placement.*

The system of monitoring care for children in institutions (partly because of the way in which 'being without parental care' is defined) does not permit data analysis for indicators such as child/staff ratios, although it does provide data about the proportion of institutional care staff that are professional staff working directly with children.

**9. Although siblings are largely kept together in the same placement, almost a quarter of children without parental care had siblings who were still in the care of their parents or relatives.**

**69 per cent of siblings were placed together in the same type of care.**

Overall, 19 per cent of the children without parental care surveyed had siblings still in the care of their parents and a further 4 per cent had siblings in the care of other relatives.

**10. Non-kinship foster care also represents a potential resource for children without parental care, but is underutilised by the CSWs.**

Around a third of potential foster carers were not providing care for children at the time of the survey.

**11. A small number of children without parental care had been placed through adoption.**

The children who were eligible for adoption and subsequently adopted were mainly those aged under three years and without disabilities or developmental delays

<sup>4</sup> Early Childhood Development. What every parliamentarian needs to know and do (UNICEF CEE/CIS, 2011).

<sup>5</sup> This average includes young people aged 18 years and above.

and who had spent less than twelve months in institutional care prior to adoption.

## **12. System standards were implemented unevenly across different municipalities.**

The level of application of quality standards for the alternative care of children seemed relatively low with only around a quarter to one-third of facilities stating that they applied the standards in practice. Given the frequency and prevalence of expert supervision and inspection reported, this raises the question of the effectiveness of these mechanisms in ensuring the implementation of standards and guidance in practice.

## **WHAT HAPPENS TO CHILDREN AFTER PLACEMENT IN ALTERNATIVE CARE?**

### **13. Many children stay in the system of alternative care well into adulthood.**

Three quarters of the 144 young people who left the system of alternative care in the two and a half years prior to the survey were aged 18 to 26 when they left. Two-thirds of these children did not receive support with employment and only half of them received support with housing.<sup>6</sup>

## **Key Recommendations**

### **Legal Regulatory Framework**

- The definition of children ‘without parental care’ in all relevant legislation in BiH should be harmonised with the UN Guidelines for the Alternative Care of Children in order to ensure proper identification, planning and decision-making.
- Establish and systematically and consistently implement and monitor unified quality standards on alternative care for children in BiH.

### **Availability and Access to Quality Services**

- Ensure the coverage, adequacy of allocation and efficient use of fiscal and human resources for services aimed at ameliorating the risk of unnecessary family separation, including through family support services and cash benefits.
- Increase access to and improve the quality of social and child protection services, especially for children with disabilities, with special focus on preventative measures to avoid separation and provide family support. Ensure that those children who do enter the system of alternative care are actually in need of care and that all other options for supporting their families and preventing separation have been explored and exhausted prior to this.
- Strengthen the provision of family based alternative care, in particular kinship care and non-kinship foster care, and the related capacities of professionals.
- Expedite the deinstitutionalisation of children as part of the broader childcare reform process. Ensure that children, in particular children under three years of age, through prevention of family separation, encouragement of suitable family based alternative care and reintegration are placed in institutional care only as a measure of last resort and for the shortest possible time.
- Promote systematic cooperation between CSWs and NGOs. Mainstreaming effective NGO services will help ensure that all children can access some of the more effective services currently being developed in some municipalities.

### **Social Norms**

- Implement awareness raising initiatives targeted at the general public and professionals on the detrimental impact of institutional care on the development and well-being of children, in particular children under three years of age and children with disabilities.

### **Research**

- Conduct more in-depth research to better understand and address the factors driving the reported neglect and abandonment as well as the economic reasons for placing children in alternative care. Gain a better understanding of how parents and families can be better supported to care for their children, including children with disabilities.

<sup>6</sup> The study did not assess whether children actually needed employment and housing support, but only recorded whether they did or did not receive such support.

# 2.

## Introduction and Methodology

The United Nations Children's Fund (UNICEF) Country Office in BiH in close collaboration with the relevant government institutions and funded by the European Union (EU) has undertaken a situation analysis of children without parental care and children at risk of separation from their families, under the EU-funded programme 'Transformation of Institutions and Prevention of Separation of Families'.

The programme partners include the Ministry of Civil Affairs of BiH, the Ministry of Health and Social Welfare of RS, the Ministry of Labour and Social Policy of the FBiH, the Ministry of Health of the FBiH, cantonal ministries responsible for social protection and the protection of children (in the FBiH) and municipal bodies responsible for the protection of children and social protection, municipal and cantonal CSWs, institutions for the care of children without parental care, local communities and non-governmental organisations (NGOs) with professional knowledge in the field of child protection and the protection of children without parental care.

### Methodology

An extensive desk review was conducted to identify study participants, develop the research instruments and inform the analysis and findings presented in this report.

A fax/email survey of all 139 CSWs and SPS in BiH and

all thirty institutions for the alternative care of children without parental care as well as other institutions<sup>7</sup> in BiH that provide accommodation for children without primary caregivers was conducted. Two questionnaires were developed and finalised after the initial piloting, one for each group of targeted organisations. The questionnaires included general questions about the organisation, children without parental care, foster and adoptive families. They also contained questions on adopted children, young adults who had exited the system of care for children without primary caregivers and about families and children at risk of separation. They also contained specific questions about each category of child and the families registered with the responding organisation.

Of the 139 questionnaires sent to the CSWs and SPS (including 78 in the FBiH, 60 in RS and 1 in BD) 111 (or 80 per cent) were completed and returned. Out of the thirty questionnaires that were sent to the institutions for alternative care of children without primary caregivers and other institutions that provide accommodation for children without parental care (including 24 institutions in the FBiH and 6 in RS) 16 were completed and returned. Six of the institutions stated that they did not accommodate children without parental care and therefore did not complete the questionnaire.

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<sup>7</sup> Mainly institutions caring for children with disabilities, some of whom were also without parental care.



In addition, qualitative methods (semi-structured interviews and focus group discussions) were used to explore in more depth some of the key issues identified during the desk review. A total of 19 focus group discussions were held (13 in the FBiH, 4 in RS and 2 in BD) with a total of 124 participants from the following stakeholder groups:

- representatives of CSWs and institutions for alternative care of children without primary caregivers and other institutions where children without parental care are accommodated,
- foster parents,
- children without parental care in institutional care,
- children at risk of losing parental care,
- parents at risk of losing custody of their children.

A total of 22 key informant interviews were held with representatives of the health and social protection ministries at the entity and cantonal level and in Brcko

District as well as eight service providers and other stakeholders. A further six interviews were held with children without primary caregivers who had been placed in foster care.

Additional qualitative data was collected through case studies of six foster families as well as eight young adults over 18 years of age who were participating in programmes that prepared them for independent life and that provided them with permanent care.

## Data Limitations

Neither local nor international legislation provide a uniform legal definition of alternative care of children without parental care. The UN Guidelines for the Alternative Care of Children (2009) and BiH legislation provide the definitions set out below in Table 1.

**Table 1. Comparison between the definitions in the UN Guidelines for the Alternative Care of Children and BiH legislation**

Key concept or term	UN Guidelines	BiH legislation
Children without parental care	Persons under 18 years of age who are not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances.	Children for whom: parents died, are missing or unknown or the parents' place of residence has been unknown for more than one year; parents have been deprived of their parental rights or working (legal) capacity, that is, parents have not acquired the legal capacity yet or it is limited; the parents have been neglecting the child's care and upbringing for a long period of time; parents are absent and therefore unable to take regular care of their child(ren) but have not entrusted their child(ren) for care and education to a person the guardian body finds to be meeting the requirements for being a guardian. (Family laws of the FBiH, RS and BD)
Informal care	Any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in an individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.	Not defined in BiH legislation.
Formal care	All care provided in a family environment that has been ordered by the competent administrative body or judicial authority and all care provided in an institutional environment, including in private facilities, whether or not as a result of administrative or judicial measures.	The guardian body (CSW) leads the procedure for placement under guardianship or the termination of guardianship.  The court is involved in the deprivation of the parents' rights.  Guardianship is defined as a form of protection of juvenile children deprived of parental care. (Family Laws of the FBiH, RS and BD)
Kinship care	Family based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature.	Parents can entrust a child to a relative and this can be formalised as guardianship through the guardian body.
Foster care	A situation where the competent authority places a child for the purpose of alternative care in the domestic environment of a family other than the child's own family, which has been selected, prequalified and approved for providing such care and is supervised.	For children without parental care, children whose upbringing is being neglected, children with hindered development caused by family circumstances, children with mental or physical disability. (Social Protection Laws of the FBiH, RS and BD)  The Social Protection Law of RS specifies that a foster family is a family unit with one or more adults who are caring for child(ren) below or above the age

of maturity that has been found to meet the requirements and trained in the provision of foster care and that has a right to be remunerated for the foster care services that it provides.

Foster care placement of a child is dependent on the written consent of the child's parents, adoptive parents or custodians. If a child is older than 15 years, the consent of the child is also warranted. The consent of parents is not warranted if the parents are deprived of parental rights. (Social Protection Law of the FBiH)

Institutional care	Care provided in any non-family based group setting, such as places of safety for emergency care, transit centres for emergency situations and all other short and long-term institutional care facilities, including <i>group homes</i> .	<p>This option is for the care of children who are in need of permanent assistance and support, which they cannot get from their families or in another way.</p> <p>Before placing a child in an institution, the authorised guardian body assesses if such a placement is the most efficient choice or if the protection required by a child can be provided through other social protection mechanisms. (Social Protection Laws of the FBiH, RS and BD)</p> <p>By being placed in an institution, these children are provided with housing, food, clothing, care, assistance, upbringing and education, training for independent life, occupational, cultural, recreational/rehabilitative activities, healthcare and other services. (Social Protection Law of RS)</p> <p>The Social Protection Law of Canton Sarajevo stipulates that institutional placement will not be provided to a person whose relatives who have a duty to support him/her can provide the necessary conditions to meet her/his basic needs and that the relatives' ability to do so will be judged by an expert team of the CSW.</p>
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The family laws mandate the CSW, as the guardian body, to implement the following measures:

- give approval for parents to entrust the care of their child or children to a person, a family or an institution;
- assess whether parents provide adequate care or if a child is neglected;
- place a child in a substitute family, child care institution or under the care of someone other than the child's parents;
- assess whether institutional care placement is the most efficient choice or if the protection required by a child can be provided through another social protection mechanism.

The 111 CSWs and 16 institutions for alternative care of children that responded to the survey used definitions of children 'without parental care', 'at risk of losing parental care' and 'children with developmental difficulties' or 'disabilities' according to their interpretation of the local and national legislation that they received and practice in each organisation. It can be assumed that they broadly classify children as being without parental care if they have been formally assessed as such by the CSWs themselves. This includes the following:

- children who have been declared as being without parental care by the court, because the court removed parental rights;
- children whose parents have died;
- children whose parents have been assessed by the CSW as being unable to provide adequate care, even

though parental rights may not have been removed by the courts;

- children who have been placed by their parents in temporary or long-term guardianship (for a range of reasons) with the approval of the CSW.

The quantitative data analysis provided in this report is therefore based on data provided by organisations that consider themselves to be working with children without parental care or at risk of losing parental care and that classify children as being 'without parental care' or 'with developmental difficulties' according to criteria based on entity, cantonal and/or national legislation and guidance.

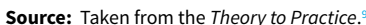
Most of the institutions and services that did not respond to the survey worked with children, young people or adults with various disabilities<sup>8</sup> but did not consider them children without parental care or at risk of losing parental care. An association of organisations for support to people with intellectual disabilities in the FBiH, for example, stated that children and young people without parental care are not their target population. Another specialised institution for blind/deaf children stated they had, "no children without parental care

<sup>8</sup> The examples included the following: the Centre for Children with Developmental Difficulties 'Buducnost', in Derventa, and the public institution (PI) the 'Home for Persons with Disabilities', in Visegrad, and the PI 'Home for Persons with Disabilities' in Prijedor. It also included the Centre for Education, Upbringing and Speech and Hearing Rehabilitation in Tuzla; the Centre for Blind and Visually Impaired Children and Youth in Sarajevo, and the Centre for Speech and Hearing Rehabilitation in Sarajevo.

**Figure 1.**

The structure of this report reflects the guiding principles of the UN Guidelines for the Alternative Care of Children and the necessity principle and the suitability principle, as illustrated below in Figure 1.

## Applying the principles of necessity and suitability of the UN Guidelines for the Alternative Care of Children



In Chapter 3, the report first sets out the broad legislative and policy framework relevant to children without parental care or at risk of losing parental care and gives a summary of relevant observations from the CRC Committee. In Chapter 4 it goes on to present the prevalence of children without parental care according to the official statistical data and the findings from the survey conducted for this situation analysis. Chapter 4 also discusses the reasons for the loss of parental care. Chapter 5 presents findings from the survey on what is being done to prevent the unnecessary loss of parental care in BiH and to ensure that only those children who really need alternative care are in receipt of such care. Chapter 6 discusses findings from the survey on the suitability of alternative care provision for children and Chapter 7 presents and discusses findings from the survey on outcomes from alternative care for children and young people. Throughout, the report reflects on the survey findings in relation to the capacity of the system to support families and uphold the necessity principle and to ensure provision of care that meets the differing needs of children at different ages and of different abilities and thereby upholding the suitability principle. Chapter 8 presents the conclusions drawn from the survey and its findings. Chapters 9 and 10 present a sub-set of findings for the FBiH and RS respectively, which are structured in the same way as in chapters 4 to 8 (prevalence of and reasons for the loss of parental care; findings on the necessity principle; findings on the suitability principle; outcomes and conclusions). Chapters 9 and 10 also reflect in more detail on the data gathered through the interviews, focus group discussions and case studies.

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<sup>9</sup> Theory to Practice, *Implementing the UN Guidelines for the Alternative Care of Children*, Chapter 2, p.23. (Cantwell et al., 2013). Available from <http://www.alternativecareguidelines.org/Portals/46/Moving-forward/Moving-Forward-implementing-the-guidelines-for-web1.pdf>

# 3.

## Overview of the Legislative and Policy Framework relevant to Children without Parental Care or at risk of losing Parental Care

The Constitution of BiH stipulates that the government and its entities, the RS and the FBiH, and Brčko District (BD) have an obligation to ensure the highest level of internationally recognised human rights and fundamental freedoms. The enjoyment of the rights and freedoms provided by the Constitution and the international agreements listed in Annex I of the Constitution of BiH, "...shall be secured to all persons in BiH without discrimination on any grounds."<sup>10</sup> "All three administrative units, the FBiH, RS and BD, extend constitutional recognition of the need for special protection of minors without parental care"<sup>11</sup> and of the "...rights to protection of family and children, social protection, shelter and protection of vulnerable groups."<sup>12</sup>

The Constitution also established the authority of RS and the FBiH entities as well as BD in the fields of family and social protection of children; 18 different laws and a range of bylaws regulate alternative and family care. Relevant international legal frameworks and guidance include the CRC, the Convention on the Rights of People with Disabilities (CRPD), and the UN Guidelines for the Alternative Care of Children.

### **Legislation in BiH on Alternative Care of Children without Primary Caregivers and Social support for Families**

A policy framework linked to the social protection system and financing governs alternative care for children without parental care and family support. The current phase of reform and system development began with the policy document on the Protection of Children without Parental Care and Families at Risk of Separation in BiH 2006-2016, which was developed by the entity ministries together with UNICEF and Save the Children UK and is based on the UN Guidelines for the Alternative Care of Children.

The Government of the FBiH adopted this policy document in 2008<sup>13</sup> and approved an Action Plan for its implementation.<sup>14</sup> The Action Plan defined the objectives, activities, holders, funding sources and budget projection for improving the protection of children without parental care and families at risk and the established a coordination body. The relevant ministries worked on developing a system to support young people upon their leaving the public care system and on standardising services for accommodation in small family homes for children without parental care. They also worked to sensitise the public in the FBiH about the harmful effects of institutionalisation and the need to reform the child protection system.

<sup>10</sup> Article 2 paragraphs 1 and 4 of the Constitution of Bosnia and Herzegovina.

<sup>11</sup> Articles 5 and 36 of the Constitution of the Republika Srpska.

<sup>12</sup> Constitution of the Federation of Bosnia and Herzegovina, Chapter II, Human Rights and Fundamental Freedoms, Article 2.

<sup>13</sup> [http://www.unicef.org/bih/ba/Politika\\_zastite\\_djece\\_bez\\_rod\\_st\\_2006\\_16web.pdf](http://www.unicef.org/bih/ba/Politika_zastite_djece_bez_rod_st_2006_16web.pdf) (accessed August 25, 2016).

<sup>14</sup> Official Gazette of the Federation BiH no. 86/12.

In 2009, RS developed and adopted the Strategy for Enhancement of Social Protection for Children without Parental Care together with an Action Plan for the period 2009-2014 and later a second Strategy for Enhancement of Social Protection of Children without Parental Care for the period 2015-2020.<sup>15</sup> These documents were in keeping with the UN Guidelines for the Alternative Care of Children and aimed at the development and improvement of the system management model and action in the field of social protection for children, which has the capacity to respond optimally and in a way that is consistent with the child's best interests to the needs of children without parental care and to the needs of children living at risk of separation from their parents. This objective was implemented in six strategic areas: preventive protection for children at risk of separation, guardianship, adoption, foster care, institutional care and support in starting independent life. RS also adopted special Foster Care Guidelines in 2014.<sup>16</sup>

The FBiH adopted a number of policies in this field. They include the Strategy for Deinstitutionalisation and Transformation of Social Care Institutions in BiH (2014-2020),<sup>17</sup> which strongly promotes alternative family-based care models for adults with disabilities and children. The document indicates the necessity of a gradual transformation of the existing institutions in order to cater for services that cannot be provided in a family like setting or other related services. The adopted Policy for Foster Care Development in the FBiH<sup>18</sup> underlines the absence of systemic solutions in this field. The stated goals of the policy include enhancement and harmonisation of the foster care system, support for a sustainable transition from an institutional to a family-based care model, strengthening of the capacities of the CSWs through the provision of adequate human, technical and financial resources, and the establishment of appropriate mechanisms for coordination, monitoring and evaluation of the application of the policy and actions in the field of foster care as well as improv-

ing access to financial resources for foster care from non-budgetary sources (donor programmes and other funding sources).

As one of the instruments of the policy, the Parliamentary Assembly of the FBiH adopted the Law on Foster Care in the FBiH in February 2017. Similar to many other social protection reform matters, adoption of this Law required addressing the question of how to divide responsibility for financing foster care between the different levels of government in the FBiH.<sup>19</sup>

The protection of persons with disabilities, especially children with disabilities, was evaluated as adequate in relation to the financial possibilities in the FBiH. However, the existing protection has not significantly improved their participation, inclusion in society or quality of life.<sup>20</sup> The Strategy to Improve the Rights and Status of Persons with Disabilities in the FBiH 2016-2020 anticipates additional financial support for families with children with disabilities and for adults who have disabilities (e.g. increased child allowance, etc.). There are also plans to improve intersectoral referral mechanisms in regard to health, education and social protection for children with disabilities and their families.<sup>21</sup> Preparation of policies in the area of social services and social work are ongoing.

This extensive policy and legislative framework in support of implementation of the UN Guidelines for the Alternative Care of Children continues to experience challenges in implementation, as noted by the Committee on the Rights of the Child (see Box 1 below), UNICEF and other child rights observers.<sup>22</sup>

<sup>15</sup> <http://www.vladars.net/sr-SP-Cyrl/Vlada/Ministarstva/MZSZ/Documents/STRATEGIJA%20UNAPREDJENJA%20SOCIJALNE%20ZASTITE%20DJECE%20BEZ%20RODITELJSKOG%20STARANJA.pdf> (accessed August 25, 2016).

<sup>16</sup> Official Gazette of the RS no. 27/14. Available from <http://www.djeca.rs.ba/uploaded/Pravilnik%20o%20hraniteljstvu.pdf> (accessed August 25, 2016).

<sup>17</sup> <http://fmrsp.gov.ba/s/images/stories/Strategija%20deinstitucionalizacije%20i%20transformacije%20ustanova%20socijalne%20zastite%20u%20Federaciji%20BiH.pdf> (accessed August 25, 2016).

<sup>18</sup> FBiH Ministry of Labour and Social Policy. *Public Policy for Foster Care Development* (2014). Available from <http://fmrsp.gov.ba/s/images/stories/Javna%20politika%20o%20udomiteljstvu%20-%20Prednacrt.pdf> (accessed August 25, 2016).

<sup>19</sup> Published in «Službene novine Federacije BiH», no. 19/17 (15 March 2017). Available from [https://mrsri.ks.gov.ba/sites/mrsri.ks.gov.ba/files/zakon\\_o\\_hraniteljstvu\\_fbih.pdf](https://mrsri.ks.gov.ba/sites/mrsri.ks.gov.ba/files/zakon_o_hraniteljstvu_fbih.pdf)

<sup>20</sup> Ministry of Labour and Social Policy of the FBiH, *Comments on the Draft Comparative Analysis of the BiH Legislation on Alternative Care of Children Without Parental Care* (2016).

<sup>21</sup> Ibid.

<sup>22</sup> See for example, Ombudsman for Children RS (2011); Prema: Bartlett, W., *Gap Analysis in the area of social protection and inclusion policies in BiH* (UNICEF, 2013).

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**Box 1.****Concluding observations by the Committee on the Rights of the Child related to children without parental care or at risk of losing parental care contained in the BiH periodic report on implementation of the CRC for 2014.**

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The Committee pointed out that due to limited financial and human resources, CSWs are not able to prevent the disintegration of a family in cases where it was possible to use alternative situations and respond to the needs of children without parental care. The Committee is concerned about: (a) ...children being placed in institutions on the sole basis of family economic hardship; the inadequacy of alternative family and community-based options for children deprived of a family environment or children with special protection needs, with the majority of children being placed in institutions and insufficient efforts being made to reunite such children with their biological families, resulting in many of those children remaining in institutions until the age of 18... (e) ...the absence of a comprehensive system of foster care and the low and irregular funds for covering the costs of children's placement in foster families, frequently resulting in low standards of care in such situations... (g) ...the current system of alternative care discourages the reunification of children with their biological families even where this may be a viable option.

Point 49 urges BiH to facilitate and support family-based care for children wherever possible; to thoroughly and periodically review placements of children in institutions and, in doing so, pay particular attention to signs of maltreatment of children; to establish a comprehensive and coherent national system of foster care and timely funds and support for foster families; to provide all the human, technical and financial resources required for improving the situation of children in alternative care placements.

Point 51 urges BiH to facilitate adoptions, including by simplifying and streamlining procedures for adoption, while ensuring safeguards required by the Convention, and to establish a universal integrated database for its social protection institutions with information on potential adoptees and adopters nationwide.

Point 53 urges BiH to establish a clear legislative definition of disability and to ensure conformity of the legislation, policies and practices in all its territories with the aim of effectively addressing the needs of children with disabilities in a non-discriminatory manner. The Committee urges BiH to strengthen support measures for parents to care for their children with disabilities and where placement in care is necessary to ensure that it is done with full regard for the principle of the best interest of the child and in care centres that are provided with adequate human, technical and financial resources to provide the services and support necessary for children with disabilities and their families.

Point 61 recommends BiH ensure all children benefit from the direct right to social security, including social insurance, and take the necessary measures to achieve the full realization of this right... and ...to take all necessary measures to provide support and material assistance to economically disadvantaged families, including targeted programmes with regard to the neediest families, including by introducing a universal child allowance scheme to redress disparities and guarantee an adequate standard of living for all children in its territory.



# 4.

## Prevalence and Characteristics of Children without Parental Care in BiH

### 4.1 How many children are there in BiH without parental care?

Official government statistical data on social welfare services is published by the BiH Agency for Statistics in its Social Welfare Bulletin<sup>23</sup> and includes data on the number of children and young people in institutional care and using social welfare services. It provides definitions for different categories of children without parental care or experiencing different challenges. The following category of children, for example, would probably include both children who remain in the overnight care of their parents and those outside of the overnight care of their parents, but both would be counted as children ‘without parental care’.

*Children of parents prevented from performing parental duty due to certain constraints such as imprisonment, prolonged treatment in hospital, severe chronic disease, temporary employment abroad, working incapability, etc. (Social welfare, 2010-2015, BiH Agency for Statistics)*

The bulletin counts the forms and services of social welfare used but not the service users and therefore its estimates may include double counting of the same service user using different measures or forms of services. Yet

as the following note explains, the potential for double counting is limited to movements between services but not within a given type of service.

*One person can be shown several times as a beneficiary, as [many] times as [he or she] has used some of the forms, measures and services during the reference year. If the same person uses the same form, measure or service more than once then it is covered only once. If a person uses several forms, measures or services then it is covered by each form, measure and service. (Social welfare, 2010-2015, BiH Agency for Statistics)*

Consequently, a child who in the same year moved from a family support measure to foster care or from foster care to institutional care would be counted twice. This means that the total reported number of users of alternative care services could be higher than the actual number of service users; however, if children are unlikely to make many moves in any given year then the overstatement may be minimal. The official data states that there were 2,435 children without parental care in 2015, as summarised below in Table 2.

In addition to the previously mentioned issue of the possible double counting of children, another question in relation to the official data on the number of children without parental care concerns the number of children who are ‘under guardianship’. Guardianship is a status that can only be conferred upon children who are officially without parental care or children who are not under guardianship but are living in institutional or

<sup>23</sup> [http://bhas.ba/tematskibilteni/TB\\_Socijalna%20zastita%202010-2015\\_BS\\_ENG\\_web.pdf](http://bhas.ba/tematskibilteni/TB_Socijalna%20zastita%202010-2015_BS_ENG_web.pdf)



**Table 2.****Children without parental care in BiH 2010-2015**

	2010	2011	2012	2013	2014	2015
<b>Total number</b>	<b>2,834</b>	<b>2,728</b>	<b>2,739</b>	<b>2,475</b>	<b>2,478</b>	<b>2,435</b>
Including:						
Children whose parents are both dead	954	899	915	828	808	808
Children deprived of parental care	82	83	107	138	155	142
Children who have been abandonment or relinquished by their parents	833	753	778	710	667	704
Parents temporarily unable/not in a position to care for their child	896	934	902	768	823	758
Other reasons	69	59	37	41	25	23

**Source:** The BiH Statistics Agency, Social Welfare Bulletin 2010-2015.

**Table 3.****Number of children under guardianship, adoption, institution or foster family placement from 2010-2015**

	2010	2011	2012	2013	2014	2015
Preschool institutions	157	17	50	4	14	18
Institutions for children and adolescents	156	148	99	85	97	79
Institutions for children deprived of parental care	527	592	616	595	578	426
Foster family placement	639	564	712	587	606	478
Student hostels	71	46	37	54	74	37
Institutions for rehabilitation and care	175	188	198	144	143	107
Other social welfare facilities	199	159	202	201	352	286
<b>Total alternative care placements</b>	<b>1,924</b>	<b>1,714</b>	<b>1,914</b>	<b>1,670</b>	<b>1,864</b>	<b>1,431</b>
Guardianship	1,587	1,868	1,601	1,647	1,158	1,096
Adoption	58	88	67	50	47	43

**Source:** BiH Statistics Agency, Social Welfare Bulletin 2010-2015.

other care settings and who therefore may or may not have the status of being ‘without parental care’. Table 3 summarises the latest available official data on children placed under guardianship using different types of alternative care placement.

Children classified as under guardianship could be in any of the other types of placement (except adoption) with the foster carer or head of the institution appointed as the child’s legal guardian. They might, however, also be living with relatives under formal kinship care. It is therefore not possible to establish the total number of children ‘without parental care’ in all types of formal care, because children in formal kinship care are not disaggregated from children with other types of guardianship arrangements.

The reduction in the number of children without parental care and in alternative care placements in 2015 compared to 2010 observed in tables 2 and 3 and noted in other official data sources<sup>24</sup> may be an indication of effective implementation of the family support policies and legislation that have been in place from 2006 onwards. However, the reduction should be analysed as a proportion of the child population in order to be certain that it is a reduction rather than merely a reflection of a decline in the overall child population.



<sup>24</sup> TransMonEE 2015.

The survey of 111 CSWs and 16 institutions for the alternative care of children conducted for this situation analysis showed 1,311 children without parental care recorded by the CSWs as of 30 June 2016. Given the percentage of CSWs that responded to the survey and supplied the data on children without parental care (80 per cent of all CSWs in the country) it is possible to estimate for the entire country that there are 1,640 children who have the administrative status of being 'without parental care' conferred by the CSWs. According to the 2013 census, there are 692,701 children aged 0-17 in BiH; therefore, this estimate on the number of children without parental care represents 0.24 per cent of the total child population. The official figure of 2,435 children without parental care would represent 0.35 per cent of the child population.

#### KEY FINDING 1.

##### The prevalence of children without parental care can only be estimated.

The total number of children without parental care in BiH is unknown. This is because the definition of children 'without parental care' is not harmonised across the legislation or in the child protection data management system.

More reliable stock (end of year) and flow (entry and exit during the year) data for children with the status of being 'without parental care' and for children in formal alternative care services of all kinds, including formal kinship care, is required in order to ensure an accurate representation of the overall number in the country and the proportion of the child population that is living outside of parental care.

<sup>25</sup> See for example, UNICEF, *Early Childhood Development. What every parliamentarian needs to know and do.* (CEE/CIS, 2011).

<sup>26</sup> Given that precise data on the number of Roma in BiH was not available and that the existing assessments differed significantly, it was not possible to determine accurately what the representation of Roma was in the general population. However, since children of Roma ethnicity are reported by the CSWs to represent the vast majority of children from the national minorities within the system of alternative care, it can be assumed that Roma children are more vulnerable than children who are members of the constituent peoples when it comes to loss of parental care.

<sup>27</sup> WHO/World Bank, *World Report on Disability*, p.36 (2011) cites the Global Burden of Disease (2004) estimate that 5.1% of children aged 0-14 experience 'moderate to severe disability'.

## 4.2 Characteristics of Children without Parental Care in BiH

### Age, Gender and Membership of National Minority Groups

Children of secondary school age (14-18 years of age) represented the most numerous age category of children without parental care reported by the CSWs across BiH (two-fifths or 42.1 per cent of children without parental care were within this age group). They were followed by children of older primary school age (from 10-14 years of age), who represented almost a quarter of children without parental care (21.9 per cent), and by children of younger primary school age (from 6-10 years of age), who represented a tenth (13.3 per cent). There were somewhat fewer children of older preschool age (from 3-6 years of age) (7 per cent). The least numerous were children younger than three years of age (4.7 per cent). In addition, over one-tenth (13 per cent) of 'children' without parental care were in fact young adults aged 18-25 years.

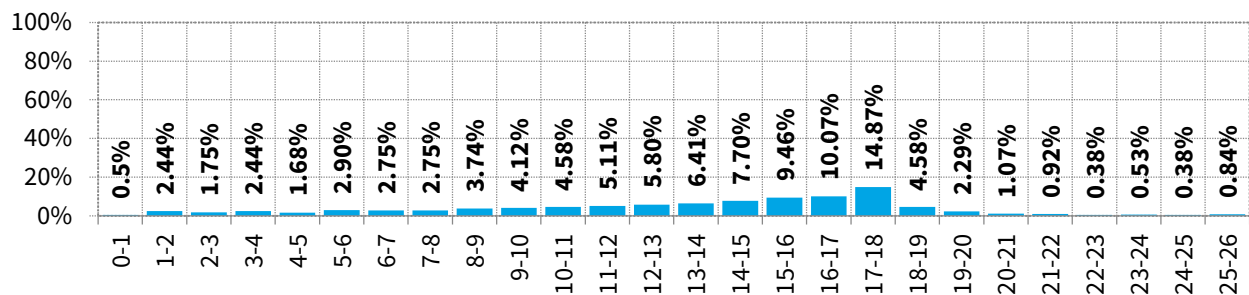
Although the number of very young children without parental care among those surveyed was not high (only 61 children under three years of age without parental care were among those surveyed, and 53 (87 per cent) of these babies and infants were in institutional care in June 2016), this form of care is least suited to meeting their needs in the first months and years of life when rapid brain development needs to be nurtured by one-on-one care.<sup>25</sup>

The large percentage of 16 and 17 year olds (25 per cent) among children without parental care suggests that the reduction in the numbers of children entering the system of care (and guardianship) observed in Table 3 could be contributing to an aging population of children without parental care. Another reason could be that younger children are more likely to be adopted and therefore are no longer counted as children without parental care. Children in BiH are more likely to lose parental care at an older age when they are unlikely to be adopted or to return to their parents. Either way, this finding highlights the need to plan for care leaving services in the coming years in order to address this imminent surge in demand and to monitor the rate of entry into care according to age in order to ensure forward planning for care leaving services that can match the demand.

The survey indicates that more boys than girls are among children without parental care (52.9 per cent boys and 46.8 per cent girls), but this proportion is similar to the structure of the overall child population

Figure 2.

Ages of children and young adults without parental care (N=1,311)



(51.3 per cent boys and 48.7 per cent girls according to the 2013 census) and therefore of limited statistical significance.

An equal number of children came from biological families in rural areas and from urban areas (48.1 per cent compared to 49.8 per cent), which suggests that children from urban areas are overrepresented in the population of children without parental care (according to the 2013 census the urban population comprised 41.1 per cent of the overall population of BiH).

Of the children without parental care, 9.1 per cent were classified by the CSWs as members of national minorities: mainly Roma, but also Romanian, Albanian and Ukrainian. According to the declaration of nationality from the census of 2013, the proportion of people in the general population who declared themselves 'others' or 'unknown' rather than members of the constituent peoples was 3.7 per cent. Children who belong to the national minorities are therefore more likely to be without parental care, compared to children from the constituent peoples.<sup>26</sup>

## Developmental Difficulties and Disabilities

According to the 2013 census, there were 6,329 children with disabilities (0.9 per cent of the child population aged 0-17 years) in BiH (although this may be an underestimate<sup>27</sup>) and 232 (17.7 per cent) children without parental care that were reported by the CSWs to be children with developmental difficulties or disabilities, which indicates that children with disabilities are significantly overrepresented among children without parental care.

Children with disabilities that lived in fourteen specialised institutional facilities did not take part in the survey and did not have the status of being 'without parental

care'. It is of note that if these children were also counted as being children without parental care, in accordance with the UN Guidelines definition, then children with disabilities in BiH would be even more significantly overrepresented among children living away from their parents.

One-third of the children (33.6 per cent) surveyed had undergone a comprehensive assessment of child development standardised for BiH. The percentage was relatively low, partly because it involves an assessment designed for younger children and the population of children without parental care is comprised mainly of older children. Another reason could be that CSW employees were not familiar with the comprehensive assessment and its function in identifying developmental delays in order to support early intervention.

The age and gender structure as well as the affiliation to the constituent peoples and national minorities of children without parental care and with disabilities did not differ significantly from those children with typical development who were included in the system of alternative care. However, the children without parental care who were registered as having developmental difficulties had significantly more often undergone a comprehensive assessment of child development than the children with typical development (42.2 per cent compared to 31.1 per cent).

Children with developmental disabilities most often had difficulty in intellectual functioning (30.2 per cent) as well as multiple difficulties (a third or 34.1 per cent). The system of alternative care significantly less frequently reported children with physical disabilities (6 per cent), sensory impairments (7.8 per cent: visual impairment 3.9 per cent and hearing impairment 3.9 per cent) and children with voice, speech and language impairments (5.6 per cent). The rarest were autistic children (1.3 per cent, N=3). One tenth of the children (9.5 per cent) had other developmental difficulties (according to ICD-10).

The CSWs were not certain which particular difficulties were in question for a tenth of the children with developmental difficulties (11.6 per cent) included in the system of alternative care.<sup>28</sup> When these categories of children with developmental difficulties were reported as being in the system of alternative care were compared to the general population of children with developmental difficulties the representation of children with developmental difficulties in the system of alternative care was significantly lower compared to their representation in the general population of children with developmental difficulties. The other differences were not statistically significant.<sup>29</sup>

The reason for this overrepresentation of children with intellectual and multiple difficulties in functioning and the underrepresentation of children with sensory impairment and voice, speech and language impairments could be that many some of the institutions declined to participate in the survey stating that they had no children without parental care on accommodation. Any conclusions about the disability status and types of developmental disorders found among the population of children without parental care reported in the survey

assumed that the non-participating institutions reported the parental care status of the children in their care correctly and also that the children classified as in parental care but living in institutional institutions for children with disabilities were not 'without parental care'.

### 4.3 Reasons and Risk factors leading to the Placement of Children without Parental Care in the system of Alternative Care

Although the death of both parents was one reason for children being in need of alternative care, almost two-thirds (64 per cent) of children in the system of alternative care were reported as having at least one living parent (72 per cent of children with disabilities were without parental care) and 27.3 per cent of children in the system of alternative care had both parents living (the majority of whom were not married), while 36.7 per cent of them had only one parent (significantly more often the mother than the father). A quarter of children in the system of alternative care were reported as having no living parents, although for children with disabilities only 15 per cent were reported as having no living parents (see Figure 4).

Most often, a single reason was reported as having led to a child being included in the system of alternative care (73.6 per cent).<sup>30</sup> Among the sole reasons, the most represented were those reasons shown in the combination of factors illustrated in Figure 4. For more than a third of children (39 per cent) disorders in upbringing, neglect and abandonment were recorded, while for a quarter (25 per cent) parents' death was cited. The sole reason in 18.2 per cent of cases was the decision of parents to entrust their child temporarily to the care of another person or institution. The reasons for temporary placement by parents provided for in the legislation can be multiple but most often relates to working abroad. The Family Law of RS states that a parent or parents who go abroad for the purpose of temporary work and who cannot take their children with them are able to entrust

#### KEY FINDING 2.

**Children with disabilities are significantly overrepresented among children living away from their parents.**

**Older children or young adults comprised a large percentage of the children without parental care.**

Of the children without parental care, 17.7 per cent were children with developmental difficulties or disabilities.

Children from the national minorities were also overrepresented among children without parental care.

Of the children without parental care, 25 per cent were 16 or 17 years of age and 13 per cent of children without parental care reported by the CSWs were young adults aged 18 years or above.

87 per cent of very young children without parental care were in institutional care, which is least suited to meeting their need for a constant adult caregiver and could compromise their development in the first months and years of life.

<sup>28</sup> Although most CSWs use terminology that is prescribed in the Regulations on Needs Assessment and Guidance of Children and Youth with Developmental Difficulties (which is in accordance with the ICD-10), a part still uses previously used stigmatising terms such as 'mild mental retardation'.

<sup>29</sup> In the general population of BiH, 15,335 social welfare services were used by children with disabilities in 2015 of which 28.6% were children with mental disabilities, 31.3% with multiple difficulties, 16.4% were children with physical disabilities, 11.2% children with sensory impairments and 6.5% of children with voice, speech and language impairments. (Social Protection Bulletin 2010-2015, Agency for Statistics of Bosnia and Herzegovina).

<sup>30</sup> For a lesser number of children (18.4%) there were two reasons and for even fewer children (7.9%) three or more reasons.

Figure 3.

Data on parents of children without parental care (N=1,311)

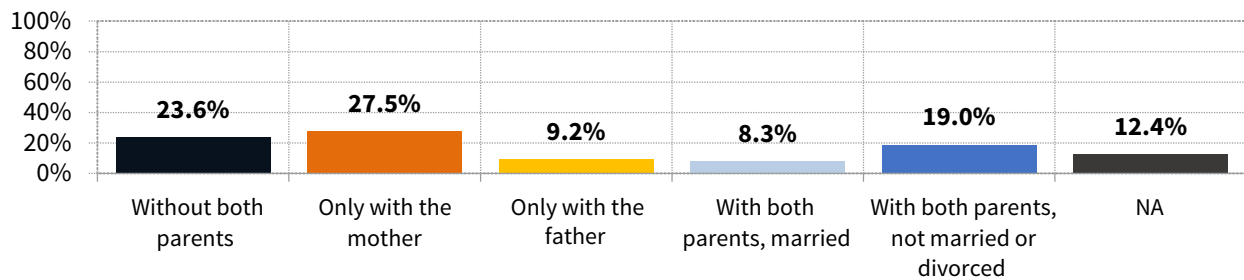
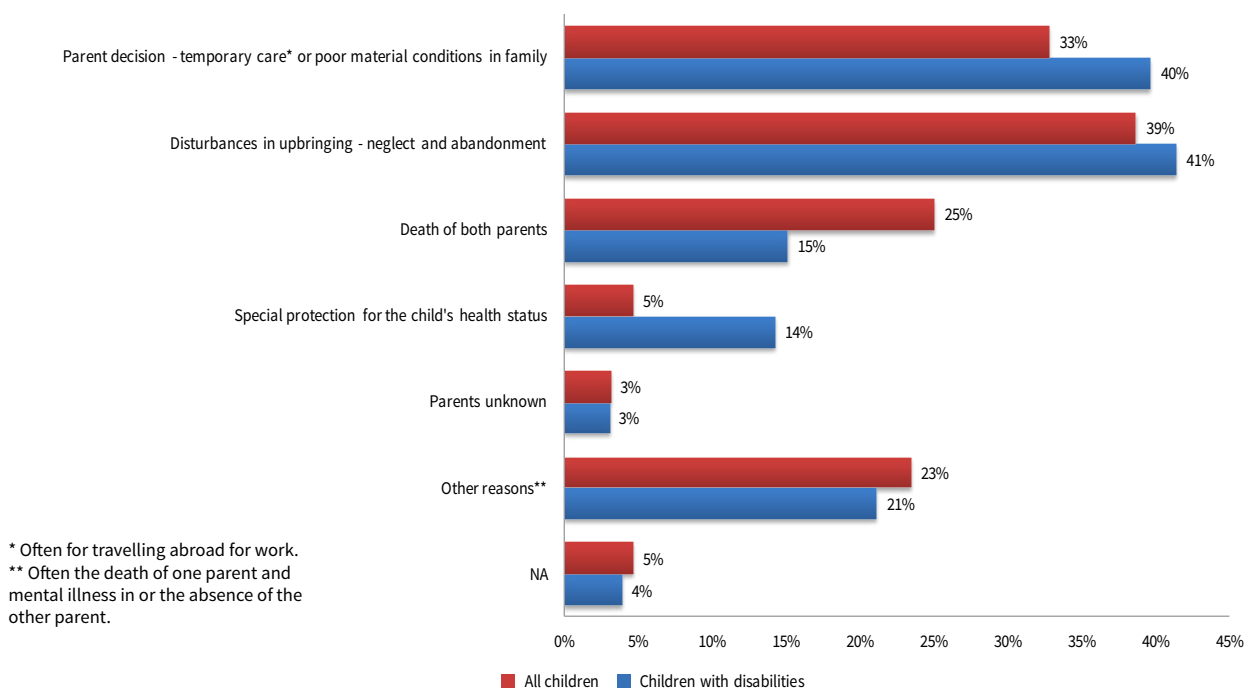


Figure 4.

Proportion of responses given for each reason (more than one reason may have been given) for all children and for children with disabilities N=1,225



Source: Survey of 111 CSWs and author calculations.

the care and upbringing of their child to another person or to an appropriate institution, with the prior approval of the guardian body. Accommodation, protection and upbringing of the child in this way may not exceed two months, after which the guardian body takes the decision on placing the child under guardianship (Family Law of the FBiH). The accommodation, protection and upbringing of the child may last for as long as the interests of the child require (Family Law of DB).

The financial situation in the family was rarely given as the sole reason for the placement of a child in the system of alternative care (4.8 per cent), while an unsettled financial situation in the family was quite often (in one-tenth of cases or 14.6 per cent) cited as one of the reasons. If financial hardship was combined with temporary placement by parents, on the assumption that temporary placements are often related to economic migration, as the reasons for placement then the CSWs reported these reasons or factors in 33 per cent of cases (40 per cent of cases involving children with disabilities), as illustrated in Figure 4.

Placement for the reason of special protection required because of the child's health status was reported in 14 per cent of cases involving children with disabilities, compared to 5 per cent for all children without parental care.

Further research is required in order to understand and address the factors driving the neglect and abandonment reported in 39 per cent of cases (41 per cent for children with disabilities), because they may also be connected to economic factors.

Figure 4 also illustrates that 85 per cent of children with disabilities without parental care had at least one living parent (compared to 75 per cent of other children) and that 14 per cent had been placed for reasons related to their 'health status' (compared to 5 per cent of all other children without parental care). Placement for economic reasons and for reasons of neglect and abandonment were also associated more with children with disabilities than with other children, as illustrated above in Figure 4. This suggests that children with disabilities are more vulnerable to separation from their families and that there is a need to better understand how parents can be supported to care for their children with disabilities in the community, including support with their health needs, without resorting to services that require these children to be placed in institutional care.

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### KEY FINDING 3.

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**Two-thirds of children without parental care (64 per cent) were reported to have at least one living parent** (72 per cent of children with disabilities were without parental care) and **poverty, the financial situation and economic factors may be driving one-third of placements** of children into alternative care and contributing to neglect and relinquishment in another 39 per cent of placements.

The UN Guidelines for the Alternative Care of Children emphasises that poverty should not be a reason for entry into alternative care and that all means possible, including social protection provisions, should be taken to prevent this.

Children with disabilities have the right to community based rehabilitation and support. They should not have to be separated from their parents in order to access education or health services.

# 5.

## Necessity Principle: Family support and Prevention in BiH

This chapter reports on the results from the survey of CSWs and institutions for the alternative care of children without parental care about the system of social protection, family support and child protection in BiH and its effectiveness in supporting families to care for their children and in preventing the unnecessary loss of parental care.

### 5.1. Overview of Social Protection Programmes and Measures for Children and Families

All three social protection laws (in the FBiH, RS and BD) recognise the entitlement of children, including particularly vulnerable children, to rights within the social protection system. The family support entitlements prescribed by all of the relevant laws are more or less the same and include the following rights.

- **Financial and other material assistance:** This relates to regular, periodic and extraordinary allowances for care and assistance by a third person, including maternity allowance for both employed and unemployed mothers.<sup>31</sup>

- **Child allowance:** This covers the entitlement of families with children whose per capita income falls below the legally mandated threshold. Child allowance cannot be granted to families with a member who owns a business, is self-employed or registered for freelance work, owns a motor vehicle, with the exception of vehicle owners who are disabled or who use the vehicle as a mobility aid. Some children or parents, primarily members of vulnerable groups, are entitled to child allowance regardless of the income threshold. Children who meet all of the requirements can receive child allowance while in full-time education, but not after the age of 27 years.
- **Employment training and preparation for independent life:** This allowance is for the equalisation of opportunities for children and juveniles with special needs and for accommodation in a day-care institution.

<sup>31</sup> For more information on maternity allowances see, for example, Institucija ombudsmana za ljudska prava u BiH (2015) Specijalni izvještaj o stanju zaštite majke i materinstva na području Federacije BiH, dostupno na: [http://www.ombudsmen.gov.ba/documents/ob-mudsmen\\_doc2015102111102085bos.pdf](http://www.ombudsmen.gov.ba/documents/ob-mudsmen_doc2015102111102085bos.pdf) (24.8.2016.), ili Grupa BiH OCD (2013). Dodatak 3. Alternativnom izvještaju o implementaciji CEDAW konvencije i ženskim ljudskim pravima u BiH, dostupno na: <http://adi.org.ba/wp-content/uploads/2011/04/Annex-to-the-Alternative-Report1.pdf>, (24.8.2016).



- **Services of social work and other expert assistance (counselling):** The law defines this as preventive activities, diagnostics, treatment and counselling/therapeutic activities. It is in the form of the provision of expert assistance to individuals, families and social groups, with a view to helping them solve their difficulties, or as assistance to organised activities by local and other communities on prevention and combating of social problems.
- **Home based assistance and care:** The law defines this as the organised provision of different services to persons who need support with self-care, including the provision of meals, housekeeping and help with maintenance of personal hygiene.

In relation to families with children, there is a slight difference between the laws on other rights. This includes support in feeding a child under the age of six months and the provision of food for nursing mothers, placement of children in preschool institutions, including meals; ensuring one daily meal in primary school, school fees and scholarships for students (FBiH and Canton Sarajevo), meeting the developmental needs of children, preschool upbringing and education of children without parental care, children with developmental difficulties and children under prolonged hospital care, and rest and recreation for children under 15 years of age in special children's resorts (RS).

RS also provides for some other social protection rights. Proposals for cognitive development programmes prepared by authorised bodies of the Public Child Care Fund define the manner and form of the developmental needs of children under 15 years of age. These proposals include information on the types of activities to be implemented, the project leaders and the share of programme costs to be borne by the Public Child Care Fund. The preschool upbringing and education of children without parental care, children with developmental difficulties and children under prolonged hospital care are provided for in the form of three to five hour long daily education programmes organised in the institutions where the respective children are placed. Rest and recreation programmes for children under 15 years of age are organised in special children's resorts and include the provision of accommodation, healthcare, meals, educative and recreational/sports activities under conditions set by the relevant municipal authorities.

## 5.2 Social Services to support Families

CSWs are the main coordinating resource for delivering child protection and family support services in BiH. The survey conducted for this situation analysis attempted to assess the capacity of the CSWs to deliver effective support to families in order to prevent the unnecessary loss of parental care and ensure that children are safe: 107 CSWs responded to the questions about staffing and capacity.

### Staff

Of the 107 CSWs, 86 reported that they had an expert team that conducts assessments and takes decisions about the separation of children from their families. One CSW team had thirteen members, while another had eight. On average, the CSWs teams were comprised of around four members. Six teams comprised only two members, while around 75 per cent comprised up to three or more professionals.

In almost all cases, the teams included a social worker (96.5 per cent) and a lawyer (87.2 per cent). Three-fifths of the expert teams (61.6 per cent) included a psychologist and almost a third (29.1 per cent) also had a pedagogue. Less frequently (16.3 per cent) these teams included other types of experts (e.g. special educators, defectologists, sociologists, etc.).

Therefore, there was a team of three or more professional staff with at least one qualified social worker and a lawyer in 75 per cent of the CSWs; this represents a considerable potential resource for supporting families and preventing the unnecessary loss of parental care. However, there may only be one or two staff members mandated to conduct assessments and make decisions about children and families and the need to intervene with support or to separate children from their families in a quarter of the CSWs. This suggests that children and families have very different levels of access to support that can prevent unnecessary separation, depending on the number and qualifications of the staff in their local CSW.

### Training and Education of Professional Staff

On average, more of the professional staff at the CSWs had undergone training in child protection and their guardianship authority responsibilities than in family support, foster care or adoption. The CSWs that provided data reported that 48.8 per cent of staff working on guardianship had undergone training in child protection (an average of 2.18 staff members per CSW).<sup>32</sup> The



next most common type of training was in the field of preventive protection of children at risk of separation (an average of 1.9 staff members per CSW),<sup>33</sup> but only 42 CSWs reported that staff had training in this field. Just 37.8 per cent of staff working on foster care were reported as having had training in foster care, while only 14.7 per cent of staff that had responsibilities in relation to adoption had received training in the field of adoption. Most CSWs reported that they had on average around two to three staff working on each of these areas, although the variance was great: ranging from one to twelve staff members in each field across 80 to 90 CSWs.

## Premises and Equipment

Half of the CSWs (50.9 per cent) thought that the premises in which professionals worked were inappropriate for the type of work they perform. Most often, this related to a general lack of premises of adequate size and premises that were not adapted to the number of experts who work in them. Much less frequently, this was due to a lack of premises for a specific purpose (mostly for professional work with clients) or due to the poor quality of facilities in which their offices were located.

Just over half of the CSWs (52.8 per cent) thought that the equipment at their disposal was appropriate for the type of work they perform, although almost two-fifths of CSWs (38 per cent) reported that they needed different computer equipment. Some CSWs cited new office furniture, new materials for professional work with clients, especially work with children, and new vehicles for fieldwork.

## Databases

CSWs generally do not have or use databases dedicated to the field of children without parental care, just 48 out of 108 CSWs (44.4 per cent) reported that they had at least one database developed. Only 20.4 per cent of CSWs reported using a database for monitoring children separated from their families. They were more likely to have and use a database of potential adoptive parents (30 CSWs or 27.8 per cent reported using a database on potential adoptive parents), but only thirteen CSWs (12 per cent) reported using a corresponding database of children available for adoption. Eleven CSWs (10 per cent) responded that they had developed and were using a database to monitor children and families at risk of separation.<sup>34</sup>

## Case Management

Focus group discussions and interviews confirmed that many CSW staff and managers agreed with the level of dissatisfaction with working conditions that emerged from the survey. Staff and managers were generally

critical of the current way of working and the capacities of the facilities in which they work. They spoke of dissatisfaction with the way that the work is conducted, with their inability to devote more time and attention to 'living people' and to preventive and consultative fieldwork as well as with the results achieved through their work. At the same time, the employees of CSWs appeared to be afraid of change in the form of the introduction of case management as a future way of working. They demonstrate a lack of familiarity with what it means as well as with its advantages and the potential results that can be achieved working in this way.

Experienced NGOs have supported the introduction of case management as a measure for improving the effectiveness of CSWs and enhancing the quality of their work with children and families. They reported that the CSW technical capacities constrain the implementation of this approach and its potential for strengthening data management.

*We did the maximum to promote case management, that is, the tools for case management and case management methodology, which has already been mandatory in a lot of countries in Europe. That is still not the case here, but it facilitates work. CSWs have technical flaws, do not have their computers, do not have the access to all the documents, they are out of paper for print, they are not technically equipped to establish case management as it is intended to be run. (IDI, NGO)*

Referral mechanisms within the community and the extent to which CSWs support families to access other services that are available in the community were also important factors for effective family support and prevention. The survey data shows that only a quarter of CSWs (23.1 per cent) reported having signed protocols on cooperation in the field of preventive protection of children at risk of separation with the police, educational institutions and health institutions (mental health centres and family medicine centres) and that only half of the CSWs (49.1 per cent) reported having signed protocols on cooperation on the provision of psychosocial consultations with relevant institutions such as NGOs, mental health centres, centres for early childhood development and family counselling centres.<sup>35</sup>

<sup>32</sup> M=2.18; SD=2.12; Min=1; Max=8; Number of CSWs responding = 94.

<sup>33</sup> M=1.9; SD=1.10; Min=1; Max=6; N=42.

<sup>34</sup> CSWs that have them at their disposal have on average three out of five possible databases: M=2.69, SD=1.34, Min=1, Max=5 and N=48.

<sup>35</sup> These two types of protocols 'on cooperation in the field of preventive protection of children at risk of separation' and 'on cooperation in providing psychosocial consultations' are protocols that the CSWs set up at the community level as a means of establishing and maintaining cooperation within the community.

#### KEY FINDING 4.

**The capacities of the CSWs multidisciplinary teams to provide effective family support and child protection varies quite considerably from canton to canton and municipality to town.**

75 per cent of CSWs had teams of three or more members, including in most cases at least one qualified social worker and a lawyer. This represents a considerable resource for supporting families and preventing the unnecessary loss of parental care.

Other specialists, most commonly found in the larger CSW teams, included psychologists and pedagogues. CSW decision-making about the removal of children from parental care is conducted by multidisciplinary teams and in many cases is based on comprehensive assessments; however, the process and criteria for taking decisions may differ from CSW to CSW.

23 per cent of CSWs had signed protocols on cooperation in the field of preventive protection of children at risk of separation.

The extent of support and preventive work provided to families in each municipality depended primarily on the capacity of the CSW as well as the existence of referral mechanisms and other NGO or local authority services in the community.

### 5.3 CSW Perceptions on the Prevalence and Characteristics of Families at risk of Separation

The CSWs recorded data on families at risk of separation in different ways, because local legislation and policy frameworks give a range of definitions and criteria for the identification of such families. Some survey respondents reported that they did not have this category as a specific category of beneficiary at all or that they perceived all families with children registered with them as families at risk. Only a quarter of the CSWs responded that they had clearly defined criteria for the identification of children and families at risk of separation.

CSWs that identified families at risk of separation most often obtained the initial information about these families from the family members themselves or from neighbours or other community members (95.8 per cent) as well as from their own staff (90.3 per cent) and the police (90.3 per cent). The CSWs stated that they received information on families at risk of separation to a lesser extent from the staff of education (73.6 per cent) and healthcare services (72.2 per cent).

Two-thirds of the CSWs surveyed provided data on 'families at risk', which indicate that there is a steady number of families considered to be at risk by these CSWs. Yet given the fact that they themselves are responsible for identifying families at risk and that they will always be constrained by their capacity to deliver services to families and the criteria that are being applied for the classification of families at risk of separation, these figures do not provide much insight into the extent of the numbers of families at risk in BiH. However, some of the characteristics of families at risk reported through the survey by the CSWs can be included.

The data provided by the respondent CSWs suggests that families at risk often have two adult members (54.7 per cent of families) and one (32.2 per cent) or two children (32.5 per cent).

If these results are considered together with the data on the numbers, the reasons and risk factors for the loss of parental care reported in relation to children already without parental care (see sections 4.2 and 4.3 of this report) then the presence of two adults as a risk factor is surprising. This is because only 27.3 per cent of children in the care system had both parents. The data on the characteristics of children without parental care reported by the CSWs suggests that the children most at risk of separation are older children, often with disabilities, without any parents or with a single mother. The data on children in alternative care (presented in section 6.1 of this report) indicates that they are likely to have siblings. Further study is required, but these discrepancies indicate that the way in which CSWs define risks and target services to those they perceive as most at risk of separation probably needs to be reviewed and refined to take into account the analysis of the data on children losing parental care and their families.

The education level of mothers in families at risk was reported by CSWs as significantly lower than that of women from the general population. This infers that mothers at risk are more likely to have only completed primary school and less likely to have completed secondary school or tertiary education compared to other women, as illustrated below in Figure 5.<sup>36</sup>

Figure 5.

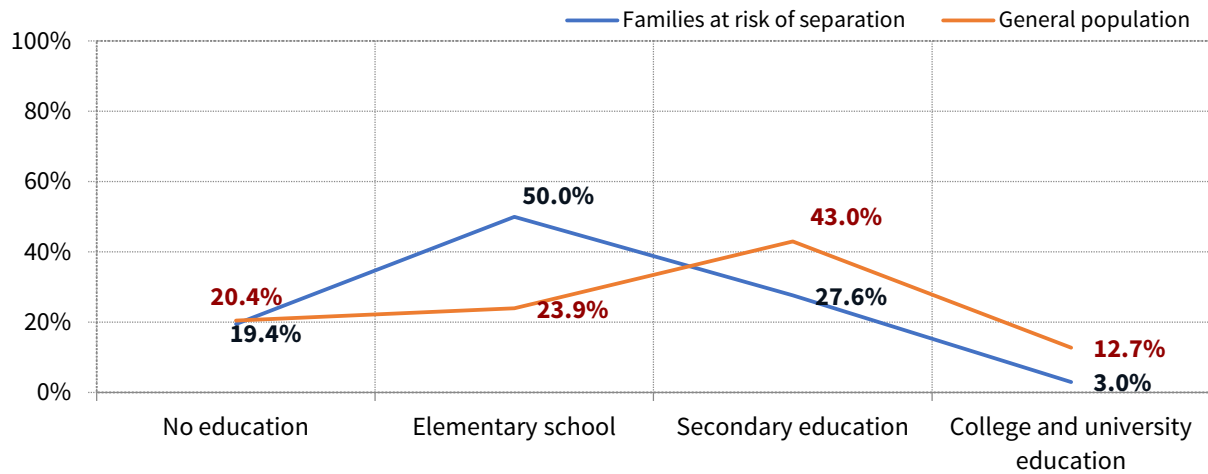
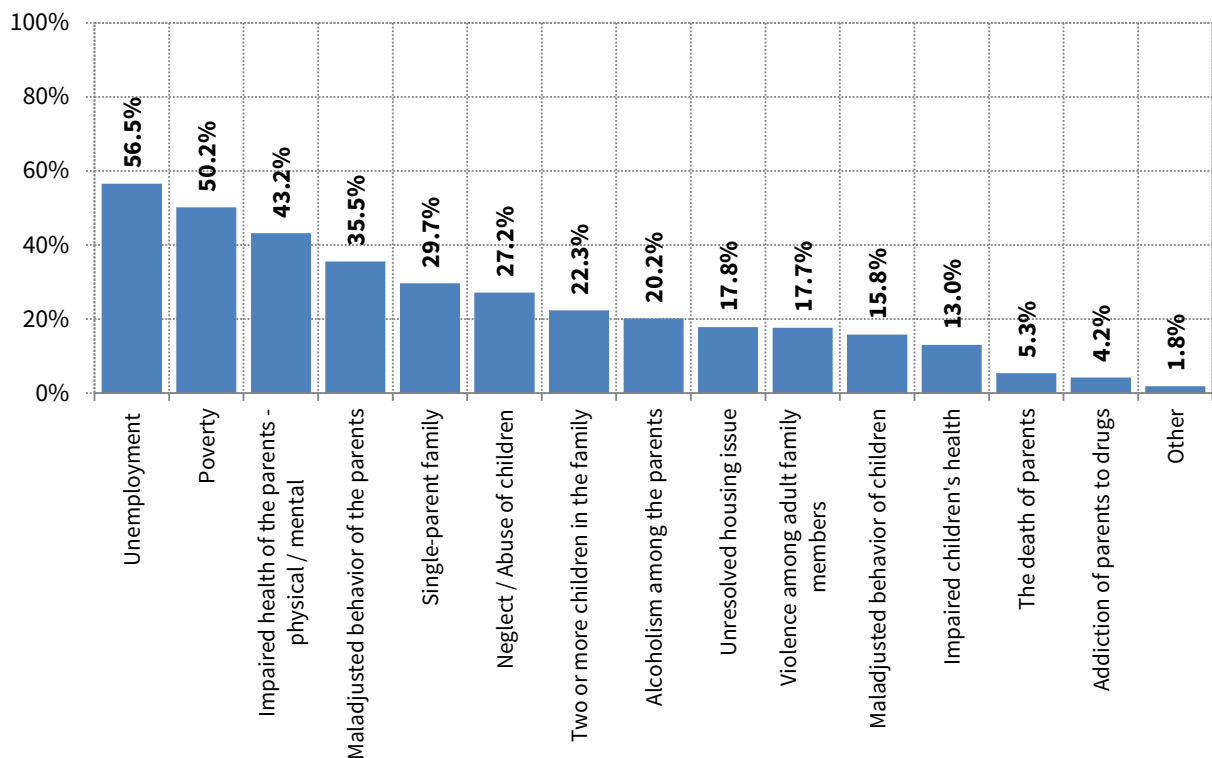
Educational level of mother in families at risk ( $N_1=600$ ,  $N_2=1,534,146$ )

Figure 6.

Risk factors in families at risk of separation ( $N=600$  families)

36 20.4% of women (over 15 years of age) in BiH have not completed primary school, 23.9% have completed only primary school and 43% of women have completed secondary and 12.7% a college or university education. (Census 2013: 9. Population aged 15 and over by highest educational attainment and gender, the BiH Agency for Statistics).

## Risk factors identified by the CSWs

As Figure 6 illustrates, unfavourable economic life conditions (unemployment and poverty) were the main factors identified by the CSWs as contributing to the risk of loss of parental care. Parental behaviour and neglect, and abuse of children were perceived as the next most common factors as well as the poor health of parents. These were followed by factors associated with family structure such as single parent families and large families.

The CSWs reported multiple risk factors for any given family. Poverty and unemployment were mentioned most often, while the death of parents was mentioned very little compared to the other reasons reported by the CSWs for cases where children had lost parental care (see section 4.2 of this report). There appears to be a mismatch between the reasons reported for children who had lost parental care and the risk factors perceived among families defined as being at risk of separation. In both cases, the reported reasons and risk factors need to be transparent and defined consistently if they are to be useful in planning and monitoring effective preventive interventions.

### KEY FINDING 5.

**A clear and uniform definition or criteria for identification of families at risk is needed in order to ensure more effective planning of services to address these risk and subsequent monitoring of the effectiveness of these services.**

CSWs most commonly reported unemployment, poverty and parent health problems as risk factors among families at risk of separation. Parent behaviour, neglect and abuse of children contributing to the risk of separation were also mentioned by many CSWs, but to a lesser extent.

Most CSWs did not use risk criteria and those that did were using criteria that need refining or revising in order to focus on family strengths rather than weakness and to take into account the well-being of the child.<sup>37</sup>

## 5.4 Support provided by CSWs to Families at risk of Separation

The CSWs reported that consultations and other professional activities had been carried out with almost all of the families at risk (95.2 per cent) and that most of the families (76.6 per cent) were also in receipt of material benefits (see Figure 7).

Other types of support were reported as being provided in only a few cases and especially by NGOs, where they existed and were operating relevant services. NGOs were more active in providing effective services in some parts of the country than in others.

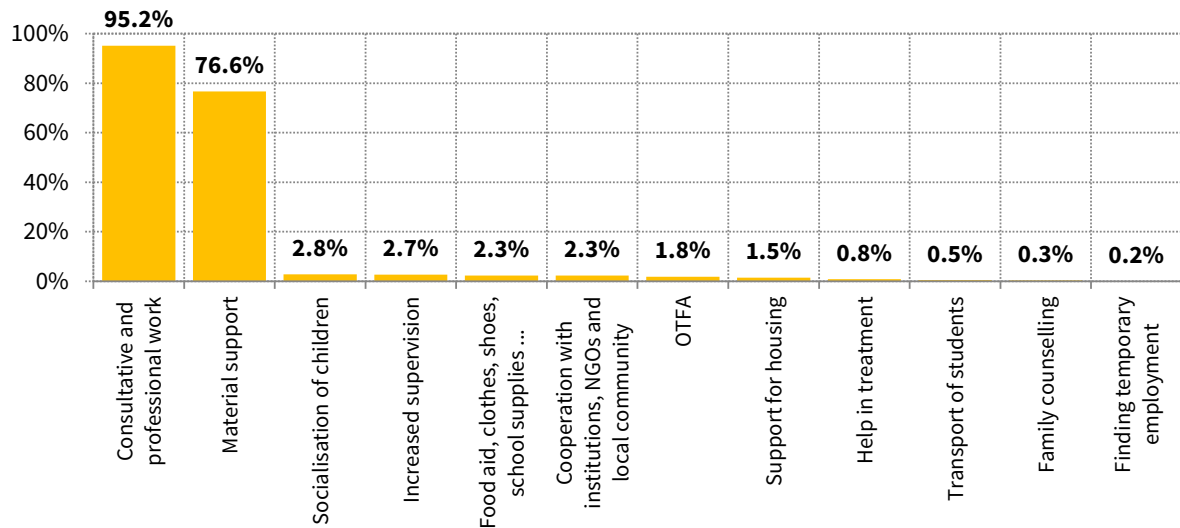
The support provided through the main forms of CSW interventions, counselling and material support, only addressed part of the risk factors identified by the CSWs and there is clearly a need to ensure that the assessed needs are met by services that can address these needs.

The frequency, continuity and diversity of consulting and professional activities varied considerably among local communities and were dependent primarily on the capacity of each CSW, as discussed in section 5.2 of this report. Of the families at risk 45 per cent received regular financial assistance and those who were not eligible for financial assistance received child allowance and different types of disability benefit. In total, 76.6 per cent of all families at risk were receiving some form of cash benefit; however, interview and focus group participants reported that the amount of these financial benefits was often insufficient to improve the economic situation of the family significantly or to help them reach economic security or stability. The possibility of one-time financial assistance (OTFA in Figure 7) was also limited and only a small number of families (1.8 per cent) received this type of assistance. In addition to these financial benefits, CSWs provide help in kind yet only for a limited number of families (2.3 per cent).

<sup>37</sup> See, for example, <http://www.gov.scot/Topics/People/Young-People/gettingitright/wellbeing>, [https://www.unicef-irc.org/publications/pdf/iwp\\_2009\\_21.pdf](https://www.unicef-irc.org/publications/pdf/iwp_2009_21.pdf), [https://www.unicef-irc.org/publications/pdf/structural\\_determ\\_eng.pdf](https://www.unicef-irc.org/publications/pdf/structural_determ_eng.pdf)

Figure 7.

Types of support that the CSWs provide to families at risk of separation (N=600 families)



## Home Visits and Case Reviews for Families at risk of Separation

CSW employees visit families at risk to varying degrees with the number of visits ranging from 0-120 in 2015; on average, they reported conducting seven visits per family during the year. The CSW staff usually conduct these visits themselves; however, they also reported support from specialists from NGOs in around 22.5 per cent of cases as well as by volunteers or other professionals from the police, health or education services in a few cases. The number of visits depended on the assessment by the CSW employees of the situation in each family and their need for support. The CSWs reported that they had visited a third of families (35.6 per cent) regularly, but the understanding of 'regularly' varied between CSWs and could mean anything from once a year to once a month or more often.

One-third of CSWs (35.1 per cent) reported regular, once a year or more frequently, reviews of cases aimed at preventing separation from taking place. Data on the results of preventive work with these families was therefore limited and it was not possible to analyse how the situation for the families had changed after the interventions: how many became stable, how much time was required for this progress and which combination of actions had the most effect. Further data is also required in order to determine the percentage of failure. For example, the number of children who were removed nevertheless from their families and other measures that were or were not taken in these cases.

### KEY FINDING 6.

**The effectiveness of the prevention work is unknown and therefore better monitoring and evaluation is required.**

Better targeting and more effective prevention and family support could mean that fewer children need to enter alternative care in the first place. Yet the data required to assess the effectiveness of the prevention work and support services was not available for 95 per cent of the work that the CSWs reported as carrying out. It would also be important to assess the effectiveness of NGO services in those areas where they are provided.

**Family support services most commonly provided by CSWs are inclusion in material support programmes and the provision of consultative and professional work.**

These forms of support only partially meet the identified needs of families reported by the CSWs and the families themselves. These include unemployment, poverty and parent health problems as well as parental behaviour, neglect and the abuse of children. Some CSWs that collaborated with NGOs were able to provide services to address some of these issues.

## Work on Reintegration after Separation: building Capacities for the Return of Children

Most CSWs (79.6 per cent) reported conducting activities aimed at strengthening the capacity of families deprived of caring for their children, with the focus on family reintegration. The CSWs reported conducting or referring families for counselling (95.3 per cent), providing support in the form of financial and material assistance (91.9 per cent) and promoting, establishing and maintaining contact between children and their biological families (81.4 per cent). The CSWs (72.1 per cent) reported making referrals to health services, such as the family doctor or mental health centres, dependent on the type of factors that had led to the separation, while 68.6 per cent stated that they had also imposed different measures to encourage the reintegration of families. However, the survey data on children without parental care indicates that only 109 children (6.6 per cent) accommodated in the system of alternative care had returned to their biological families over the previous two and a half years. Yet the levels of contact between children in alternative care and their families seemed quite high (see section 6.1 of this report) with half to two-thirds of children maintaining contact with their birth parents and relatives and therefore this aspect of the work being carried out by the CSWs appears to have greater effect.

### KEY FINDING 7.

**Once separated, children often receive support in maintaining contact with their parents, assuming they can, but are unlikely to return home.**

Half of the children without parental care in non-kinship foster care and over two-thirds in institutional care were reported to be in contact with their birth parents and relatives.

Most CSWs reported carrying out work aimed at reintegration, including counselling, the provision of financial and material support, promotion of contact between parents and children in alternative care, and providing support for accessing health services if needed; however, it does not seem to have had a major impact on the return of children to their families.

Over the previous two and a half years, 6.6 per cent of children had returned to their families after being accommodated in alternative care.



# 6.

## Suitability Principle: Provision of Alternative Care in BiH

This chapter reports results from the survey of CSWs and institutions for the alternative care of children without parental care about the system of alternative care provision in BiH and its effectiveness in ensuring that the alternative care being provided meets the needs of children.

### 6.1 Characteristics of the Alternative Care System

#### Individual Protection Plans

The CSWs reported that only half of the children (51.3 per cent) without parental care had an individual child protection plan. The CSWs stated in the interviews and focus group discussions that although they realised the usefulness of individual plans often they did not have time for this part of their work with children without parental care and that even when they had developed plans they lacked sufficient detail. In smaller CSWs, individual plans are in principle confined to verbal agreements among professionals and the child.

Most CSWs stated that when they have developed individual child protection plans these included objectives and deadlines for their implementation and for regular reviews, planned activities, expected results and the

individuals responsible for implementing the activities as well as roles and responsibilities for all of the relevant stakeholders in the child's life. In practice, the CSWs acknowledged that the objectives often lacked specifics and activities, and that implementation arrangements lacked precise definition.<sup>38</sup>

As illustrated in Figure 8, almost half of the children who did have an individual plan were involved in developing the plan, usually together with their guardian, but only around 13 per cent received a copy of the plan. Guardians were more involved in planning than the children (66.5 per cent of guardians, either on their own or together with the child, compared to 48 per cent of children) and 55.1 per cent received a copy of the plan compared to 13.5 per cent of the children.

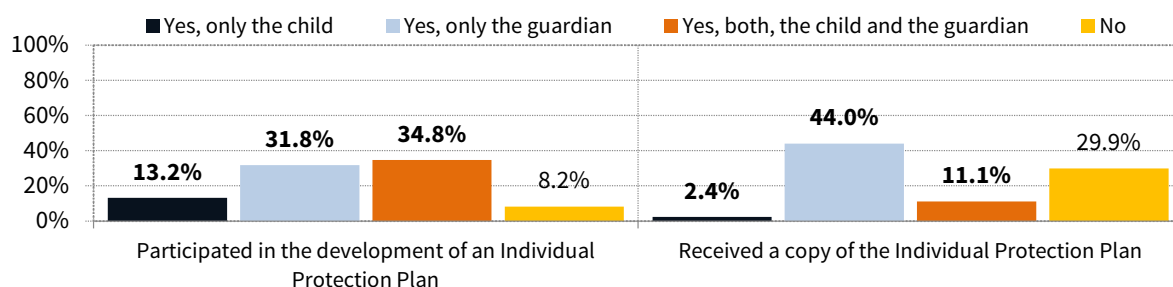
Only 32.3 per cent of children with developmental difficulties participated in the development of their own protection plan compared to 52 per cent of children with typical development.

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<sup>38</sup> For example, the objectives for all children for which they are developed are "To provide physical and mental development, upbringing and education, contact with parents, guardians and relatives, cultural needs" and for all, as holders of activities, the same persons are listed (e.g. a social worker, an expert team, a guardian).

Figure 8.

### Participation of children and guardians in the development of individual protection plans and receiving a copy of the plan (N<sub>1</sub>=592, N<sub>2</sub>=588)



## Guardianship

Placement under guardianship can be understood as an indicator of the expected length or permanence of the loss of parental care expected by the CSW at the time they are assessing whether the child needs alternative care. Children will be placed under guardianship if their parents have died or are unknown, the parents have requested that their child be placed for an extended period, if the courts have removed parental rights or for other reasons as stated in the family laws in the FBiH, RS and BD (see Table 1 in section 2 of this report). It can be assumed that those children not under legal guardianship are either in the process of being placed under guardianship or are technically still under the care of their parents and have been placed in alternative care for a period that is expected to be quite short or are expected to return to the care of their parents from alternative care.

The CSWs reported that in June 2016 over two-thirds of children in the system of alternative care (69.8 per cent) were placed under guardianship. Significantly older children (over 18 years of age) still in the system of alternative care were under guardianship than children under 18 years without parental care (33.8 per cent compared to 74.3 per cent). Usually, these are children whose parents have died or who are unknown. Children accommodated because of an unsettled financial situation in the family are less likely to be under guardianship.

A greater portion of children without parental care who were placed under guardianship were under direct guardianship (51.1 per cent), where the guardian body is directly responsible for decision-making about the child, than under indirect guardianship (43.9 per cent), where some decision-making responsibilities are delegated to the director of the institution or to a foster carer.

## Decisions on the type of Care each Child will receive and Movement between Placements

The same CSW team that makes decisions on whether it is necessary for a child to be separated from its biological family and takes decisions about guardianship also takes the decision regarding the type of care into which a child will be placed. It should also carry out regular revisions of this decision; however, reviews of the decision on placement into care occur in just slight over a quarter (28.7 per cent) of CSWs; these reviews are conducted regularly once a year or more frequently. A quarter (24.1 per cent) of the CSWs reported that they only conduct these reviews as the need arises.<sup>39</sup>

The CSWs reported that in most cases (76.2 per cent) the team asks children older than ten years of age for their opinion about the most suitable accommodation. Younger children are asked for their opinion about this issue less frequently.<sup>40</sup>

As illustrated in Figure 9a, when being accommodated in the system of alternative care for the first time children without parental care are most likely to be placed in an institution (49.4 per cent). Just over a third of children are placed in kinship foster care (36.2 per cent) and first placements into non-kinship foster care take place in only around a tenth of cases (9.2 per cent) of first placements.

<sup>39</sup> While a small number of the CSWs (2.8%) had not carried out the revisions, more than two-fifths (43.5%) did not provide an answer to this question. This could indicate that a portion of the CSWs never made this decision or that the percentage of CSWs not conducting these revisions is even higher.

<sup>40</sup> Generally, as the age of the children increased so did the percentage consulted about the preferable type of accommodation. This ranged from 16.4% of children aged 0 to 3 years, 28.2% aged 3 to 6 years and 47.6% aged 6 to 10 years, 72.8% aged 10 to 14 years and 80.5% of children from 14 to 18 years of age consulted.



Figure 9a.

A child's first placement in alternative care (N=1,311)

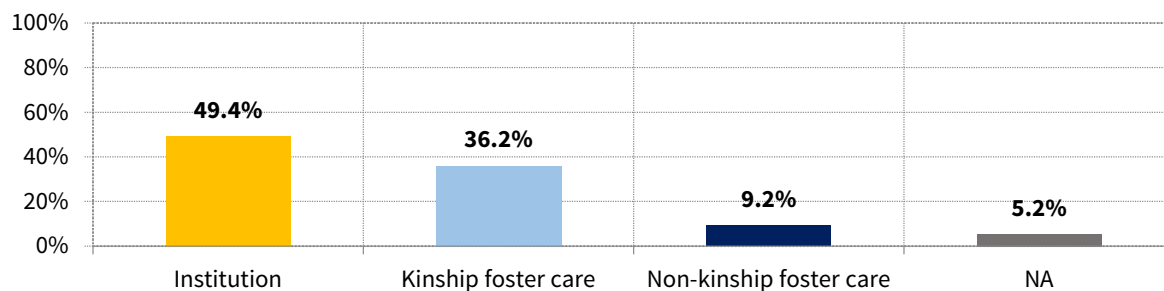
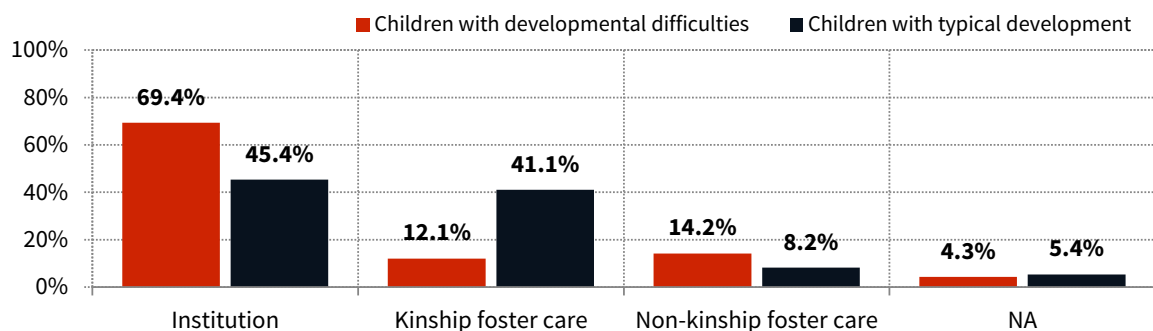


Figure 9b.

First placement for children without parental care with developmental difficulties and with typical development (N<sub>1</sub>=232, N<sub>2</sub>=1,045)

Most children with disabilities without parental care are placed in institutions (69.4 per cent), compared to just under half of typically developing children (45.4 per cent). Only 12.1 per cent of children with disabilities are placed with relatives in kinship foster care, compared to 41.1 per cent of typically developing children. Interestingly, children with developmental difficulties are slightly more likely (14.2 per cent) than other children (8.2 per cent) to enter foster care as a first placement (see Figure 9b).

The type of the first accommodation does not have a significant correlation with gender, national affiliation or place of origin. Children aged under three years, however, were significantly more likely to be placed in institutional care compared to children of other ages in June 2016. According to the data supplied by the CSWs, 87 per cent of children under three years of age were in institutions.

When analysed together with the type of first placement the reasons for accommodation reveal the following patterns. If the death of a parent is one of the reasons for the accommodation, especially if this is the only reason for the accommodation, then the children are often (49.2 per cent) placed in kinship foster care and are less likely to be placed in non-kinship foster care (26.4 per cent) and least frequently in an institution (9.1 per cent).<sup>41</sup> If the reasons are related to concerns about care, neglect and child abuse, children are significantly more often placed in an institution (52.5 per cent) and non-kinship foster care (43 per cent) than in kinship

<sup>41</sup> The number of reasons correlated significantly to the type of accommodation. In cases involving only one reason for placement in care, children were more often placed in kinship foster care, while a combination of reasons was more often associated with placement in an institution or in non-kinship foster care. However, it is possible that the CSWs were less diligent in recording the reasons for accommodation in kinship foster care and that only the main reason was recorded.

foster care (24.3 per cent), which is also the case if the reason or one of the reasons is the need for special protection due to the child's health condition (institution 7.6 per cent and non-kinship foster care 5 per cent compared to kinship foster care 1.3 per cent). If the reason relates to the decision of parents to entrust their child temporarily to the care of another person or institution then children are more often placed in an institution (25.3 per cent) than in kinship (10.6 per cent) and non-kinship (11.2 per cent) foster care.

Children who were asked to provide an opinion on the most appropriate form of accommodation were significantly more often placed in kinship foster care (52.2 per cent) than those who were not consulted about this question (26.5 per cent). In contrast, the children who were not consulted regarding the choice of the most suitable accommodation were significantly more often placed in institutional care, compared to those who were consulted (61.5 per cent compared to 36.4 per cent). Yet the impact of this variable on placement in non-kinship foster care is statistically not significant. According to the CSWs, there is equal consultation with children

with disabilities as with other children yet children with disabilities are more often (67 per cent) placed in institutions. This raises questions about the nature of consultation with children with disabilities, especially those with intellectual disabilities and those placed by their parents for 'reasons of health'.

## Placement Reviews and Movement to other Placements

The CSWs reported that placement reviews were conducted for two-thirds of children without parental care (64.5 per cent). CSWs most often conduct placement reviews as needed if new facts arise from the field that could affect the original decision (27.8 per cent) or periodically once or twice a year (27.8 per cent). Only 5.6 per cent of the CSWs reported that reviews were undertaken more frequently, while more than a third of the CSWs (37 per cent) failed to provide an answer to this question. Reviews were conducted less frequently for children placed in kinship foster care than for children accommodated in institutions and non-kinship foster care (see Figure 10a).

Figure 10a.

Placement reviews (N=1,311)

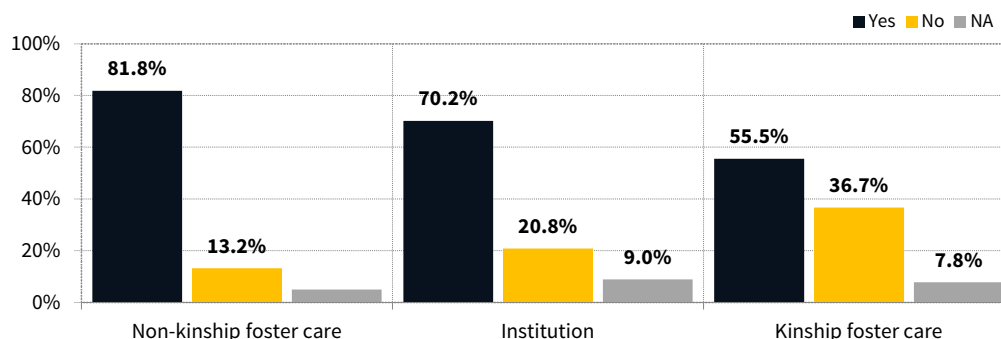
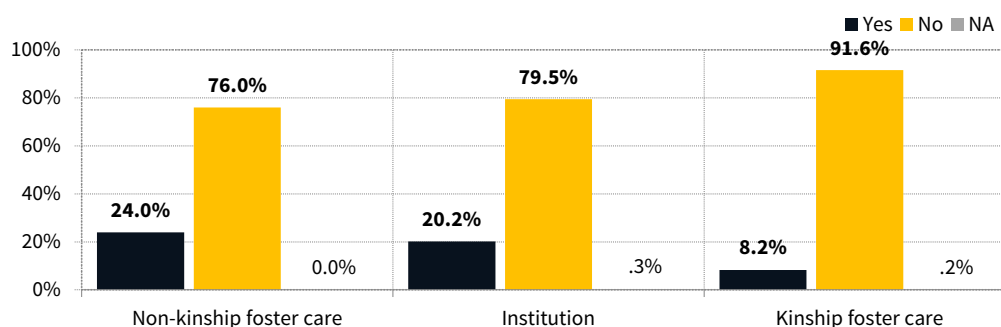


Figure 10b.

Placement changes (N=1,311)



Reviews were conducted more frequently for children with developmental difficulties (76.7 per cent) than for children with typical development (67.1 per cent), but, as Figure 10b illustrates, these reviews did not lead to a change in placement. Only 15.4 per cent of children without parental care had their placement changed after their first accommodation (18.5 per cent of children with developmental difficulties), mostly children placed in institutional or non-kinship foster care.

When changes are made to the placement of children without parental care the type of placement is the same. Children in kinship foster care and in institutions in particular were most likely to move to another relative or to another institution, but remain in the same type of care. The CSWs reported less movement between different non-kinship foster care placements. Nevertheless, some children were reported to have moved between different types of care. Usually, this involved moves from non-kinship foster care to institutions or, to a slightly lesser extent, from institutions to non-kinship foster care. Moves to kinship foster care involved both non-kinship foster care and institutions.

Even though placement reviews were conducted more frequently than for children with typical development, children with developmental difficulties tended to remain in institutional placements (70.7 per cent compared to 43.7). Children with developmental difficulties were also less likely to be moved to kinship foster care (12.1 per cent for children with developmental difficulties compared to 40.3 per cent for typically developing children).

Overall, these transfers between different types of placement represent movement within the system of alternative care as a whole, but they do not affect the overall pattern or numbers of children in each type of care. As of June 2016, 48.5 per cent of children without parental care were in institutional care, 35.5 per cent were in kinship care and 9.8 per cent were in foster care.

## Siblings

Over half of the children who were accommodated in the system of alternative care (54.6 per cent) had brothers and sisters under 18 years of age. If they had their siblings they were usually placed in the system of alternative care, they would most often (69.5 per cent) be placed together within the same the same form of care (see Figure 11a). Yet 12.2 per cent of children without parental care in the system of alternative care had siblings that had been placed in other forms of alternative care or been adopted (3.5 per cent). A fifth of children without parental care had brothers and sisters that had remained with their parents (19.1 per cent) or been placed with other relatives (3.4 per cent).

### KEY FINDING 8.

**Foster care is underutilised and kinship care is an important resource for children in need of alternative care, especially for those who have lost both parents, but less so for young children and children with disabilities.**

Over one-third of children without parental care were in kinship care, 49 per cent of children who had lost both parents first went into kinship care and are likely to remain there.

87 per cent of the very young children without parental care were in institutional care, which is least suited to meeting their need for a constant adult caregiver and could compromise their development in the first months and years of life.

Children with disabilities were placed in institutional care significantly more often than any other type of care.

Of the children surveyed, 49 per cent experienced institutional care as their first placement. Placement reviews were conducted by most of the CSWs, but usually (82 per cent) did not result in any change to the initial placement.

Children in non-kinship foster care most often had siblings in other types of placement, as illustrated in Figure 11b. Ten per cent of children in institutional care were reported to have a sibling in another institution, while 21.3 per cent had a sibling who had stayed with their parents. Half of the children in non-kinship foster care had been placed together with their underage siblings (52.2 per cent). When it came to kinship foster care and institutions, the percentage of children with siblings in other types of care was significantly lower: about a third of children accommodated in these forms of care had siblings in other care settings.

As illustrated in Figure 11c, children with developmental difficulties without parental care were less frequently placed together with their siblings compared to typically developing children. Significantly more often, the brothers and sisters of children with developmental difficulties either were adopted or had remained with their parents.

Figure 11a.

Accommodation of underage brothers and sisters: possibility for multiple responses (N=716)

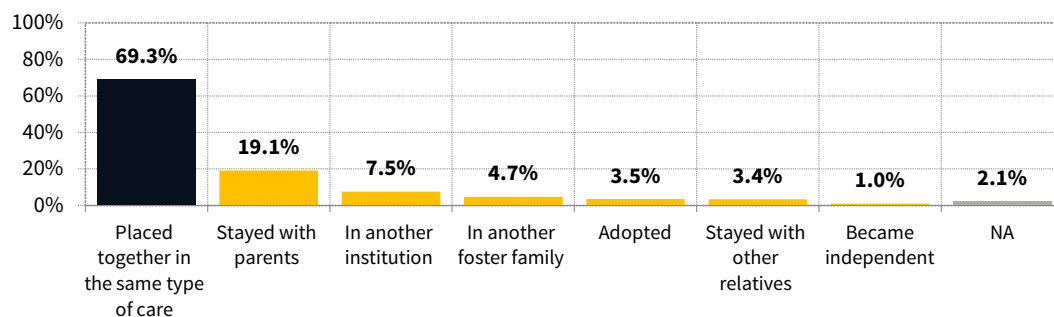


Figure 11b.

Form of care in which underage brothers and sisters are accommodated: possibility of multiple responses (N=676)

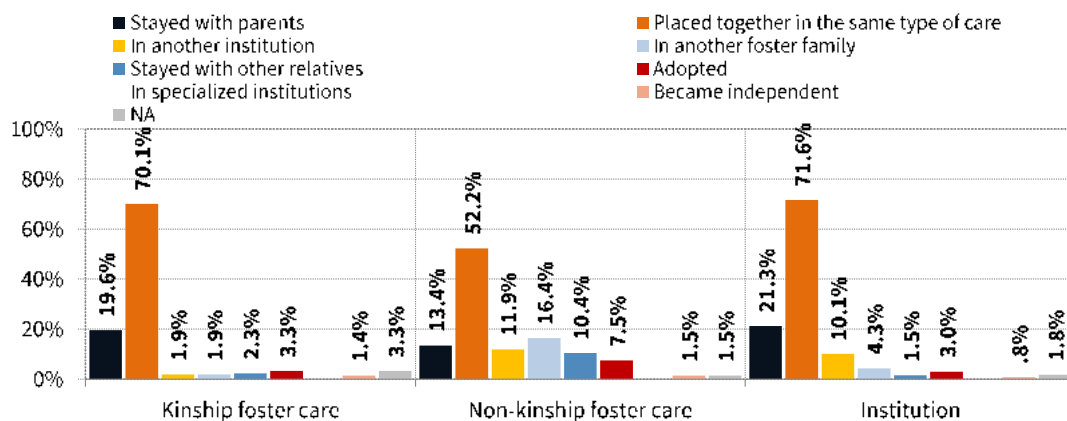
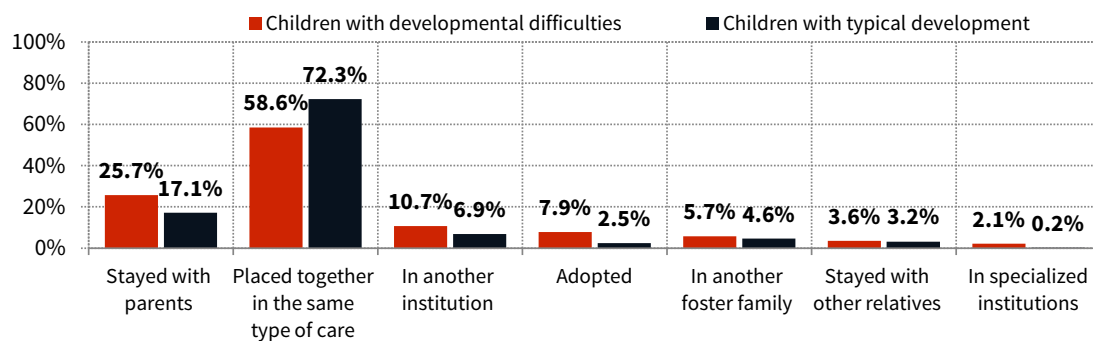


Figure 11c.

The form of care under which underage brothers and sisters of children without parental care and with different types of development are accommodated (N<sub>1</sub>=140, N<sub>2</sub>=567)

See KEY FINDING 7.

**Once separated, children often receive support in maintaining contact with their parents, assuming they can, but are unlikely to return home.**

Half of the children without parental care in non-kinship foster care and over two-thirds in institutional care were reported to be in contact with their birth parents and relatives. However, staff of the child care institutions and the CSWs as well as the children themselves reported difficulties in organising and supporting this contact.

#### KEY FINDING 9.

**In general, siblings were placed together in the same type of care. Yet this was less likely for children with disabilities and children in non-kinship foster care. Almost a quarter of children without parental care had siblings who were still under the care of their parents or relatives.**

69 per cent of siblings were placed together in the same form of care. Yet the siblings of children with disabilities were less likely to be placed in the same form of care (58.6 per cent), compared to siblings of children with typical development (72.3 per cent).

25.7 per cent of the children without parental care with developmental difficulties surveyed had siblings still under the care of their parents and a further 3.6% had siblings in the care of other relatives. There is a need to ensure stronger support to families to care for their children with disabilities and their siblings in the community.

20.3 per cent of children with typical development had siblings still under the care of their parent or other relatives. If these children deprived of parental care for economic reasons or for reasons of parental neglect and abuse then it remains unclear why the parents are able to care for some children but not others.

## Contact with the Birth Family and other Relatives

Half of the children placed in non-kinship foster care (50 per cent) and two-thirds of children placed in institutions (68.8 per cent) maintained some form of contact with their relatives. According to the assessments of the CSW employees, there were no significant differences in the frequency of this contact; however, the amount of contact was very difficult to determine, given the different practices in keeping these records.<sup>42</sup> Contact was maintained significantly more often with parents (if a child had parents) than with other family members. This was usually with the mother (46.7 per cent), but also with the father (31.2 per cent). Contact with grandmothers (14.7 per cent) and adult siblings was reported to a lesser extent (11.5 per cent).

Children with developmental difficulties placed in the system of alternative care had a tendency to lose contact with their parents and relatives (29.3 per cent) compared to children with typical development (19 per cent). On the other hand, the CSWs were more likely to be uncertain as to whether or not contact was being maintained for children with typical development.

## 6.2 Length of stay in Alternative Care

The CSWs reported that by 30 June 2016 there were 1,230 children in the system of alternative care that had stayed in it for five and a half years on average, ranging from 1 day to 24 years.<sup>43</sup> This average included 14 young adults who had been in the care system for more than eighteen years and a significant number of other young adults aged eighteen years or above.

Children with developmental difficulties had a longer average length of stay at 6.5 years than all other children without parental care at 5.5 years. It is also notable that children from the national minorities spend less time in the system at 4.4 years on average. Evidence from the focus group discussions suggests that children of some national minorities, especially those with experience of working on the streets, are more likely to run away from alternative care compared to other children and therefore their length of stay is lower.

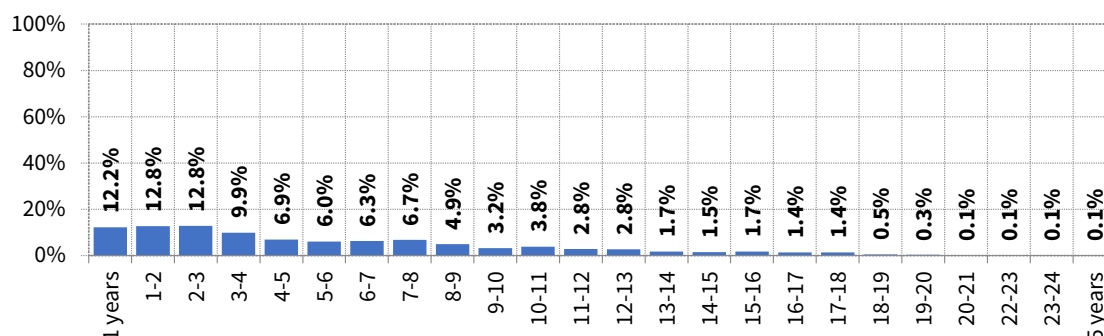
Children whose first placement was in kinship foster care usually had a shorter length of stay in the system of alternative care compared to those placed in an institution. Children in kinship care tended to be children who had lost both parents, while children in institutional care tended to be those with disabilities.

<sup>42</sup> Due to inconsistencies in records keeping, caution should be applied when interpreting this data. Data on the number of contacts made during 2015 reported by the CSWs, for example, suggests that some children accommodated in non-kinship foster care and in institutions did not have any contact with members of their biological family or had an 'insufficient amount of contact' (one, two or three contacts) during the year. Other children were reported as maintaining contact with their relatives, but significantly, lower rates of maintaining contact were reported.

<sup>43</sup> M=5.54 years, SD=4.65 years, Min=1 day, Max=24.36 years, N=1,230.

Figure 12.

Length of stay (N=1,230)

**KEY FINDING 10.**

There is an over reliance on long stays, averaging 5.5 years in institutional care. This is especially relevant to children with disabilities who stay 6.5 years on average.<sup>44</sup>

Of those children surveyed, 48.5 per cent of children without parental care (70.7 per cent of children with disabilities and without parental care) were in institutional care in June 2016.

The CSWs and institutions surveyed reported that over a quarter of children without parental care in institutional care were children with disabilities.

## 6.3 Capacities of Alternative Care Services

This section of the report examines the capacities of different types of alternative care intended to meet the demand for the care of children without parental care. Consideration is given to the questions of the quality of care, system management and staff capacity.

### 6.3.1 Kinship and non-Kinship Foster Care

The CSWs reported foster families in 50 municipalities of BiH. Over a third (34.5 per cent) was in two municipalities, while 29 municipalities had three or less foster families.

The number of kinship families is increasing among active foster families compared to non-kinship, as illustrated below in Figure 13a.

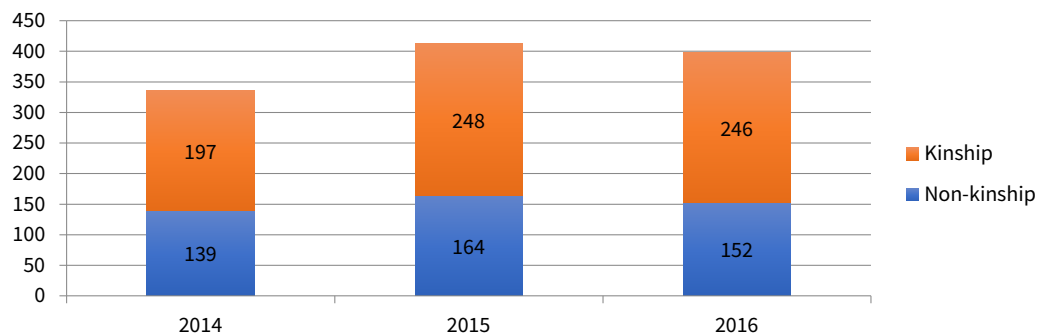
A slight downward trend in the number of active foster families reported by the CSWs was apparent in the first half of 2016 (336 in 2014, 412 in 2015 and 398 in 2016). Government reports confirmed the reduction in the number of children in foster care placement (see Table 3 of this report). In interviews and focus group discussions, the CSWs in both the FBiH and RS emphasised that there were still not enough foster families, especially trained foster families, whether kinship or non-kinship, to meet the demand for placement. The proportion of kinship carers among all active foster families was also steadily increasing (59 per cent in 2014, 60 per cent in 2015 and 62 per cent in 2016).

The CSWs emphasised that the pool of foster families available for non-kinship care was very limited and that in some areas no potential foster families were coming forward. The CSWs stated that further promotion of foster care is necessary in order to raise awareness and understanding among potential foster carers.

The CSWs also reported a general lack of confidence among foster carers, especially non-kinship foster care. Therefore, in order to exploit this resource more fully, there is a need for further development of the mechanisms and capacities for oversight and adequate control over this type of placement.

<sup>44</sup> These averages include young people aged 18 years and above.

Figure 13a.

Representation of kinship and non-kinship families in 2014, 2015 and 2016 (N<sub>1</sub>=336, N<sub>2</sub>=412, N<sub>3</sub>=398)

### Characteristics of Foster Families

City dwellers accounted for 65.7 per cent of foster families compared to 33.6 per cent who lived in the rural areas. They had an average of three family members<sup>45</sup> and just over half (51 per cent) had at least one child of their own.<sup>46</sup>

At the time of the survey, most foster families (63.1 per cent) were currently caring for children without parental care and most of the children had come to them directly from their biological families (59.8 per cent) or from kinship foster care placements (15.4 per cent).

For most active foster families (63.4 per cent), this was their first experience of caring for a child without parental care and this was true to an even greater extent when it came to inactive foster families (84.2 per cent). Almost half of the foster families (43.7 per cent) reported by the CSWs were registered for foster care but had no experience of children being placed in their care.

The CSWs reported an average of 440 children in foster family placements each year over the previous two and half years (456 in 2014, 456 in 2015 and 418 in 2016). The majority of these were part of a gradually increasing proportion of kinship foster care placements. Two-thirds of foster families currently active at the time of this research usually cared for one child without parental care (68.5 per cent), as illustrated below in Figure 13b.

<sup>45</sup> M=2.75; SD=1.36; Min=1; Max=8; N=277. 18.4% of foster families had one family member, 32.9% had two, 18.1% three, 20.6% four, 6.5% five, 3.2% six, while 0.4% of foster families had eight members.

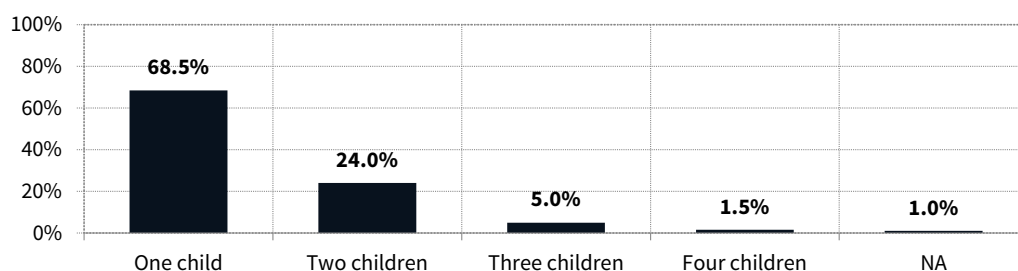
<sup>46</sup> 18.4% of foster families had a child of their own, 24.2% had two children of their own, 6.9% three, 1.1% four, while 0.4% of foster families had five children of their own.

<sup>47</sup> In 2014, 63.4% of children without parental care in foster care were placed in kinship foster care and 36.6% in non-kinship foster care. In 2015, 66% were placed in kinship and 34% in non-kinship placements. In 2016, 65.8% were in kinship and 34.2% in non-kinship foster care.

<sup>48</sup> There was no significant difference in the average number of children placed in kinship and non-kinship families.

Figure 13b.

Number of children without parental care in foster families (N=200)





## Training of Foster Families

In the past two and half years, there had been an increase in the number of potential and active foster families completing foster care training (44 in 2014, 56 in 2015 and 113 in 2016). The families completed from one to fifteen workshops.

Although not all foster carers had been trained, the majority of foster families currently caring for children and those that had cared for children in the past had completed adequate training. Yet at the time of the survey just over half (51.5 per cent) of the trained potential foster families were not currently accommodating any children and therefore represented a resource that was not being utilised. In the focus group discussions foster parents suggested that this 'under-utilisation of resources' is a consequence of the CSWs avoiding placing children in foster care (especially non-kinship families). The CSWs responded that these families, despite having completed the training, felt unprepared to receive children for accommodation.

## CSW and Foster Carer perceptions on the provision of Foster Care services

The CSWs most often cited a *'lack of capacity for adequate supervision of foster families and provision of continuous support'* as the reason for their 'hesitation' in placing children in this type of care. Nevertheless, the CSWs reported that they had visited or supervised two-thirds of active foster families (67.4 per cent) from once to forty-eight times in the first six months of 2016. Families were usually visited 'when necessary' rather than on a regular basis. A few CSWs reported continuous communication with foster families and the use of case management approaches to facilitate connection with other agencies. This included the Association of Foster Parents, which holds regular gatherings of foster families. Around 15 per cent of the CSWs reported having established cooperation with the Association of Foster Parents.

Foster families that took part in the focus group discussions generally expressed dissatisfaction with the visits by the CSWs, stating that they were rare and that they had no way to contact them at any time. At the same time, they sometimes demonstrated the perception that 'interference' by others was a threat and felt that their own contribution and effort was not adequately valued.

## Specialised Foster Care

Specialised foster care focused on children and youth who, due to psychophysical or health conditions, required extra care and support. Data obtained through the survey shows that a tenth of children (9.8 per cent) placed in foster care had developmental difficulties and that the CSWs were uncertain whether a further 3.2 per cent of children had typical development or developmental difficulties. The representation of children with developmental difficulties was significantly higher in non-kinship foster families where almost every fourth child placed had developmental difficulties (23.4 per cent), while in kinship care 6 per cent of children had developmental difficulties.

Foster parents providing specialised care in RS had increased financial benefits but highlighted the fact that they did not have other additional support for providing care for children with developmental difficulties. They attributed this to a general lack of community-based resources, which were usually limited to cooperation with schools and less often to support from mental health centres. The CSWs confirmed that the selection and supervision of specialised foster care is performed in the same way as for other forms of foster care.

### KEY FINDING 11.

**Non-kinship foster care represents a potential resource for children without parental care, but is under-utilised by the CSWs.**

Kinship and non-kinship foster care appears to be treated in the same way in the legislation, yet in practice they are very different. Most children in foster care were in kinship foster care; however, the available pool of non-kinship foster carers was limited.

Around a third of potential trained foster carers did not have a foster child in their care at the time of the survey.

Foster care services require high levels of social worker supervision and accompaniment both to support foster carers and to monitor the safety and well-being of children. CSWs and foster carers both expressed concern over the capacity of the foster care system to provide consistent and high quality services, especially in the FBiH.



## 6.3.2 Adoption

### Box 2.

#### Key points on adoption legislation and the regulatory framework in BiH.

In light of the Committee on the Rights of the Child comment, here we present some of the key features of adoption legislation and the regulatory framework in BiH that could be creating barriers to adoption.

- Each entity in BiH has its own rules. In some cases, these rules preclude the adoption of children from one entity by adopters from another entity. Each entity maintains its own database of potential adopters.
- Consent of the parents to the adoption is required and this consent must explicitly define the form of adoption. In exceptional circumstances, consent to the adoption of a child is not required from the child's parent(s) if they have been deprived of their parental rights or if the child is without parental care.
- The family laws of the FBiH and BD, but not RS, prohibit the adoption of a child younger than three months old and the adoption of a child whose parents are unknown until three months after the child was abandoned.
- Complete adoption is prescribed for younger children without parental care (as defined in each entity). The legal relationship established between the adopters and their relatives, on one side, and an adoptee and his/her descendants, on the other, is equal to kinship. All rights and responsibilities of an adopted child in relation to his/her biological family are thereby cancelled. A complete adoption cannot be terminated.
- Incomplete adoption is for older children under eighteen years of age. It establishes kinship between an adoptee and his/her descendants and the adopters as well as the rights and responsibilities that legally exist between parent and child. At the same time, an incompletely adopted child retains his/her rights and responsibilities in terms of his/her relationship with his/her biological family and parents.

Family laws of the FBiH, RS and BD.

Very few children are adopted each year in BiH. According to official data from the BiH Statistics Agency (Social Welfare Bulletin 2010-2015, see Table 3), the average is around 58 children per year. The CSWs reported that 28 children were adopted in the first half of 2016 and just 77 between January 2014 and June 2016. According to the CSWs, this represents a small percentage of children without parental care in June 2016 (N=1311).

### Profile of Adopted Children

The data provided by the CSWs and municipal social protection services indicates that girls (50.4 per cent) were adopted slightly more than boys (49.4 per cent), even though there are slightly more boys than girls in the overall child population (51.3 per cent boys and 48.7 per cent girls, according to the 2013 census).

Children of Roma ethnicity (1.3 per cent, N=1) as well as children with developmental difficulties (2.6 per cent, N=2) are very rarely adopted. Given their representation in the system of alternative care (8.5 per cent and 17.7 per cent respectively) they are significantly less likely to be adopted than children of other nationalities and children with typical development.

Most adopted children were under the age of three years (54.5 per cent) and more than a third (37.7 per cent) had spent less than twelve months in institutional care prior to their adoption. Two-thirds (67.5 per cent) were under the age of five years when adopted. The CSWs reported the adoption of thirteen children aged 5-10 years (16.9 per cent) and 12 adoptions of children aged 10-18 years, including older children with disabilities being adopted both by BiH nationals and international adopters.

Children who placed in an institution before the adoption had on average spent one year and ten months (from 6 days to 12 years) in the institution. A small number of children had spent on average three years in kinship foster families prior to their adoption, while twelve children (16.9 per cent) from non-kinship foster families were adopted after spending on average a year and a half in this form of care.

## Adoption Applications

The characteristics of adopters are defined in the family laws of the two entities and Brčko District (BD). The majority of adoptions reported by the CSWs were by BiH nationals with only three children adopted by international adopters. Available data on international adoption from RS indicates a higher proportion of international adoptions (18.9 per cent), but this could relate to the way national and international adopters are defined in RS.

The data obtained from the CSWs indicates that there were a very high number of applications for adoption but only a small percentage were successful. The CSWs reported that 1,129 applications for adoption were received in 2014, 1,195 in 2015 and 790 in the first half of 2016. The actual number of persons who filed applications for adoption (who wished to adopt children and were registered as potential adoptive parents), however, was not known. There was no single register of potential adoptive parents or children suitable for adoption. Applicants were given instructions at the CSW in their place of residence and if there were no children for adoption then they were advised to submit an application to other CSW that might have children eligible for adoption or who might become eligible. This means that each CSW has records of each received application<sup>49</sup> and therefore by adding their individual numbers it is possible to ascertain the number of applications submitted over the course of one year. It also means that certain applications (probably most of them) would be multiplied (counted twice or more) within the total figure.

The CSWs have different practices for carrying applications over into the next year or contacting applicants at the end of the year to check whether the application is still valid. This means that many applicants counted as active may have already adopted a child (in another municipality) or for other reasons are no longer potential adoptive parents. In addition, most CSWs do not assess those persons applying for adoption until a child is available and the adoption procedure has been initiated. Therefore, it is highly probable that there are applicants among those counted as potential adopters who do not meet the basic legal requirements and as such are ineligible.

In conclusion, it is likely that the official data on the number of applications for adoption is over-inflated and that the calculations based on them create a false picture of the situation in the field of adoption. For example, the Annual Report of the Ombudsman for Children for 2015 states, “In the period from 2011 to 2014 in RS, there were a total of 1,461 submitted applications for adoption and a total of 72 or 5 per cent were realised.”

Although the percentage of realisation of applications is probably quite low, given the small number of children eligible for adoption, it is not possible to calculate this figure until more reliable data is available on the number of persons interested in becoming adoptive parents.

## Perceptions on the Barriers to Adoption

In the interviews and focus groups, the CSWs and other respondents discussed the need for complete and incomplete adoption. The results of this research indicate that when it comes to the characteristics of children included in different types of adoption, along with the age of children, there are no significant differences related to the type of child adoption and the causes for their separation from their biological families. Only children whose parents died after they had crossed the age limit for complete adoption entered into incomplete adoptions.

All of the professionals included in this research believed that the low upper age limit for adoption (10 years of age in the FBiH and 5 years of age in RS) represents a significant obstacle to a large number of adoptions, especially complete adoptions. There seemed to be general agreement on the need to change the limit and therefore it is mentioned in the results of the legal analysis conducted within the framework of this research.

The connection between this issue and the duration of the procedure relating to the termination of parental rights was perceived differently. While most CSW employees believed that the length of this court proceeding is too long and perceived it to be one of the reasons for the low rate of child adoption, other professionals pointed out that CSWs submit applications for the termination of parental rights very late and on a very small scale.<sup>50</sup> Yet they also noted that, considering the type of decision implied any objections to the length of this procedure and the adoption procedure should be expressed with caution.

<sup>49</sup> In more than half of the CSWs, there was a certain type of records keeping regarding adoption applications (13% were systemic and 33.3% were personal records of CSW employees), while a database existed in two-fifths of the CSWs (37%).

<sup>50</sup> Data on the number of filed applications for termination of parental rights was not available.

CSW employees highlighted the fact that they rarely initiate proceedings in regard to the termination of parental rights, because they know from experience that the courts rarely grant these applications; other professionals shared this opinion.

### 6.3.3 Capacity of Institutions that accommodate Children without Parental Care in BiH to deliver appropriate Care and provide individualised attention

The survey included questions for institutions aimed at assessing their capacity to provide care for children without parental care. The study identified a total of 30 institutions that provide care for children and young people without parental care, 24 in the FBiH and 6 in RS. Of the 16 institutions that responded, 11 were located in the FBiH and 5 in RS. According to the surveyed CSWs and institutions, 776 children without parental care were being cared for in 30 institutions (not only those that responded to the survey) in June 2016. According to the Social Welfare Bulletin 2010-2015, there were 731 children without parental care being cared for by 412 staff in institutions for children without parental care in 2015. This gives a child/staff ratio of 1.77 children per staff member. Yet given that children may have been counted twice, as discussed elsewhere in this report, it is not clear if this is accurate. The data provided by the CSWs and institutions in response to the survey was

#### KEY FINDING 12.

**Only a small number of children without parental care are adopted, mainly very young children.**

The children who were adopted were mainly those aged under 3 years and without disabilities or developmental delays and who had spent less than twelve months in institutional care prior to adoption. However, there were cases of older children with disabilities being adopted both by BiH nationals and international adopters.

insufficient for a calculation of the child/staff ratios, because only children defined as without parental care were counted and not all residents in the institutions. One institution for children with intellectual disabilities, for example, reported 151 staff members and 4 children without parental care. If the ratio was calculated based on the number of children without parental care reported to be living in institutions for children without parental care and using the staff numbers reported by the institutions then the average would be around two children per professional staff member. Table 4, below, illustrates the range.

**Table 4. Staffing capacity and child/staff ratios in selected institutions for children without parental care**

Institution surveyed	Number of employees	Of which: number of professional staff	Percentage of professional staff	Number of children without parental care	Number of children per professional staff member
A	46	29	63.3%	17	0.59
B	60	40	66.7%	88	2.20
C	24	19	79.2%	38	2.00
D	56	36	64.3%	91	2.53
E	2	2	100%	7	3.50
F	178	84	47.2%	225	2.68
G	67	39	58.2%	70	1.79
H	15	6	40.0%	27	4.50
I	44	29	65.9%	47	1.62
J	14	14	100%	10	0.71
K	6	5	83.3%	22	4.40
<b>All institutions</b>	<b>512</b>	<b>303</b>	<b>59%</b>	<b>642</b>	<b>2.12</b>

Source: survey data.

The data reported by the CSWs and the institutions does not indicate whether there were more children living in these institutions who may not have had the status of being without parental care. In institutions where there were more staff than children and the ratio was less than 1:1, such as institutions A and J in Table 4, for example, there may have been more children in the facilities.

Article 126 of the UN Guidelines for the Alternative Care of Children specifies in relation to institutional care that:

States should ensure that there are sufficient carers in institutional care settings to allow individualised attention and to give the child, where appropriate, the opportunity to bond with a specific carer. Carers should also be deployed within the care setting in such a way as to implement effectively its aims and objectives and ensure child protection.

This means that for children who are very young, such as, for example, the 61 children under the age of three in institutional care in June 2016, a lower child/staff ratio can indicate that staff will have more time and therefore the ability to provide individualised care. Given that staff may work in shifts in some facilities and be living on site in others, the broad ratios presented in Table 4 are at best a blunt indicator of quality, considering that they may be much higher for some facilities where a shift system is in place.

Nevertheless, the child/carer ratio is a useful indicator of the quality and efficiency of institutional care and other childcare services. It gives some idea of the extent to which staff with the right competencies are able to provide individualised attention and offer the opportunity to bond. Yet the way the data is currently presented by the system of social welfare institutions in BiH does not allow for an accurate calculation of this indicator for all children, including for children with disabilities who are living in institutional care settings.

The number of personnel employed in the surveyed institutions has not varied greatly over the years and has generally remained at the same level. The proportion of staff working directly with beneficiaries ranges from 59 per cent in 2014 to 62 per cent in 2015 and up to 100 per cent in some of the smaller units and in the first half of 2016. However, this proportion has changed from year to year in some institutions, ranging from 35 per cent up to 64 per cent in different years. The official data indicates that the proportion was 49 per cent for institutions for children without parental care in 2015 and 57 per cent for institutions for children and adults with disabilities, if 'raisers' and 'caretakers' are counted as professional staff.

Most institutions (81.3 per cent) reported that they had a social worker and a lawyer among their professional staff, while 75 per cent reported having a psychologist. The average number of social workers per institution was around four and the average number of psychologists and lawyers was around two and one respectively during the entire period. A pedagogue was present in 62.5<sup>51</sup> per cent, while special educators (defectologists) could be found in 43.8 per cent of institutions. The average number of pedagogues and special educators was around five per institution, but this was due in part to the significant number of pedagogues employed by one institution and a significant number of special educators at another institution for children with disabilities. The institutions surveyed reported having a sociologist and a social pedagogue in 31.2 per cent of cases.<sup>52</sup> In addition, depending on the category of beneficiaries they served, certain institutions employed a large number of health workers, nurses and physical therapists as well as teachers.

Around half of the institutions for children without parental care conducted expert supervision (from one to four expert supervisions per year). In 43.8 per cent of institutions in 2014 and 2015 and in 50 per cent of institutions by the end of the first half of 2016. Inspections were conducted in 50 per cent of institutions from one to eleven times per year.

Supervisions (professional support aimed at preventing burnout) were only conducted in a small portion of the institutions, while some of them did not carry them out continuously. These were conducted in a third of institutions (31.3 per cent) in 2014, in a tenth (12.5 per cent) in 2015 and in a fifth of institutions (18.8 per cent) by the end of the first half of 2016.

Over a third of institutions (37.5 per cent) had a plan for staff education or professional training, but many more institutions stated that they had organised training for their staff regardless of whether they had a plan in place or not.<sup>53</sup> The number and type of training conducted in the participating institutions had not changed significantly in principle during the reference period.<sup>54</sup>

<sup>51</sup> The average number of pedagogues and special educators was somewhat higher and at around five per institution, due to a significant number of pedagogues at the disposal of SOS CV and the significant number of special educators at the public institute for Mentally Disabled Children and Youth 'Pazarić'.

<sup>52</sup> If they had this professional staff, the institutions generally had one sociologist and one social pedagogue.

<sup>53</sup> This included 62.5% in 2014, 68.8% in 2015 and 50% of institutions in the first half of 2016.

<sup>54</sup> There were 27 trainings in ten institutions in 2014, 26 trainings in ten institutions in 2015 and 15 trainings in seven institutions in the first half of 2016.

**Table 5. Familiarity of professional staff with existing standards for the quality of work and their application in practice**

	PROFESSIONALS ARE FAMILIAR		PROFESSIONALS APPLY	
	N	%	N	%
Minimum standards for the institutional accommodation of children without parental care	11	68.8%	8	50.0%
Minimum standards in terms of space, equipment and staff for small family homes	7	43.8%	4	25.0%
Minimum standards for children's villages	5	31.3%	2	12.5%
The field related to supporting the independence of the Strategy to improve Social Protection of Children without Parental Care 2015-2020 in RS	7	43.8%	5	31.3%
Programme of intensive support for the independence of young people leaving public care	7	43.8%	6	37.5%
Manual for professionals: Step into the future: How to help young people better cope upon leaving public care	9	56.3%	7	43.8%
Guide for young people leaving public care: What now: Challenges ahead	9	56.3%	6	37.5%

#### KEY FINDING 13.

**Further study is required in order to be able to ascertain the extent to which children in institutional care are receiving individualised care that meets their needs.**

The system of monitoring care for children in institutions (partly because of the way in which being 'without parental care' is defined) does not allow for data analysis of indicators such as child/staff ratios, although it does provide data about the proportion of institutional care staff that are professional staff working directly with children.

**61 children under 3 years of age without parental care were among those surveyed and 53 (87 per cent) of these babies and infants were in institutional care in June 2016.**

Article 21 of the UN Guidelines for the Alternative Care of Children states that, "The use of institutional care should be limited to cases where such a setting is specifically appropriate, necessary and constructive for the individual child concerned and in his/her best interests."

Institutional care is almost never appropriate or necessary for children in the first months and years of life, because its very structure does not permit the individual attention that very young children need in order to grow and develop.

The professional staff from most institutions that provide accommodation for children without parental care in BiH reported that they were largely familiar with the basic standards and guidance documents but applied them to a lesser extent, as summarised below in Table 5.

The level of application of standards seems relatively low with only around a quarter to one-third of facilities stating that they apply standards in practice. Given the frequency and prevalence of expert supervision and inspection reported, this raises questions about the effectiveness of these mechanisms for ensuring the implementation of standards and guidance in practice.

# 7.

## Outcomes from Alternative Care Placements

The desk review did not identify research or official data regarding the number of young people without parental care leaving the system of alternative care, but the data obtained through this research indicates that 144 young people have left the system of alternative care in the past two and a half years or 58 children per year on average. An equal number of them left institutions and foster care families and therefore left the system at the age of 18 or upon completion of their regular schooling (no later than the age of 26).<sup>55</sup> Among the young people who became independent, 15.3<sup>56</sup> per cent were young people with developmental difficulties.

The length of stay of children without parental care in the system of alternative care before becoming independent was represented fairly evenly,<sup>57</sup> with an average length of stay of six years.<sup>58</sup>

### **Attainment in Education among Young People who left the System of Alternative Care**

The level of education of young people who left the system of alternative care compares largely favourably to the education attainment of children from the general population, as illustrated in below in Figure 14. Young people leaving the system of alternative care tended to have completed secondary education and were less likely to have only completed primary education or no education, compared to children from the general population. However, they were less likely to have completed tertiary education when compared to all children from the general population.

There were no significant differences in the level of education of girls and boys who had left the system of alternative care between young people who came from rural areas and the city, between young people with developmental difficulties and young people with typical development and nor were there significant differences between young people who were members of the constituent peoples and those who were of Roma ethnicity.

### **Education and Housing Support**

Although the CSWs and the institutions and foster families in which children without parental care are placed aim to prepare young people for independence and to provide them with support in gaining employment and ensuring a place to live, all those involved in the system of alternative care pointed out that housing and the financial security for young people leaving the system represents one of the biggest issues.

The data obtained through the survey confirms that less than half (44.1 per cent) of all young people who left the system received support for housing, while support for employment was provided for less than a quarter (22.9 per cent). Although there were no significant differences, there was an apparent tendency for young people with developmental difficulties, especially intellectual disabilities, to receive more in both types of support.

More than a quarter of CSWs (25.9 per cent) had formed a team to support young people as they become independent from the system of alternative care, while 1.9 per cent of CSWs reported having a permanent team for this purpose. However, more than two-thirds of CSWs

Figure 14.

**Highest level of attainment in education of children without parental care (CWPC) who left the system of alternative care between 2014 and June 2016 (N=144) and the general child population aged 15 or above**

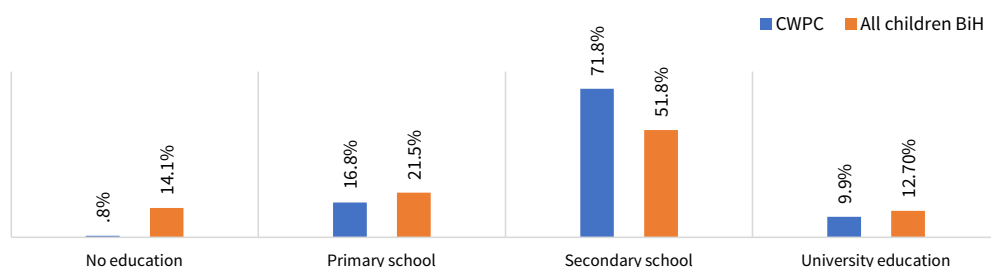
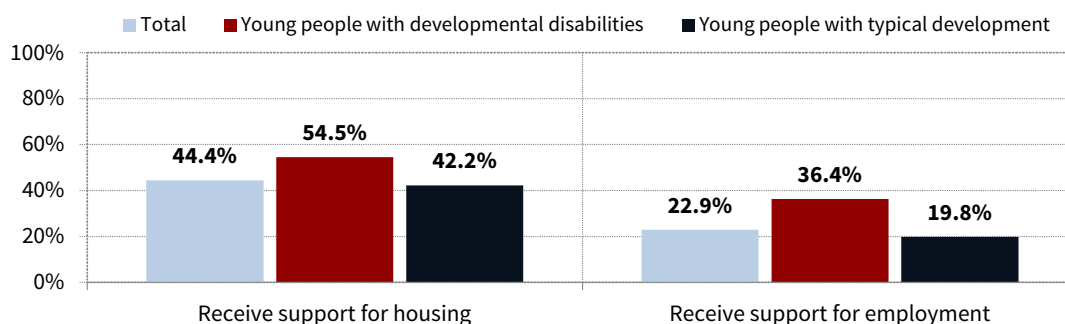


Figure 15.

**Employment and housing support provided to young people with different development characteristics when becoming independent (N=144)**



(68.5 per cent) did not form such teams and it is likely that this affects the level of support provided to young people as they leave care. Most CSWs that had established a team included external personnel in addition to their own people in the team. In 57.1 per cent of cases, staff from the institutions that the children were leaving and to a lesser extent staff from NGOs (21.4 per cent) in the local community as well as other organisations and businesses (7.1 per cent) were included in these teams.

<sup>55</sup> Almost a third (28.4%) of children without parental care came out of the system before turning 18 years of age and around the same percentage (29.1%) of children without parental care became independent after turning 18 years of age. Much of the remaining children, upon turning the age of majority, spent another year or two in the system (until the age of 20 or until completion of secondary schooling) (26.1%), while 16.4% or every sixth young person without parental care continued their studies at college and used the legal option to stay until the age of 26.

<sup>56</sup> Mostly young people with mental disability (81.8%) and, less frequently, with voice, speech and language impairments (22.7%) and with hearing impairments (9.1%).

<sup>57</sup> 6.9% of children without parental care who left had lived in the system for less than one year. A third of them (31.3%) stayed in the system from one to five years, while a quarter (27.5%) from five to ten years; that is, from ten to fifteen years (29%). A relatively small portion of young people (5.3% or every nineteenth child) had spent more than 15 years in the alternative care system before becoming independent.

<sup>58</sup> M=5.72 years; SD=4.76; Min=149 days; Max=19.38 years; N=131.

<sup>59</sup> The study did not assess whether children actually needed employment and housing support, it only recorded that they did not receive such support.

#### KEY FINDING 14.

**Many children stay in the system of alternative care well into adulthood and receive considerable support in completing their secondary and tertiary education.**

Three quarters of the 144 young people who left the system of alternative care in the 2.5 years prior to the survey were aged 18-26 years when they left. Yet two-thirds of these children did not receive support with employment and only half received support with housing.<sup>59</sup>

Children without parental care, including children with disabilities, were more likely to have achieved secondary education upon leaving the system of alternative care aged 15 years or above and were less likely to have no education at all.



# 8.

## Conclusions and Recommendations

**Finding 1. The prevalence of children without parental care can only be estimated, because the definition of ‘without parental care’ is not harmonised in the legislation or within the child protection data management system in BiH.**

The data gathered for this situation analysis has limitations due to the fact that not all of the children living outside of the care of their parents (according to the definition in the UN Guidelines) were included in the survey.

This applies in particular to those children with disabilities classified as being in parental care despite the fact that they live in an institutional facility during most of the year, which are therefore not represented in this study.

**Finding 2. The system seems very static with children entering mainly institutional or kinship foster care and then not leaving for many years.**

Very young children under three years of age spend shorter periods in the alternative care system. They tend to leave the system of institutional care within twelve to forty-two months of entry following adoption, unless they have disabilities in which case they usually remain in the system until adulthood.

There were very few reported instances of children being reintegrated into their families, although contact with families was high for those children whose parents and other relatives were still alive.

**Finding 3. System standards are implemented unevenly across different municipalities.**

Survey data for a range of systems indicators suggests a workforce that needs further guidance, training and support in order to more fully engage in applying the measures already in place within the system to support implementation of the UN Guidelines for the Alternative Care of Children.

- The staff in the CSWs largely do not use databases to support their work with children, families, foster carers and adopters. Data collection and monitoring is constrained by these considerations as well as by issues on how the indicators should be defined. Some CSWs stated that they need better equipment, materials and premises to be able to do their job properly.
- Only one-third of children without parental care had undergone a child development assessment, mainly children with disabilities or perceived developmental difficulties.
- Just over half of the children in the system of alternative care had an individual protection plan and those that did exist were not elaborated sufficiently. The CSWs stated that more than three quarters of children



without parental care over 10 years of age were asked for their views on their preferred placement. In the case of children with disabilities, who are usually placed in institutional care, this consultation may be tokenistic, whereas other children who are consulted are more likely to be placed in kinship care.

- Children in the system of alternative care do not necessarily have their placements reviewed on a regular basis. A review of placement was only conducted for two-thirds of children, which for the most part (75 per cent to 92 per cent of cases) resulted in no change to the form of care.
- Not all kinship or non-kinship foster carers are trained, although in some parts of the country there has been a recent increase in training. The training that is provided varies from municipality to municipality, but was largely considered useful by the foster carers who took part in the study.
- Systems for the inclusion of child or family payments in financing for alternative care placements differ from municipality to municipality and around half of the municipalities delay payments.
- Most CSW staff had undergone training, but more could be done to strengthen practice systematically. This could include the continuous provision of professional development opportunities and training in areas that are policy priorities such as family support and prevention.

**Finding 4.** It is likely that some children enter the system of alternative care unnecessarily and that the system of social services and social welfare could be more effective in protecting children and supporting families to look after their children at home.

The existing monitoring data and the data gathered for the purposes of this study is inconclusive. Therefore, it is not possible to state with any certainty that only those children who need alternative care are in the system. More consistent stock and flow system data<sup>60</sup> is required in order to know for sure, incorporating consistently applied indicators and definitions of children and care settings.

There are social assistance programmes and social services that can support families in every canton, municipality and city of BiH. These are for the most part staffed by professional social workers. They operate within a regulatory and policy framework aimed at ensuring that international children's rights commitments are fulfilled and guidance, such as the Guidelines for the Alternative Care of Children, are implemented. Examples of the way in which these commitments are operationalized include two operational protocols. The first 'on cooperation in the field of preventive protection of children at risk of separation' and the second 'on cooperation in providing psychosocial consultations'. Both are aimed at

strengthening inter-sectoral cooperation for the purpose of supporting families and preventing the separation of children from their families.

While this system represents a considerable resource for supporting children and families it remains unclear as to whether it is being applied effectively.

There appears to be a slight reduction in the actual number of children flowing into the system of alternative care; however, it could also actually be steady or even increasing as a proportion of the child population. The data is inconclusive because of the way services count and define children and families at risk and the way in which 'without parental care' is applied to children when counting children using different types of community-based or institutional services.

Regular data gathering does take place under the BiH Agency for Statistics and other entity level data monitoring agencies and therefore it may just be a question of how to adjust the monitoring framework and the analysis rather than a case of introducing major changes to the system as a whole.

**Finding 5.** The system of child protection and alternative care, especially the network of specialised institutions for children with disabilities and for children without parental care, is more established than the system of family support and prevention, which is still developing.

Social services reported variable technical capacities (premises, vehicles, equipment) and human resources (number and competencies of professional staff) to engage in family support and prevention work. However, the staff appeared to be more traditionally focused on child protection, which is interpreted as the provision of alternative care, rather than interventions to support families in addressing the challenges or constraints to their ability to care for their children. For example, only around a quarter of the CSWs had signed two protocols that could help to strengthen inter sectoral work in support of families and the prevention of the unnecessary separation of children from their families.

CSWs in some parts of the country were more likely to work in partnership and in a systematic way with NGOs that have developed effective family support services than those in other parts of the country.

<sup>60</sup> The UNICEF/BCN Manual for the Measurement of Indicators for Children in Formal Care provides a useful framework, as does UNICEF's gatekeeping guidance. Available from [https://www.unicef.org/protection/Formal\\_Care20Guide20FINAL.pdf](https://www.unicef.org/protection/Formal_Care20Guide20FINAL.pdf) and <https://www.unicef-irc.org/publications/pdf/gatekeeping.pdf> respectively.

**Finding 6. The needs of children and families at risk are not being assessed comprehensively and their needs are not being consistently met in a systematic and sustained manner through the provision of effective and well-targeted services.**

If families need support with housing, mental health issues, family relationships or the disability of their child the provision of housing and material support by the CSWs only partially helps to meet these needs. Other services do exist and CSWs in some parts of the country do try to ensure that families at risk have access to these services, which are often run by NGOs. The network of services requires further development to ensure that all those who may need support, especially in the less developed or accessible municipalities, can access the support they need. Children with disabilities and their families are at particular risk of separation and there is a need to ensure that services for these children and their families are developed in the community. This would reduce the tendency to resort to institutional care and the corresponding extended periods of separation.

In many cases, the factors that drive separation appear to be economic and therefore professional staff can misinterpret them as 'poor parenting', 'exhaustion' or 'a lack of resources to raise the child'. Prevention and family support work is constrained by a lack of specialised support services for families in general and for families of children with disabilities in particular.

The fact that parents are permitted to place their child in care while they work abroad for a certain period represents an inherent contradiction within the system.

**Finding 7. There seems to be a mismatch between the reasons reported for children having lost parental care and the risk factors that the CSWs perceive among families defined as being at risk of separation. In both cases, the reported reasons and risk factors need to be defined transparently and consistently if they are to be useful in planning and monitoring the effect of preventive interventions.**

Discrepancies exist in relation to the risk characteristics of children who have lost parental care and those perceived as being at risk of losing parental care. This indicates that the way in which the CSWs define risk and target services to those they perceive as most at risk of separation is in need of review and requires refining in order to take into account related analysis of data on children losing parental care and their families. The consistent application of case management systems could help CSWs to be more systematic in assessing and analysing the underlying issues that drive separation and loss of parental care.

Overall, there appears to be a need to move away from the child protection model focused on risk and toward the child well-being model that focuses on building on family strengths.<sup>61</sup>

## Application of the Suitability Principle

**Finding 8. Institutional care is used for most children as the first placement, especially by some CSWs, followed by formal kinship care. In some parts of the country, however, placement into kinship care is the most common first placement. Most CSWs use non-kinship foster care to a more limited extent.**

The system of alternative care appears to be trying to match care settings to the needs of children and most CSWs make the decision on placement once a team of qualified professionals has conducted an assessment. Yet it remains unclear whether this goal is being achieved and the needs and care settings well matched. Those children whose parents have died, for example, need permanent alternative family care regardless of their age, disabilities or membership of a national minority. This is especially true if they are babies or infants in the first months and years of life. While most children whose parents have died are placed in kinship care, there are still too many children in institutional care whose parents have died (9.1 per cent of the 1,311 children without parental care in June 2016). Of the infants under the age of three years that were included in this study 87 per cent were in institutional care. This system of care is least suited to meeting the need for highly individualised care provided by an adult with whom these children can form an attachment. There is generally an over reliance on institutional care placement, especially in some parts of the country.

**Finding 9. Strengthening reintegration efforts and support for kinship care may be a more appropriate way of ensuring permanency for children in the alternative care system than trying to increase the adoption rate.**

The adoption rate in BiH is very low. Yet this may be appropriate if there are children in the system of alternative care who could have stayed in the care of their parents, because if the prevention and family support services were more effective they may not have lost parental care unnecessarily.

Adoption is a way to provide permanent alternative family care and is often most appropriate for children who are very young when they lose their parents. The BiH

<sup>61</sup> See, for example, <http://www.gov.scot/Topics/People/Young-People/gettingitright/wellbeing>, [https://www.unicef-irc.org/publications/pdf/iwp\\_2009\\_21.pdf](https://www.unicef-irc.org/publications/pdf/iwp_2009_21.pdf), [https://www.unicef-irc.org/publications/pdf/structural\\_determ\\_eng.pdf](https://www.unicef-irc.org/publications/pdf/structural_determ_eng.pdf)

adoption system seems to have a number of features that may be creating artificial barriers to adoption from the 'demand side' and the perspective of the adopter and from the 'supply side' in terms of the procedure to deprive parents of their parental rights.

The system needs to ensure that all options for supporting permanence involving parents and relatives are exhausted prior to releasing children for adoption as well as harmonising adoption procedures to ensure that once a child is released for adoption they do not end up waiting for unnecessarily long periods in temporary care settings.

**Finding 10. Kinship care is more understood and culturally acceptable than non-kinship foster care.**

Foster care is a new type of alternative care service that has not yet found a clear place in the wider system of family support, child protection and alternative care in BiH. There is a strong understanding among professionals that foster care requires considerable investment in human (social workers, foster carers and other members of foster families) and other resources (travel, communications, training, financial remuneration and child care subsidies) if a high quality service is to be achieved and meet the needs of the children.

Given the strong cultural and social preference for kinship care, it could be that policy and guidance needs to wherever possible emphasise the use of kinship care and reserve foster care as an alternative when specialised interventions are required. It would also be advisable to replace institutional care in the longer term for some children. If non-kinship foster care is to be strengthened then in addition to ensuring investment in the system of service delivery there is a need to support strengthened communication on foster care in each entity and in Brcko District. This would ensure that consistent messages about its unique role within the childcare system in each entity and how it can help to provide high quality care for children and meet their needs are delivered.

Young people and professionals reported, for example, that kinship care and non-kinship foster care offer much better preparation for independent life for children without parental care than institutional care. This is an important message that can help communities to understand the role of non-kinship foster care when children without parental care do not have relatives who can care for them.

**Finding 11. Understanding the need to keep siblings together and to support relationships with family members for children without parental care seems to be strong among professionals and this is reflected in the reported practice.**

Once again, the data proved inadequate and therefore the picture is not entirely clear. However, it seems that there are high levels of contact between children in the alternative care system and their families and that most children are placed together with their siblings. Yet many CSWs, institutions, foster carers and the children themselves reported difficulties in organising and supporting contact with the birth families. More guidance and training for CSW and institution staff and for foster carers is needed to support this process more effectively.

Nevertheless, the study shows that some professionals consider it acceptable practice to routinely separate children with disabilities or younger children from their siblings in order to assist the carer (whether a parent or a kinship carer) to 'cope' in providing care for the child's siblings left behind.

There are significant numbers of children in institutional or non-kinship foster care who have siblings that have remained in the care of their parents or relatives. This practice needs to be examined in more detail and guidance and training provided to the CSWs on how to take these decisions and on ways to offer family support that negates the need to place children in care.

**Finding 12. The work on reintegration conducted by the CSWs and other actors within the system of family support and child protection (NGOs, residential care providers and social protection structures) needs strengthening. The study shows that once children enter the system of alternative care they are highly unlikely to leave it until they become young adults.**

Investment in strengthening family support for children in families experiencing mental health or housing problems, poverty, unemployment or other factors that contribute to a reduction in child well-being and increase the risk of separation will help to ensure that only those children who are in need of alternative care actually enter the system. Strengthening prevention is therefore equivalent to strengthening reintegration; ideally, no children in alternative care should require reintegration. Yet given that children may require short stays in alternative care and that it may take time to create a system where no children enter the alternative care unnecessarily, there is a need to work more systematically on reintegration from the moment that a child enters the alternative care system. Research shows that it becomes much more difficult to achieve and sustain reintegration after six months in care. Guidance and

training is needed to ensure that the CSWs take a systematic approach to case management, prevention and family support work. It is important that this approach is followed through into the alternative care placement and that efforts to bring about change in the family situation continue so that reintegration can be supported as soon as possible.

## Outcomes from Alternative Care

**Finding 13. Outcomes for care leavers from different types of care are not adequately understood and therefore more research is needed in order to understand whether each type of care has been suitable for each child.**

More is known about the immediate outcomes of alternative care for children who were in institutional care than those who were in kinship care. Many remain as young adults in the institutions where they were placed and in this way receive considerable support in completing their education.

Kinship and non-kinship foster carers reported providing ongoing support and care for their foster children well into young adulthood. Some expressed concern over the future life choices of their foster children with disabilities, because there are very few options for independent living outside of institutional settings for adults with disabilities.

**Finding 14. Children without parental care receive varying levels of support in terms of employment and housing when they leave institutional or foster care.**

Institutions try to prepare children for independent living through various forms of semi-independent living where children begin to do their own cleaning, cooking and household tasks. Yet the very nature of institutional care means that there are far greater challenges in terms of mitigating the effects of group care than for children in family based kinship or non-kinship foster care. The CSWs and institutions try to provide housing and job-seeking support to children leaving the care system, especially for those who grew up in institutional care and have no relatives to help them make the transition into adulthood.

Respondents believed that this type of support is easier to arrange in smaller communities where community networks between the CSWs, institutions, local businesses and other organisations may be better established. However, not all children want to return to their local communities when they leave care. This is especially true for those who have lived away from their community for a long time (all their life) and have little or no contact with relatives.

NGOs can play an important role in supporting care leavers and some CSWs have established systematic partnerships with NGOs in order to ensure that care leavers have access to these services. Several young people consulted for this study had received such support in gaining employment and finding accommodation.

**Finding 15. Education outcomes for care leavers generally appear to be better than for the child population as a whole.**

Data on the reasons for this outcome was lacking. This can be attributed in part to the fact the institutions provide some children without parental care with considerable resources by up until the age of 26 years in order for them to complete their secondary education and in some cases to achieve university degrees. It could also be that foster carers, kinship carers and institution staff pay particular attention to education. Further study is required in order to be certain whether the data on these outcomes is valid and to explore the reasons. Further study is also required in order to understand the medium and long-term outcomes for children without parental care who have left different types of care.

## Recommendations

### Defining Children without Parental Care and Children at risk of Losing Parental Care

- Harmonise the different definitions of children 'without parental care' and of 'children and families at risk' as well as the criteria for the identification of such children and families across all municipalities.

### Focus more on the Prevention of unnecessary Separation

- Strengthen preventive measures for separation, especially for children with disabilities and children under three years of age in order to ensure that all options have been exhausted prior to placing children in alternative care (with strict application of the 'necessity principle'). Strengthen specialised family support services and social programmes aimed at empowering families in order to prevent unnecessary separation. For example, provide support for mental health issues, disabilities, family relationships, housing, etc.

- Ensure that the CSWs assess the needs of children and families at risk using clear and objective criteria in order to allow for the identification of appropriate and targeted services.

### **Strengthen the Capacities of the CSWs**

- Strengthen the systematic use of case management systems by the CSWs, including the use of databases for regular data collection, analysis and the monitoring of cases.
- Ensure the consistent use of child development assessments for all children in the care system.
- Provide CSW staff with continuous opportunities for professional development and training as well as supervision and burnout prevention support in areas such as family support and the prevention of unnecessary separation.

### **Establish Partnerships between CSWs and NGOs in the best interests of Children**

- Promote the signing and application of the two protocols on strengthening inter-sectoral cooperation, in order for the CSWs to benefit from the experience of NGOs that provide effective family support.

### **Give Special attention to Orphans, Children below Three years of age and Children with Disabilities**

- Ensure that those children whose parents have died are placed in kinship care.
- Ensure that babies and children under three years of age are placed in kinship care or if not available in non-kinship foster care.
- Ensure that services for children with disabilities and their families are developed within the community as an alternative to resorting to institutional care.

### **Focus on Reintegration or Kinship Care as the first option rather than non-Kinship Foster Care**

- Strengthen the work of CSWs and other actors (NGOs, residential care providers, social protection services) on the reintegration of children with their birth parents from the moment a child enters the alternative care system.
- Support the increased use of kinship care placements rather than non-kinship care.

### **Application of System Standards for the Alternative Care of Children**

- Promote the consistent application of UN Guidelines for the Alternative Care of Children.
- Keep siblings together when there is no other option to placing children in kinship care or non-kinship

foster care.

- Ensure individual protection plans for all children in alternative care.
- Ensure that regular reviews of placements for all children in alternative care are conducted using uniform criteria.

### **Foster Care**

- Provide adequate investment in human (social workers, foster carers and other members of foster families) and other resources (travel, communications, training, financial remuneration and childcare subsidies) for foster care to ensure a high quality service.
- Provide regular and harmonised training to kinship and non-kinship foster carers, so that they are better able to raise children without parental care.

### **Adoption**

- Ensure that all options for supporting permanence involving parents and relatives are exhausted prior to releasing a child for adoption.
- Address the 'demand side' barriers to adoption (from the perspective of the child and the adopters). For example, harmonise adoption procedures across BiH in order to ensure that once a child is released for adoption they do not end up spending unnecessarily long periods in temporary care settings. Advocate for raising the upper age limit for adoption and ensure consistency among the entities (the current age limit is ten years of age in the FBiH and 5 years of age in RS).
- Address the 'supply side' barriers to adoption. For example, harmonise the procedure for depriving parents of parental rights in BiH.

### **Support Care Leavers**

- Provide consistent support to children without parental care in finding employment and housing when they leave institutional or foster care.
- Focus particular attention on children with disabilities to assist them with independent living outside of foster families or institutional settings once they become adults, currently very few options are available.
- More systematic partnerships should be established between the CSWs and NGOs in order to support care leavers with employment and housing.
- Conduct further research in order to gain a better understanding of the medium and long-term outcomes for children without parental care who have left different types of care.

# 9.

## Key Findings for the FBiH

This chapter presents the findings for the FBiH only and explores in more detail some of the issues that are relevant to the FBiH. The chapter should, however, be read together with sections 1 through 8, as the findings and conclusions from those BiH sections are also relevant to the FBiH and complement this section.

### 9.1 Prevalence and Characteristics of Children without Parental Care in the FBiH

#### How many Children are there without Parental Care in the FBiH?

The survey in the FBiH conducted for this situation analysis included 66 CSWs (84.6 per cent of the CSWs in the FBiH) and 13 institutions (54 per cent of these institutions in the FBiH). As of 30 June 2016, CSWs had 833 children without parental care on their records (63.5 per cent of all children without parental care recorded by the survey for BiH). The survey estimated 1,640 children without parental care in BiH and therefore 1,041 children without parental care in the FBiH (63.5 per cent of the estimated 1,640 children without parental care in BiH). According to the 2013 census, there were 457,789 children aged 0-17 years in the FBiH; therefore, the estimate for the FBiH represents 0.23 per cent of the child

population as being without parental care.

The challenges in classifying and defining children without parental care are discussed in the BiH part of this report, but there is also the issue of the day-to-day collection and processing of data that contributes to discrepancies, double counting and errors that respondents highlighted in the interviews and focus group discussions.

*We are all required to provide statistical data to the Federal Ministry of Labour and Social Policy. They are sorted by age and gender structure; however, it turns out that these information are different. For example, when we collect data from the CSWs on the number of children without parental care and compare it to the data from our finance, we see that the data differs. Sometimes this data differs drastically, so there is the dilemma whether it is entered correctly at the centres. Because that subjective factor always remains, if someone needs to assess something. But we are looking at the children without parental care, the law is clearly defined which children those are and there is no dilemma. And if we have different data there too, a man wonders what it is then. (KII with a cantonal ministry in the FBiH)*

<sup>62</sup> See, for example, UNICEF, *Early Childhood Development. What every parliamentarian needs to know and do* (CEE/CIS, 2011).



Recently, it was in one of our CSWs that a girl had been placed in a residential care facility. However, two years ago, she got married and went to live in a common-law marriage, but we are still paying for her accommodation. So I ask, How come we still have her on the list? And they simply say, 'My colleague is on sick leave', 'the director is new', 'that is not his field of profession', 'it somehow got lost'. And I wonder how many of these there are for whom we pay, illegally. (KII with a cantonal ministry in the FBiH)

The CSWs indicated that they perceive the administrative burden of data gathering as having no purpose and detracting from their work with clients.

*We serve as information counters. We are shopping centres for information and we lose a lot of time there. Perhaps we should be dealing with child protection but instead we are providing this information that, unfortunately, serves no purpose. (FG for CSWs in the FBiH)*

*Because there were many cases where we were asked to provide data with nothing in the end, believe me! We give data, the result at the end is nothing. (FG for CSWs in the FBiH)*

#### KEY FINDING 1.

Although the prevalence of children without parental care can only be estimated, this estimate suggests that the proportion of children without parental care in the FBiH is slightly below the national average at 0.23 per cent compared to 0.24 per cent for BiH.

## Characteristics of Children without Parental Care identified in the Survey of 833 Children in the FBiH

### Age, Gender and Membership of National Minorities

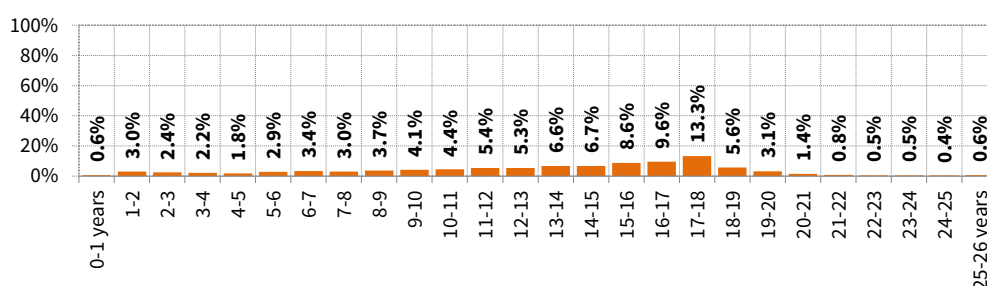
Children of secondary school age (14-18 years of age) represent the most numerous age category of children without parental care reported by the CSWs in the FBiH (almost two-fifths or 38.2 per cent of children without parental care fall within this age group). They are followed by children of older primary school age (10-14 years of age) who represent over a fifth of children without parental care (21.7 per cent) and by children of younger primary school age (6-10 years of age) who represent over a tenth (14.2 per cent). There were somewhat fewer (6.8 per cent) children of older preschool age (3 to 6 years of age) and children younger than three years of age (also 6 per cent). In addition, over one-tenth (13.1 per cent) of the 'children' without parental care in the FBiH were in fact young adults aged between 18 and 25 years.

The number of very young children without parental care among those surveyed was not high, only fifty children aged under three years of age without parental care were among those surveyed; however, nearly all (48 children or 96 per cent of the children of this age) of these babies and infants were in institutional care in June 2016. This is the form of care least suited to meeting their needs in the first months and years of life when rapid brain development needs to be nurtured through one-on-one care.<sup>62</sup>

The survey indicates more boys than girls among children without parental care (53.7 per cent boys and 45.9 per cent girls); this proportion is similar to the structure of the overall child population of children without pa-

Figure 16.

Ages of children and young adults without parental care (N=833)





rental care (52.9 per cent boys and 46.8 per cent girls for BiH) and is of limited statistical significance.

More children without parental care in the FBiH come from urban (56.3 per cent) than from biological families that live in rural areas (41.9 per cent) compared to roughly equal proportions for BiH, but it is not clear if this reflects the population structure of the FBiH or an overrepresentation of children coming from urban areas.

In the FBiH, the CSWs classified 10.2 per cent of children without parental care as members of national minorities and nearly all (98 per cent) of them were of Roma ethnicity.

The CSWs reported that 18 per cent of children without parental care in the FBiH were children with developmental difficulties or disabilities. This is roughly the same as the national average and indicates that children with disabilities are significantly overrepresented among children without parental care, given that a much smaller proportion of the national child population has disabilities.

#### KEY FINDING 2.

**Children with disabilities were significantly over-represented among children living away from their parents in the FBiH.**

**A large percentage of children without parental care in the FBiH were older children or young adults.**

18 per cent of children without parental care were children with developmental difficulties or disabilities.

**96 per cent of very young children without parental care in the FBiH were in institutional care**, which is the form of care least suited to meeting their need for a constant adult caregiver and could compromise their development in the first months and years of life.

## Reasons and Risk factors for the Placement of 833 Children without Parental Care in the system of Alternative Care reported by the CSWs and institutions

The death of both parents is one reason for children being in need of alternative care, but almost two-thirds (62.4 per cent) of children in the system of alternative care were reported to have at least one living parent. In the system of alternative care 17.5 per cent of children had both parents (who were significantly more often not in a marriage) and 36 per cent of them had one parent (significantly more often the mother than the father). One fifth (19.8 per cent) of children in the system of alternative care in the FBiH were reported as having no living parents, although only 14.7 per cent for children with disabilities were reported as having no living parents.

The most common reasons for losing parental care were disorders in upbringing, neglect and abandonment of a child (just over a third of children or 37 per cent) and the death of both parents (in one fifth of children or 20.5 per cent), as illustrated below in Figure 18. The sole reason in 23.2 per cent of cases was the decision by the parents to entrust their child temporarily to the care of another person or institution. The reasons for temporary placement by parents provided for in the legislation can be multiple, but often it is for the purpose of working abroad. The accommodation, protection and upbringing of the child in this way may not exceed two months, after which the guardian body takes the decision on placing a child under guardianship (Family Law of the FBiH).

The financial situation in the family was mentioned relatively often (in one-tenth of cases or 15.7 per cent) as one of the reasons for temporary placement. If 'financial hardship' as a reason for placement were combined with 'temporary placement by parents', on the assumption that such temporary placements often relate to economic migration, then the combined figure for these reasons or factors reported by the CSWs would be 38.9 per cent of all cases, as illustrated below in Figure 18.

For children with disabilities, placement for the reason of special protection required because of the child's health status was eight times more likely than for children with typical development: reported for 16.7 per cent of children with disabilities compared to 1.9 per cent for children with typical development.

Further research is required in order to understand and address the factors that drive neglect and abandonment (reported in 37 per cent of cases) as they may also be connected to economic factors. Some stakeholders

Figure 17.

Data on parents of children without parental care (N=833)

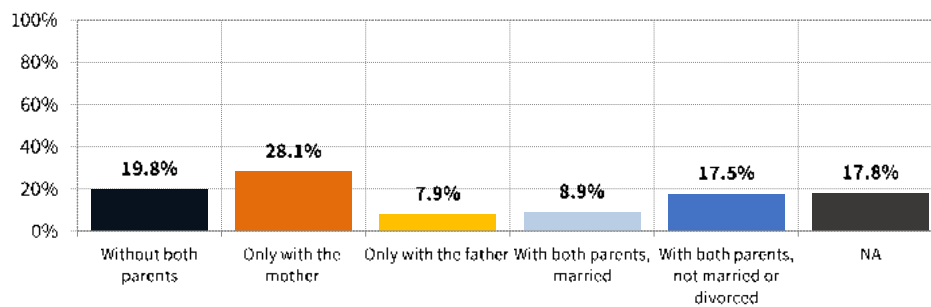
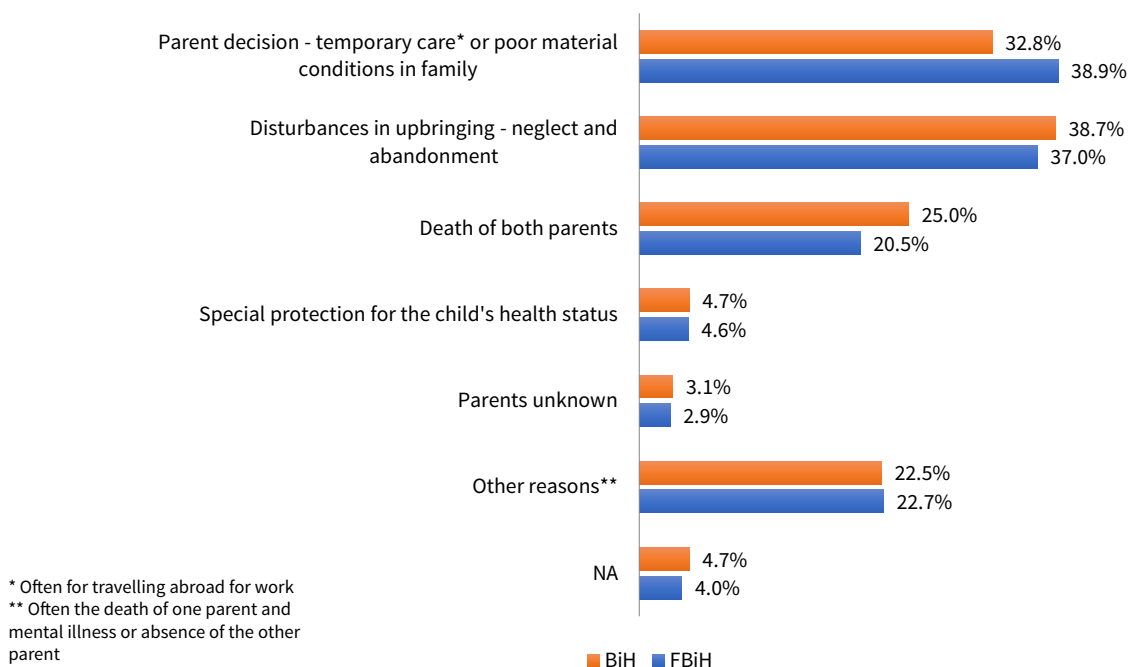


Figure 18.

Proportion of responses given for each reason (more than one reason may have been given) for all children in BiH and for children in the FBiH (N<sub>1</sub>=1,311; N<sub>2</sub>=833 respectively)



Source: Survey of 111 CSWs and author calculations.

recognised that poverty could compound other factors and lead to increased risk of separation. It is therefore difficult to isolate the reasons and easy to over-simplify when stating a single reason for a child entering care.

*Poverty is the main problem; it is the main problem of families at risk. Poverty gives rise to all other problems. (KII with a cantonal ministry in the FBiH)*

*It is very hard to tell if someone started drinking because they were poor, if that was the reason why they stopped caring for their child or if they were never meant to be good parents. Maybe poverty led them to alcoholism and now they are unable to take care of their family financially. Financial reasons are being prioritised, but it is unacceptable for us to place children in institutions just because of their parents' financial problems. (KII with an NGO in the FBiH)*

There was increased likelihood that children with disabilities without parental care but having both parents living are placed in care for reasons of health status or for economic reasons or for reasons of neglect and abandonment than for all other children. This suggests that there is a need to understand how to better support parents to care for their children with disabilities in the community without resorting to institutional care.

### KEY FINDING 3.

**Two-thirds of children without parental care in the FBiH (62.4 per cent) were reported to have at least one living parent, but also that poverty, the financial situation and economic factors may be driving a third of placements of children into alternative care and contributing to neglect and relinquishment in another 37 per cent of placements.**

The UN Guidelines for the Alternative Care of Children emphasises that poverty should not be a reason for entry into alternative care and that all means possible, including social protection provisions, should be taken to prevent this.

Children with disabilities have the right to community based rehabilitation and support. It should not be necessary for them to be separated from their parents in order to access education or health services.

## 9.2. Necessity Principle: Family support and Prevention in the FBiH

### Social Services to support Families

#### Staff

In the FBiH, 63 of the 78 CSWs that responded to the survey (81 per cent) reported that they had an expert team that conducts assessments and takes decisions on the separation of children from their families. The CSW teams were likely to have on average four members.

In almost all cases (96.1 per cent), the team included a social worker and a lawyer (90.2 per cent). Just over half of the expert teams (52.9 per cent) included a

psychologist and almost a third (31.4 per cent) also had a pedagogue. Less frequently (19.6 per cent) this team included other types of experts (e.g. special educators, defectologists, sociologists, etc.).

Typically, therefore, in around 77.8 per cent of CSWs there is a team of three to five professional staff with at least one qualified social worker and a lawyer, which represents a considerable potential resource for supporting families and preventing the unnecessary loss of parental care. In a fifth of CSWs, however, there may only have been one or two staff members mandated to conduct assessments and make decisions about children and families and the need to intervene with support or to separate children from their families. This suggests that, depending on the number and type of qualified staff in their local CSW, children and families have different levels of access to support that can prevent unnecessary separation.

### Training and Education of Professional Staff

On average, more of the professional staff in the CSWs had undergone training on child protection and their guardianship authority responsibilities than on family support, foster care or adoption. The CSWs that provided data reported that 58.2 per cent of staff working on guardianship had undergone training in child protection. The next most common type of training was in the field of preventive protection of children at risk of separation (an average of 2 staff members per CSW),<sup>63</sup> but only 31 CSWs reported staff trained in this field. Of the staff working on foster care 48.4 per cent were reported to have received training on foster care and 19.1 per cent of the staff that had responsibilities in relation to adoption had been trained in the field of adoption. Most CSWs reported that they had on average around two to three staff working on each of these areas, although the variance was great ranging from one to ten staff members in each field across 48 to 51 CSWs.

### Premises and Equipment

More than half of the CSWs (54 per cent) thought that the premises in which professionals work are not appropriate for the type of work they perform. This was most often due to a general lack of premises of adequate size as well as premises not being adapted to the number of experts who work there, while less frequently it was attributed to a lack of premises for a specific purpose (mostly inappropriate spaces for professional work with clients and a lack of disability access) or to the poor quality of the facilities in which their offices were located.

The space available to the centre is not sufficient for a quality work; there is little room, located on the first floor, with no access for disabled persons ... [there is] a leaking roof and damp rooms, the health of workers and clients was threatened ... social workers' rooms are not adequate for the direct work with clients, because the office is not separated from the others. This is why clients cannot fully relax and without obstacles talk about the problem. (FG for CSWs in the FBiH)

Nearly half of the CSWs (49.2 per cent) viewed the equipment at their disposal as inappropriate for the type of work they perform. Of these, two-thirds specified that they needed updated computer equipment, a quarter reported that they needed new office furniture or new materials for professional work with clients, such as psychological tests, educational material etc. Three CSWs stated that the vehicles for fieldwork were in poor condition.

## Databases

The CSWs generally did not have or use databases dedicated to the field of children without parental care, half (50.8 per cent) reported that they did not have at least one database developed. Only 30.2 per cent of the CSWs reported using a database for monitoring children separated from their families. They were slightly more likely to have and use a database of potential adoptive parents (31.3 per cent reported using such a database), but only 17.5 per cent of the CSWs reported using a corresponding database on children who are available for adoption.<sup>64</sup>

## Case Management and Community Referral Mechanisms

In the interviews, the CSWs did not refer to case management procedures or mechanisms for systematic case work with families at risk. Instead, they tended to catalogue a series of activities in which they had varying degrees of confidence and in some cases suggested that they were not sure how to address problems in families and support families to change their situation; this sometimes left children at risk.

*We must provide continued assistance to families, but the working conditions in [social work] centres are making it extremely difficult to do that. (FG for CSWs in the FBiH)*

<sup>63</sup> M=2; SD=1.21; Min=1; Max=6; Number of CSWs responding = 31.

<sup>64</sup> Those CSWs that had them at their disposal had on average three out of five possible databases (M=2.68; SD=1.28; Min=1; Max=5; N=31).

<sup>65</sup> These two types of protocols 'on cooperation in the field of preventive protection of children at risk of separation' and 'on cooperation on providing psychosocial consultations' are protocols that the CSWs set up at the community level as a means of establishing and maintaining cooperation within the community.

*As far as hostile divorces are concerned, we have many problems with parents who are neglecting their parental duties. We really do not know what to do in such situations because officially these children have parents but it is as if they do not have them. .... We try to act preventively, we involve the centre for mental health in the process, because we have this centre in Bugojno, so that they would work with families to advise them. (FG for CSWs in the FBiH)*

Referral mechanisms within the community and the extent to which CSWs support families to access other services that are available in the community are also important factors for effective family support and prevention.

*Support for biological families is insufficient and underdeveloped. Experts who work in schools, in community health centres and centres for social work can achieve a lot when they focus their attention on families. Sometimes their help is sufficient for a family to weather the crisis. We can also temporarily remove children from their families in order to help those children, but also to help their families to overcome the problems they have; we could work with children and with their biological families at the same time. Also, we must force school pedagogues to work with us. But who am I to them? I work in a different institution and they have no obligation to do what I tell them to do. It all comes down to how decent and professional someone is. We do not have any clear rules of conduct nor a defined procedure. (FG for CSWs in the FBiH)*

*The provision of social services and social work in general aren't clearly regulated by law. We hope that the new social protection law will solve that. (KII with a cantonal ministry in the FBiH)*

The survey data indicates that almost a quarter of CSWs (23.8 per cent) reported having signed protocols on cooperation in the field of preventive protection of children at risk of separation with the police, educational institutions and health institutions (mental health centres and family medicine centres). Yet twice as many CSWs (56.1 per cent) reported having signed protocols on cooperation on providing psychosocial consultations with relevant institutions such as non-governmental organisations, mental health centres, centres for early childhood development and family counselling centres.<sup>65</sup>

*A lot of counselling services, including family and youth counselling and psychotherapy, are provided by non-governmental organisations. But most of it is available only in Tuzla. That is why we insist on establishment of mobile teams, because in that way we could expand our coverage to include all parts of our canton. (KII with a cantonal ministry in the FBiH)*

#### KEY FINDING 4.

##### **The capacity of the CSW multidisciplinary teams to provide effective family support and child protection varied quite considerably.**

Around 80 per cent of the CSWs had teams of three or more members, including at least one qualified social worker and a lawyer in most cases, which represents a considerable potential resource for supporting families and preventing the unnecessary loss of parental care.

Other specialists, most commonly found in larger CSW teams, included psychologists and pedagogues. CSW decision-making on the removal of children from parental care is conducted by multidisciplinary teams and in many cases based on comprehensive assessments. Yet the process and criteria for taking decisions often differed from CSW to CSW.

23.8 per cent of the CSWs had signed protocols on cooperation in the field of preventive protection of children at risk of separation, but it was not clear if systematic case management was used to maximise support for families and to coordinate casework.

The extent of support and prevention work provided to families in each municipality depended primarily on the capacity of the CSW as well as the existence of referral mechanisms and other NGO or local authority services in the community.

## **CSW perceptions on the Prevalence and Characteristics of Families at risk of Separation in the FBiH**

The CSWs recorded data on families at risk of separation in different ways, because local legislation and policy frameworks give a range of definitions and criteria for the identification of such families.

*Unfortunately, we have a huge problem with this new term 'children at risk of separation' that was introduced through the policy for protection of families without regard for the existing system. This is because 'children at risk' are not recognised by any law. Regardless of that, we qualify these children as neglected or abandoned children whose development is hindered by their family situation. Even though our Law does not recognise children at risk of separation, we identify such children and classify them in some*

*other way and help them as much as we can. (KII with a cantonal ministry in the FBiH)*

*I am sure that 90 per cent of CSW employees cannot say what families and children at risk of separation are. But if we applied the existing criteria we would have many such families. (FG for CSWs in the FBiH)*

The survey respondents reported that either they might not have this category as a specific category of beneficiary at all or that they perceived all families with children registered with them as families at risk. Just over a quarter of the CSWs (28.6 per cent) reported that they had clearly defined criteria for the identification of children and families at risk of separation.

The responding CSWs provided data that suggests that families at risk often have two adult members (56.1 per cent of families) and one (31.2 per cent) or two children (35 per cent).

If this data is considered together with the data on the numbers, reasons and risk factors for the loss of parental care reported in relation to children already without parental care (see section 9.1 of this chapter) then the presence of two adults as a risk factor is surprising, because only a fifth of children in the care system had both parents. The data on the characteristics of children without parental care reported by the CSWs suggests that those children most at risk of separation are older children, often with disabilities, without any parents or with a single mother. The data on children already in alternative care (presented in section 9.3 of this report) indicates that they are likely to have siblings. Although further study is required, these discrepancies indicate that the way in which CSWs define risk and target services to those they perceive as most at risk of separation probably needs reviewing and refining in order to take into account the analysis of data on children losing parental care and their families.

The level of education of mothers in families at risk was reported by the CSWs as significantly lower than that of women from the general population and that the mothers at risk were more likely to have only completed primary school and less likely to have completed secondary school or tertiary education than other women.

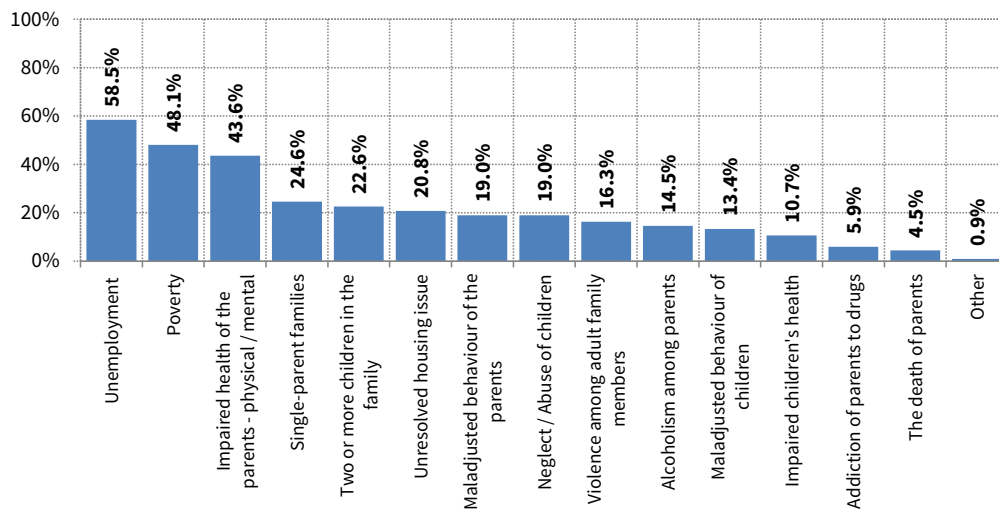
## **Risk factors identified by the CSWs**

As Figure 19 illustrates, unemployment (58.5 per cent), poverty (48.1 per cent) and parent ill health (43.6 per cent) were perceived as the most common factors contributing to the risk of separation in the FBiH. These were followed by factors associated with family structure, such as single parent families and large families. Parental behaviour (19 per cent) and neglect and abuse (19 per cent) were mentioned far less than at the nation-



Figure 19.

Risk factors in families at risk of separation (N=337 families)



al level: 35.5 per cent parental behaviour and 27.2 per cent neglect and abuse.

The CSWs reported multiple risk factors for any given family. Poverty and unemployment were mentioned most frequently, while the death of parents was mentioned very little in relation to the reasons reported by the CSWs for cases where children had lost parental care. Parents and the children themselves mentioned unemployment, low income and housing issues as well as parent health issues, domestic violence and child exploitation.

*If parents are unemployed then the life of their children is also more difficult. (FG on children at risk in the FBiH)*

*She used to make him beg. I don't know how old he was, 2 to 2.5 years maybe. He was using the money that people gave him to buy her cigarettes and to buy alcohol for him [the woman's husband]. She hid somewhere while he was on the street begging and her husband spends his days in betting shops, drinking and placing bets. He did not care at all. They consider this normal, women like her. (FG on families at risk in the FBiH)*

*If I died, God forbid, and if the children had the choice of staying with my former husband or being sent to a home for children I would chose that they go to a home. He drinks and screams and beats them. (FG on families at risk in the FBiH)*

*I am deeply in trouble. I have a little girl and I am 52 years old. I completed a hospitality school, I can't find work; my husband is from Kosovo. I am not sure how to describe my marital status; I am married and not married at the same time. I was a prisoner of war in 1992. I was imprisoned, traumatised and after that I was injured. My life is a long list of traumatic experiences; I am never feeling well. (FG on families at risk in the FBiH)*

Overall, there appears to be a mismatch between the reasons reported for children losing parental care and the risk factors perceived by the CSWs among families defined as being at risk of separation. In both cases, the reported reasons and risk factors need to be defined transparently and consistently if they are to be useful for planning and monitoring effective preventive interventions.

#### KEY FINDING 5.

**A clear and uniform definition or criteria for the identification of families at risk is needed in order to ensure more effective planning of services to address the risks and for subsequent monitoring of the effectiveness of services.**

The CSWs most frequently reported unemployment or poverty as risk factors among families at risk of separation. Parent health, the family structure (single parents and many children) and housing issues were mentioned by many CSWs. Neglect, abuse and parental behaviour were also mentioned, but to a lesser extent. The parents themselves mentioned housing, health issues, employment and low income as risk factors as well as domestic violence and child exploitation.

Most CSWs were not using risk criteria and those that were used criteria that need refining or revising in order to focus on family strengths rather than weakness and to take the well-being of the child into account.<sup>66</sup>

### Support provided by CSWs to Families at risk of Separation

Social workers and other stakeholders understood that work with families is required before resorting to the removal of a child or children from the family, but further analysis is required in order to understand whether they have the resources, skills and knowledge to provide this support and change the situation in the family.

*If we acted preventively, we would prevent many problems from occurring. But what can we do when we have one social worker per 29,000 people? We do not even employ psychologists or pedagogues. (FGD for CSWs in the FBiH)*

*The provision of social services and social work in general aren't clearly regulated by law. What does the law say about who should keep track of how much money was invested in preventive activities? We hope that the new social protection Law will solve that. (KII with a cantonal ministry in the FBiH)*

*In order to act preventively the CSWs would have to have expert teams to work with such families and children. But centres exist at the municipal level; they are founded by municipal authorities, so the ministry has no authority over them. When we ask municipalities*

*for help, they tell us that they cannot afford to employ more people. We don't even have a family counselling centre although that is a priority. We don't have many NGOs here either. (FG for CSWs in the FBiH)*

Some CSW staff did not recognise that they were charged with prevention work.

*Prevention falls outside the scope of the social service centres' work. We are a public institution tasked with placement of children in care. I do not like when the things get mixed up. There might be some special project, but that is a separate issue. A CSW does not provide counselling; when you read our laws nowhere will you find the word 'prevention'. (FGD for CSW in the FBiH)*

Some parents and other key informants reported that NGOs are leading the way in trying to address the factors that drive the risk of separation.

*A lot of counselling services, including family and youth counselling and psychotherapy, are provided by non-governmental organisations. But most of it is available only in [the Canton's capital city]. That is why we insist on establishment of mobile teams, because in that way we could expand our coverage to include all parts of our canton. (KII with a cantonal ministry in the FBiH)*

*I felt very bad. I was in a very difficult situation, without a job. Then [X NGO] coordinator made me come here and talking with them and made me open my eyes. I get depressed and stuck in the darkness but after talking to them I realised 'I can do this' and I moved on. They encourage my children, they help them a lot. My daughter was molested, but now she has recovered. They teach her by example; they can offer her a role model. It is better for her when I am not tense. When you attend a workshop you feel empowered and children can sense that. (FG on families at risk in the FBiH)*

*[X NGO] was my only source of social and moral support, they helped me a lot, a lot, while I was in the process of divorce. I was very disheartened, I really struggled psychologically. It was horrible. I often spoke with them and they really helped me a lot. They were making sure that my children are going to kindergarten. They even drove children to and from kindergarten in their van. They helped me with food,*

<sup>66</sup> See, for example, <http://www.gov.scot/Topics/People/Young-People/gettingitright/wellbeing>, [https://www.unicef-irc.org/publications/pdf/iwp\\_2009\\_21.pdf](https://www.unicef-irc.org/publications/pdf/iwp_2009_21.pdf), [https://www.unicef-irc.org/publications/pdf/structural\\_determ\\_eng.pdf](https://www.unicef-irc.org/publications/pdf/structural_determ_eng.pdf)



clothes, footwear and school supplies. They also came to visit when I was in hospital. I am now attending a Parents' Club once a week and on other days I attend knitting classes. I also went on their field trips with my children. I am feeling much better, although I've been through so many traumatic experiences that I should have ended up in a hospital. It would have been the worst had I ended up in a psychiatric hospital. (FG on families at risk in the FBiH)

[X NGO] does a lot of work. [Y NGO] is also offering family support service. [Z NGO] is also doing a great job. We have our own family counselling service and street children get the help they need in a drop in centre. We have a shelter where children can spend up to two months until their parents are found or until triage is completed. We also have the correction centre; on our campus, we will soon open a centre for court ordered psychosocial rehabilitation for juvenile offenders, most of whom are children at risk of separation. But we have only one early childhood development centre in our canton. (KII with a cantonal ministry in the FBiH)

In cooperation with some NGOs, primarily [W NGO] and [X NGO], we achieved some progress over the past few years in terms of the assistance we offer to families at risk of separation. I am happy to say that we are still running some projects with [X NGO]. We have a team of people working with [X NGO] experts to develop psychological and social support services for families in our canton. At the same time, we are promoting foster care and other alternative solutions. (KII with a cantonal ministry in the FBiH)

[W NGO] had a very good project in this field. While they were active, we used to apply for their help on behalf of families we believed were at risk of separation. They were visiting such families to talk with them and to help their children with homework. They were really very active. We were approaching families together with them, but they also did a lot on their own. (FG for CSWs in the FBiH)

Most references were to 'projects', which suggests that more work needs to be done to mainstream and integrate the approaches and methods of NGOs into the mainstream CSW services. Such services would have the potential to reach more children and families at risk of separation and to ensure that NGOs receive payment for their prevention work as part of the overall system of service provision in each municipality. Some CSWs mentioned developing their own services focused on prevention.

We are now implementing a project whereby we offer assistance to mothers who regularly visit their chil-

dren. The CSW offers help to such mothers. We pay rent for some of them, we provide others with food or school supplies to help them reclaim their children. It works quite well. We act preventively in some municipalities; right now we are assisting a family at risk of separation with ten children. (FG for CSWs in the FBiH)

Generally, however, the impression given by parents, NGOs, CSWs and other key informants is that family support and prevention work is not reaching enough families and children at risk.

There are many families like us in [this city] who need help. But the family centre can't help everyone. There are maybe 600 families that need their assistance, but they cannot expand their services any more. (FG on families at risk in the FBiH)

If I were to walk down the street, within 500 meters I would find 20 children who need accommodation. But they have lived like that for years. (FG for CSWs, institution representative, in the FBiH)

Some children on the street do not live very well, they do not have food, no water and people who do not live on the street give them to eat. (FG on children from families at risk in the FBiH)

There was concern that children who are at risk of abuse, neglect and violence go too long without support or appropriate interventions.

...when we see that it is really necessary, that a child is neglected and abused. Instead, we have to wait for a response from the Ministry. It is really hard when you cannot protect the child in that moment, when it is needed the most. Especially when we find out in the field, as was the case just now, that I should take them away immediately, when a child gives consent, and we are unable to do so. And I wake up in the morning and first think, "My goodness, what is happening with those children?" (FG for CSWs in the FBiH)

Another concern was that the identification and response to children who are at risk in their families is coming too little, too late and is therefore ineffective. This means that these children are more likely to be separated in an emergency situation with little planning and preparation, which increases the level of stress and trauma for the child and the potential for the alternative care placement to break down.

Now they again prolonged the implementation of work standards for another two years, and until then we are only putting out fires. It is sad, but it is so. (FG for CSWs in the FBiH)

.... waiting until the last moment and the decision is made at the last moment. Until then, we do not know what was done, whether something was done with the family, the origin of the family from which the child is exempt, whether it is a kinship guardianship or it is biological relatives and we do not know at all what preceded, in order to work on returning to the family through family strengthening projects. However, these things are absent and the decisions are made urgently, when the child's health is already at risk and when a child must be placed without any preparation. (KII with X NGO in the FBiH)

The CSWs reported that consultations and other professional activities have been carried out with almost all families at risk (95.5 per cent) and that most families (73.6 per cent) are included through material benefits (see Figure 22), but also that material benefits are not effective in many cases.

*Social benefits are paid irregularly and child benefits are often very late. If this were not the case, benefits could empower families and help them a lot. (FG for CSWs in the FBiH)*

*Most families at risk are invisible to the social protection Law because the Law does not recognise them. Families that are recognised by the Law receive the support they need. (FG for CSWs in the FBiH)*

Children are nevertheless aware of the financial support that their families receive.

*My mom does not work but she receives some money in the bank. I do not know what exactly, but I know that she gets something. (FG on children at risk in the FBiH)*

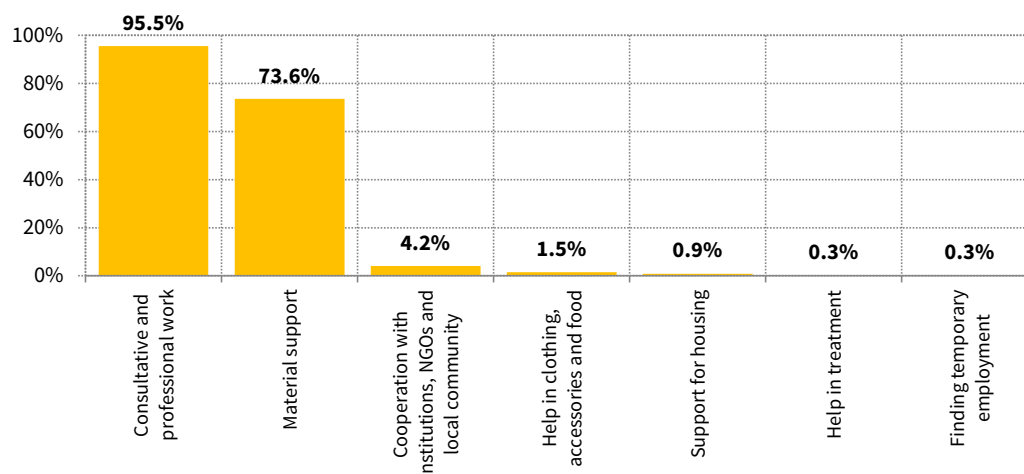
Only a few cases of the CSWs themselves providing other types of support were reported. However, as previously mentioned, it is clear from the interviews and focus group discussions that the CSWs are cooperating with NGOs that provide other types of services. Even if the reach of these services is not comprehensive, families are probably accessing more types of support coordinated with the CSWs than consultative and professional work and material support.

The support provided through the main forms of CSW interventions, counselling and material support, only address part of the risk factors identified by the CSWs. There is clearly a need to ensure that the assessed needs are met by services that can address these needs. Linkages to employment services, health services and housing and other community-based support services are important for ensuring that all family support measures are exhausted prior to resorting to alternative care.

The frequency, continuity and diversity of consulting and professional activities varied considerably among local communities and were dependent primarily on the capacities of each CSW and the range of services available in each canton.

Figure 20.

Types of support that CSWs provide to families at risk of separation (N=337 families)



## Home Visits and Case Reviews for Families at risk of Separation

CSW employees visited families at risk to varying degrees with the number of visits ranging from 0-120 in 2015; the average was seven visits per family during the year. The CSW staff usually conducted the visits themselves, but reported having support in around 33 per cent of cases from specialists from NGOs and to a lesser extent (7.6 per cent) by volunteers or other professions from the police, health or education services. The number of visits depends on the assessment made by the CSW employees of the situation in each family and the need for support.

Almost half of the CSWs (44.7 per cent) reported reviews of cases of prevention of separation taking place regularly, ranging from monthly to once a year. Data on

the results of preventive work with these families was limited and therefore it was not possible to analyse how the situation changed for the families after the interventions, how many became stable, how much time was required for this progress or which combination of actions had the most effect. Further data is also required in order to determine the percentage of failure. For example, the number of children removed from families and any other measures that were or were not taken in these cases.

## Work on Reintegration after Reparation: building Capacities for the Return of Children

Most CSWs (77.8 per cent) reported conducting activities aimed at strengthening the capacities of families deprived of caring for their children, with the focus on family reintegration. The CSWs reported that they either conducted counselling or referred families to counselling (95.9 per cent), provided support in the form of financial and material assistance (93.9 per cent) and promoted the establishment and maintaining of contact between the children and their biological families (85.7 per cent). The CSWs stated (71.4 per cent) that, depending on the type of factors that had led to the separation, they make referrals to health services such as the family doctor and mental health centres, while 77.6 per cent stated that they also imposed different measures to encourage the reintegration of families. However, the survey data on children without parental care indicates that only 67 children (6.6 per cent of children) placed in the system of alternative care had returned to their biological families in the previous two and a half years. This suggests that activities aimed at strengthening the capacities of biological families to enable the reintegration of their children are only having a limited effect. Focus group discussion participants and key informants also reflected on the difficulty of reintegration work.

*We often take in only one child, the eldest one, and the two younger children stay with the family in the hope that the family situation will improve, but after a while the other children also get sent to us. (FG for CSWs, child care institutions representative, in the FBiH)*

*It is very uncommon for children to be reintegrated into their families. Sometimes mothers ask to be given back their children, but they are usually not in a position to care for them. (FG for CSWs in the FBiH)*

As with the prevention work, some CSWs mentioned collaboration with NGOs on intensive work that leads to successful reintegration.

### KEY FINDING 6.

**The effectiveness of the prevention work was not known and therefore better monitoring and evaluation is required.**

Better targeting and more effective prevention and family support could mean that fewer children need to enter alternative care in the first place. Yet insufficient data was available to assess the effectiveness of the prevention work and support services that 95 per cent of the CSWs reported, sometimes together with NGOs.

**The family support services most commonly provided by the CSWs were inclusion in material support programmes and the provision of consultative and professional work; NGOs in the FBiH also deliver a range of these services.**

These forms of support only partially meet the identified needs of families reported by the CSWs and by the families themselves. They include unemployment, poverty and parent health problems as well as parental behaviour, family violence and the neglect and abuse of children.

The CSWs in the FBiH appeared to be collaborating with NGOs to deliver a range of other services that may be going further toward meeting some of these needs than only those services provided by the CSWs. The CSWs had conducted joint home visits with NGOs in around a third of cases.

*In cooperation with X and Y NGOs, we managed to reintegrate some of the children who were placed in institutional care with their biological families. Of course, before that we worked with the biological families and with the children to prepare them for reunification. (KII with a cantonal ministry in the FBiH)*

*We had some very good experiences with Y NGO and with foster mothers in general. We managed to quickly reintegrate two babies who had been placed in the Children's Home in location X with their biological mothers. We worked intensely with the families and with the mothers. We offered them counselling, but also financial assistance. We managed to find a job for one of the mothers and to fix her bathroom, because we did not want to return the baby before living conditions with its mother were suitable. (FG for CSWs in the FBiH)*

One NGO, however, highlighted the need for sustained support after children return to their families as well as good preparation for their reintegration. An individualised approach is needed to ensure that each child's best interests are central to any decision-making.

*It is usually the best for a child to reintegrate with its biological family. But not always. We once returned a boy to his mother .... A few years later we received a call from the CSW, they did not know what to do with that child. His mother remarried again and moved to another city leaving him on the street. In some cases, when you force family reintegration, when you fail to prepare a family for it and when you do not support the family continuously... That is what we are lacking, good preparation and continued support, it is absent in the law as well. (KII with X NGO in the FBiH)*

Yet the level of contact<sup>67</sup> between children in alternative care and their families seemed quite high with a quarter (29 per cent) to two-thirds (68 per cent) of children maintaining contact with their birth parents and relatives. Therefore, it appears that this aspect of the work being carried out by the CSWs may be having more effect.

### 9.3. Suitability Principle: Alternative Care provision

This chapter reports on the results from the survey of the CSWs and institutions for children without parental care concerning the system for the provision of alternative care in the FBiH and its effectiveness in ensuring that the alternative care provided meets the needs of the children.

#### KEY FINDING 7.

**Once separated, many children receive support in maintaining contact with their parents, if they have them, but few return home.**

A quarter of children (29 per cent) without parental care in non-kinship foster care and two-thirds (68 per cent) in institutional care were reported to be in contact with their birth parents and relatives.

Most CSWs reported that they carry out work aimed at reintegration, including counselling, the provision of financial and material support, promotion of contact with the child in alternative care and support in accessing health services if needed. Yet it does not seem to have had a significant impact on the return of children to their families. As with prevention, NGOs also collaborate with CSWs on reintegration and with some reported success.

After being accommodated in alternative care 6.6 per cent of children had returned to their families in the previous two and a half years.

## Characteristics of the Alternative Care System

### Individual Protection Plans

The CSWs reported that just over half (58.5 per cent) of the children without parental care had an individual child protection plan.

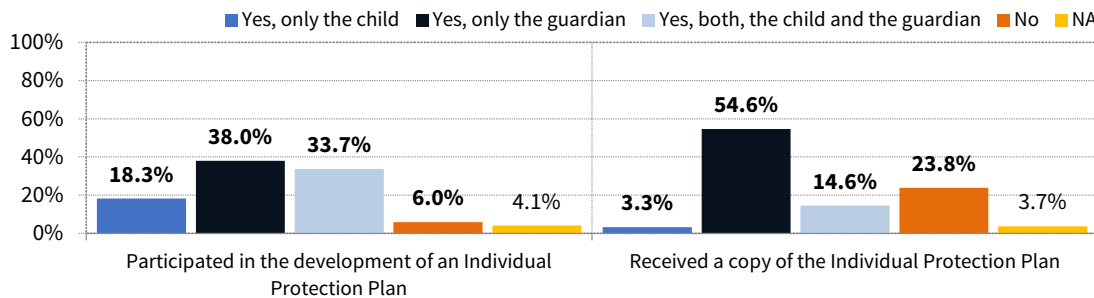
Almost all of the CSWs that had developed individual child protection plans stated that these included objectives, deadlines for their implementation and for regular reviews, planned activities, expected results and the individuals responsible for implementing the activities as well as the roles and responsibilities of all relevant stakeholders in the child's life. The CSWs acknowledged that, in practice, the objectives often lack specifics and activities, and that implementation arrangements were not defined precisely enough.<sup>68</sup>

<sup>67</sup> See section 9.3 for more detailed information on contact between the family and children in different types of alternative care.

<sup>68</sup> For example, the objectives for all children for which there were developed plans were, "To provide physical and mental development, upbringing and education, contact with parents, guardians and relatives, and cultural needs." The same persons (e.g. a social worker, an expert team, a guardian), as holders of activities, were listed for all children.

Figure 21.

Participation of children and guardians in the development of an individual protection plan and receiving a copy of the plan (N<sub>1</sub>=487, N<sub>2</sub>=487)



As illustrated in Figure 21, 52 per cent of children who did have an individual protection plan were involved in the development of the plan, usually together with their guardian, but only 17.9 per cent received a copy of the plan itself. Guardians were more involved in planning and tended to have a copy of the plan.

The rate of participation in developing the plan did not increase significantly with the age of the child after six years of age. As many six to ten year olds as ten to eighteen year olds were reported to have taken part, while their guardians were reported to have participated in developing the plan.

Children with developmental difficulties were slightly less likely to have an individual plan than typically developing children (54.7 per cent compared to 58.9 per cent) and they and their guardians were less likely to participate in the development of the plan.

## Guardianship

The CSWs reported in June 2016 that two-thirds (67.6 per cent) of children in the system of alternative care were placed under guardianship. Older children, over eighteen years of age, still in the system of alternative care were less likely to be under guardianship than those without parental care under the age of eighteen years (38.5 per cent compared to 72 per cent).

More than half of children without parental care under guardianship were under direct guardianship (55.3 per cent), where the guardian body is directly responsible for decision-making about the child, while 40.8 per cent were under indirect guardianship, where some decision-making responsibilities are delegated to the director of the institution or to the foster carer.

## Decisions about which type of Care each Child will enter and Movement between Placements

The same CSW team that makes decisions on whether it is necessary for a child to be separated from its biological family and takes decisions about guardianship also takes the decision regarding the type of care into which a child will be placed. This decision had been reviewed 'once or twice' for 53.9 per cent of children without parental care and 'three to five' times for a further 29.5 per cent.

Cantonal ministries stated that monitoring the status of a child placed in the system of alternative care represents one of the weakest points in the work of the CSWs. The ministries reported on the ways they try to ensure continuous monitoring of the child and more frequent and regular revisions of placements into care.

*I am not satisfied with how the monitoring process functions. On the one hand, I find some justification for the CSW, on the other, I do not. ... Now, with our amendments to the Law, we passed the kind of change where they must have monitoring and supervision, and revision. As an inspector, I have even instructed institutions that they must have individual plans for each child, that I want to see how many times its guardian came around and how many CSWs actually monitored what is going on with the child. (KII with a cantonal ministry in the FBiH)*

*We have reduced the period of consent to require monitoring. Sometimes we give consent for a month, three or six. So in that way we do monitoring incentive, so that all of us in some way participate and to see whether a particular form of protection is still required. So for two years now we have been shortening this consent period and we demand new documents, new anamnesis. (KII with a cantonal ministry in the FBiH)*



Yet given that children very rarely return to their families from alternative care, increasing the frequency of reviews may not have the desired impact. Improved assessment and individual planning along with strengthened measures of prevention and then reintegration would make case reviews more meaningful and could result in greater movement out of care and back to families.

The CSWs reported that 43.2 per cent of children aged six to ten years and 69.9 per cent of children older than ten years of age were asked for their opinion about the most suitable form of accommodation. Younger children were asked for their opinion on this issue less frequently.<sup>69</sup>

As illustrated below in Figure 22a, when being placed in the system of alternative care for the first time, 61 per cent of children without parental care were placed in institutional care (compared to 49.4 per cent for BiH) and in around a quarter of cases (24.1 per cent compared to 36.2 per cent for BiH) they were placed in kinship foster care. First placements into non-kinship foster care occurred in 7.6 per cent of cases (compared to 9.2 per cent for BiH).

Babies are equally likely as older children to be placed in institutions, even though this form of care cannot meet their developmental needs.

*When it comes to a baby, the centres first decide on the institution. Although we have foster families, they are still not sure they have the conditions to place the baby in a foster family. (KII with a cantonal ministry in the FBiH)*

Changes to this practice of first placing children in institutional care were mentioned in the interviews.

*X NGO project, within which the CSWs were provided with education, was valuable to us. After that, the centres accepted it a little more seriously: not to go mechanically and immediately to accommodation in those big homes for children but more in families and small family homes. That made it easier for us. It is a better and more humane approach to children and it is cheaper to us to extract that from the budget. (KII with a cantonal ministry in the FBiH)*

Children with disabilities without parental care were significantly more likely to be placed in institutions (79.3 per cent) compared to typically developing children (57.3 per cent) and five times less likely to be placed with relatives in kinship foster care (5.3 per cent compared to 28 per cent for typically developing children). Interestingly, it was slightly more likely that children with developmental difficulties would enter into non-kinship

foster care as their first placement than other children (see Figure 24b).

The type of a child's first accommodation did not have any significant correlation to gender, national affiliation or place of origin. The decision on the type of accommodation is supposed to be based on the best interests of the child. In some cantons, a gatekeeping mechanism ensures that only the ministry can approve placement into a different type of care.

*There are instructions for obtaining the approval; what needs to be examined, what should be collected, how to act, especially when it comes to children. We often provided it more as a reminder that priority is given to the family. We call that 'instructions for accommodation in institutions'. (KII with a cantonal ministry in the FBiH)*

*X is the only canton in which the decision that states that a child should be placed in an institution needs to be submitted to the Ministry and the organisation of foster parents of Y Canton in order to get their confirmation that there are no appropriate foster parents. (KII with Y NGO in the FBiH)*

Some CSWs stated that although their decisions on first placement were taken in the best interests of the child funding considerations meant that the ministry did not ratify their decisions.

*Someone is sitting at the Ministry and says, 'This price per child is 180 KM in the case of the institutional centre, in the children's home it is that much and in the city it is that much.' And now when you refer a child to [a family type home] and ask for the approval from the Ministry they will not give their consent, because it is more expensive to them and then they tell you to look for something else. And now you're wasting your time again, while the child is still in that family at risk. (FGD for CSW in the FBiH)*

When the reasons for accommodation were analysed together with the type of first placement it revealed certain patterns. If the death of a parent was one of the reasons for accommodation, especially if this was the only reason for accommodation, the child was most

<sup>69</sup> Generally, as the age of the children increased so did the percentage of children consulted about the preferable type of accommodation. This ranged from 43.2% of children aged 6 to 10 and 67.8% aged 10 to 14 to 73.8% of children aged 14 to 18.

<sup>70</sup> There was significant correlation between the number of reasons for and the type of accommodation. Children were more likely to be placed in kinship foster care in cases of only one reason for removal, while a combination of reasons was more often associated with institution and non-kinship foster care placements. However, it is possible that the CSWs were less diligent in recording the reasons for accommodation in kinship foster care and that in these cases only the main reason was recorded.

Figure 22a.

A Child's first placement in alternative care (N=833)

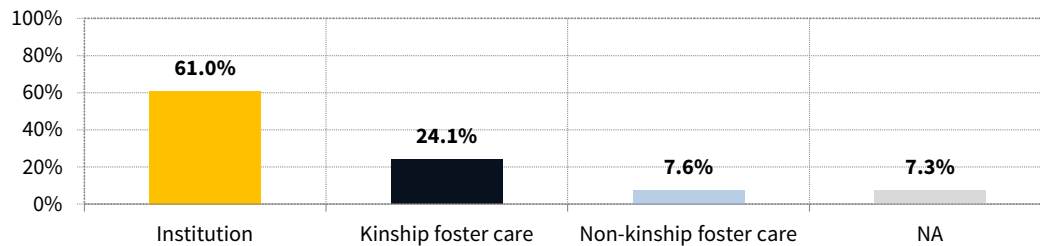
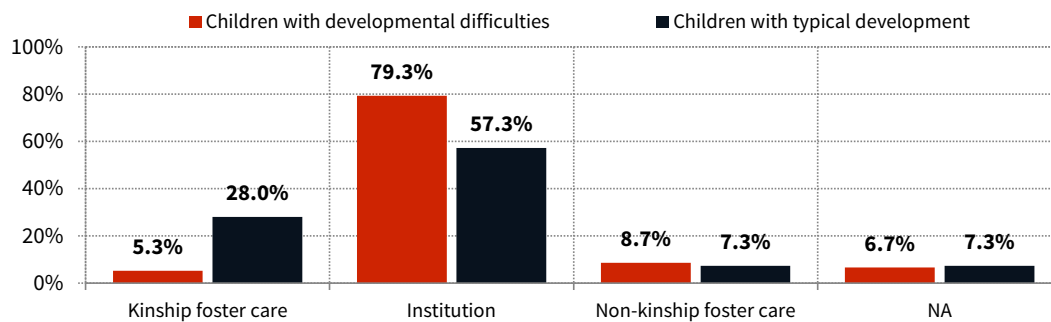


Figure 22b.

First placements for children without parental care with developmental difficulties and for those with typical development (N<sub>1</sub>=150, N<sub>2</sub>=667)

often placed in kinship foster care (54.2 per cent), less frequently in non-kinship foster care (22.2 per cent) and least frequently in an institution (9.3 per cent).<sup>70</sup> If the reasons related to concerns over neglect and child abuse then significantly more often children were placed in an institution (48.6 per cent) or non-kinship foster care (34.9 per cent) than in kinship foster care (16.4 per cent). If the reason related to the decision of parents to entrust their child temporarily to the care of another person or institution then the child was more often placed in an institution (28 per cent) than into kinship foster care (16.9 per cent). This was also the case with children for whom the unsettled financial situation of the family was the main reason (21.7 per cent compared to 3 per cent).

Children who were asked to provide an opinion on the most adequate accommodation were significantly more often placed in kinship foster care than those who were not consulted about this question. Children who were not consulted were significantly more often placed in institutional care than those who were consulted. This was also associated with their age: younger children were less likely to be consulted and were usually placed in institutions. According to the CSWs, children with

disabilities were consulted equally often as other children; however, they were more likely to be placed in an institution. This raises questions about the nature of consultation with children with disabilities, especially those with intellectual disabilities and those being placed by their parents for 'reasons of health'. Although consulted on paper, in reality they have little choice as institutional care is seen as the main or only option open to them.

### Placement Reviews and Movement to other Placements

The CSWs reported that placement reviews had been conducted for over two-thirds (70.9 per cent) of children without parental care (compared to 64.5 per cent for BiH). The CSWs conduct placement reviews 'as needed' if new facts arise that could affect the original decision (28.6 per cent) or periodically once or twice a year (31.7 per cent). Only 7.9 per cent of the CSWs reported that reviews are undertaken more frequently, while a third of the CSWs (31.7 per cent) did not provide an answer to this question. Children placed in kinship foster care or in institutions had less reviews conducted than children



Figure 23a.

Placement reviews (N=833)

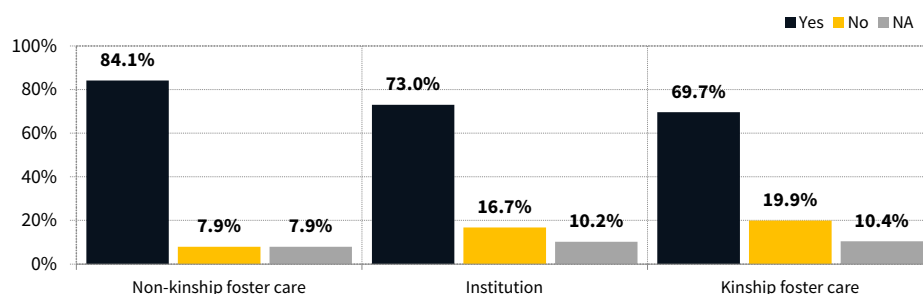
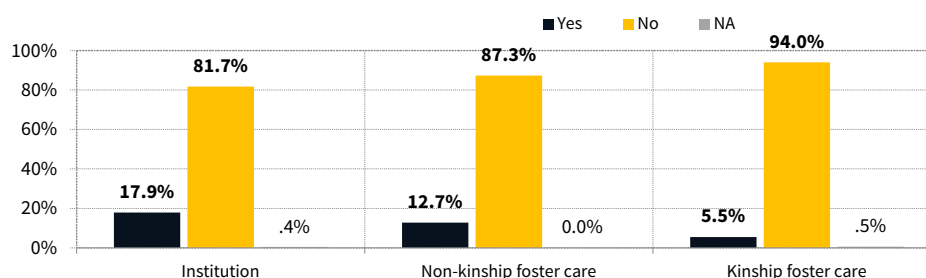


Figure 23b.

Placement changes (N=833)



placed in non-kinship foster care (see Figure 23a).

Reviews were conducted more frequently for children with developmental difficulties (77.3 per cent) than for children with typical development (69 per cent). Yet, as Figure 23b illustrates, for the most part these reviews failed to lead to a change in placement: only a tenth (13.3 per cent) of children were reported to have changed their placement after their first accommodation (16.7 per cent of children with developmental difficulties).

Yet when the placement of children without parental care changes the type of placement usually does not. Children in kinship foster care and in institutions in particular were most likely to move to another relative or to another institution but remain in the same type of care.

The CSWs reported less movement between different non-kinship foster care placements. Nevertheless, some children were reported to have moved between different types of care and for the most part these were

moves from non-kinship foster care to institutions or, to a slightly lesser extent, from institutions to non-kinship foster care. Moves to kinship foster care were also recorded both from non-kinship foster care and from institutions.

Overall, these transfers between different types of placements represent movement within the system of alternative care as a whole; however, they did not affect the overall pattern of numbers of children in each type of care.

As of 30 June 2016, 61.2 per cent of children without parental care were in institutional care (48.5 per cent in BiH), 23 per cent were in kinship foster care (35.5 per cent in BiH) and 7.5 per cent were in non-kinship foster care (9.8 per cent in BiH).

#### KEY FINDING 8.

**Kinship care is an important resource for children in need of alternative care, but is not used as much as in BiH as a whole, except for children whose parents have died.**

Only a quarter of children without parental care were in kinship care (compared to a third for BiH), 54.2 per cent of children who had lost their parents first went into kinship care and were likely to remain there.

Children with disabilities were significantly less likely to be placed in kinship care and more likely to be placed in institutional care compared to typically developing children.

Of the children surveyed, 61 per cent experienced institutional care as their first placement (79.6 per cent of children with disabilities). Placement reviews were conducted by most CSWs, but for the most part (83.1 per cent) they failed to result in changes to the initial placements.

## Siblings

Half of the children who were placed in the system of alternative care (51.4 per cent) had brothers and sisters who were under eighteen years of age. If these siblings were also in the system of alternative care, (70.8 per cent) they were usually in the same type of care (see Figure 24a). Yet 13.3 per cent of children without parental care in the system of alternative care had siblings who were placed in other forms of alternative care or had been adopted (2.3 per cent), while more than a fifth of the children without parental care had brothers and sisters who had remained with their parents (17.3 per cent) or been placed with other relatives (2.8 per cent).

Children in non-kinship foster care most often had siblings in other types of placements, as illustrated below in Figure 24b, but 10.8 per cent of children in institutional care were reported to have a sibling in another institution and 20 per cent had a sibling who had stayed with their parents. Half (58.3 per cent) of the children in non-kinship foster care were placed together with their underage siblings. When it came to kinship foster care and institutions, the percentage of children with siblings in other types of care was significantly lower: about a third of children accommodated in these forms of care had siblings in other care settings.

Figure 24a.

Accommodation of underage brothers and sisters: possibility of multiple responses (N=428)

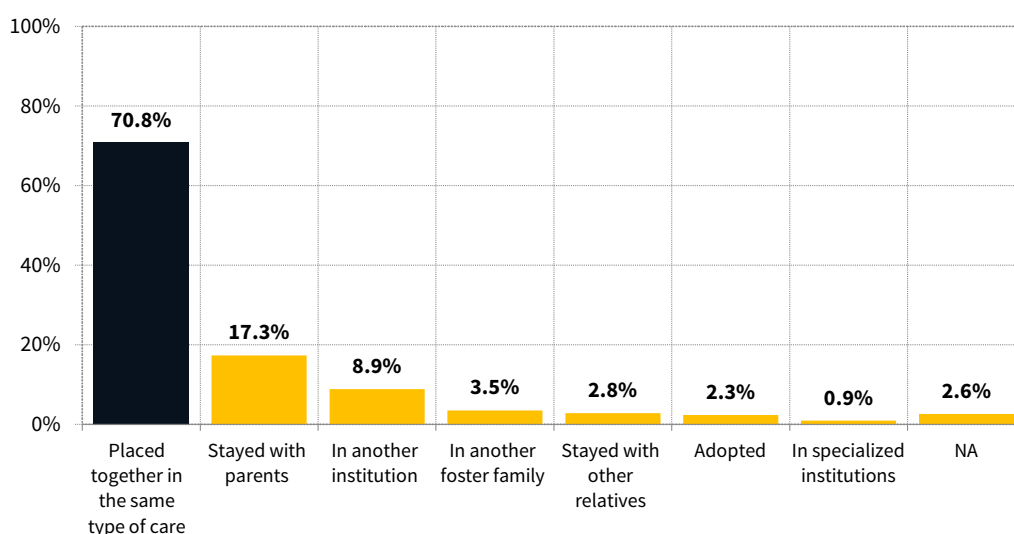


Figure 24b.

Form of care in which underage brothers and sisters are accommodated: possibility of multiple responses (N=428)

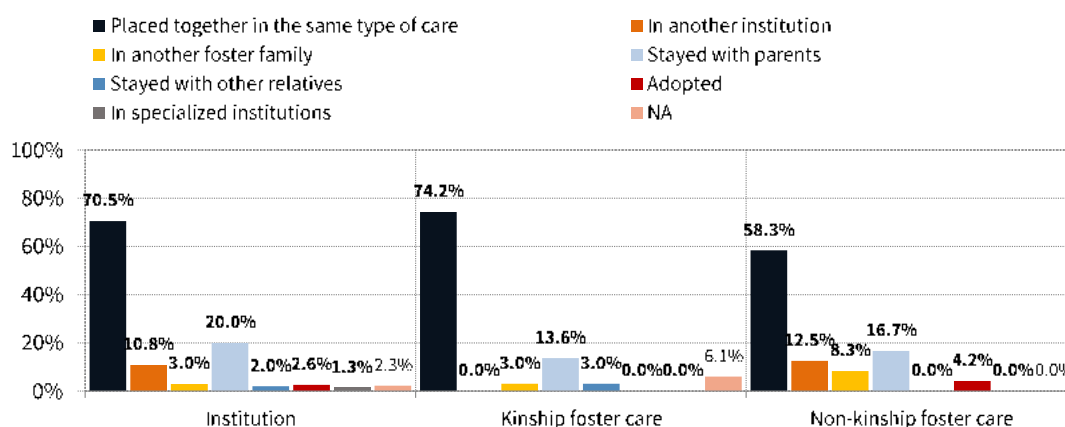
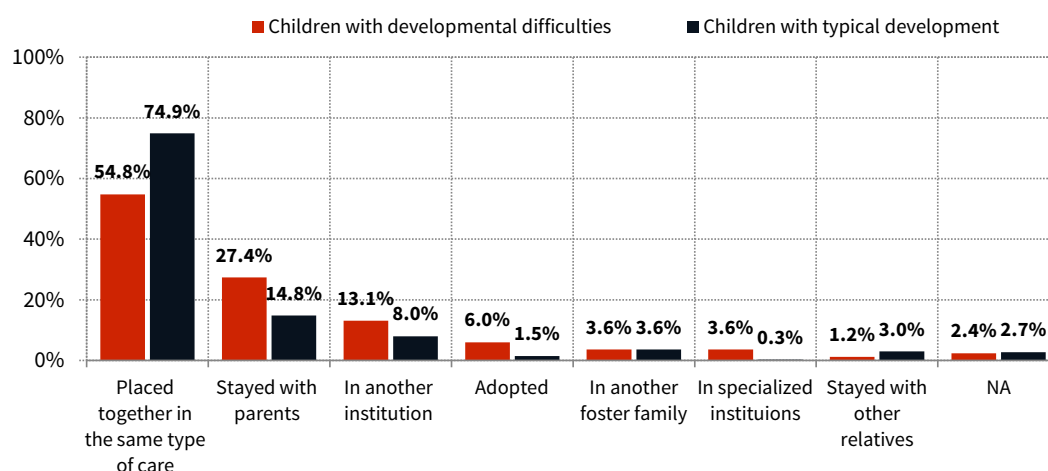


Figure 24c.

Form of care in which underage brothers and sisters of children without parental care with different types of development are accommodated (N<sub>1</sub>=84, N<sub>2</sub>=338)

Children with developmental difficulties without parental care were significantly less likely to be placed together with their siblings, as illustrated in Figure 24c. The chances of these children having brothers and sisters under adoption were a significantly higher. They were also slightly more likely to have siblings who had remained in the care of their parents, compared to children with typical development.

### Contact with the Birth Family and other Relatives

Children placed in non-kinship foster care were far less likely to maintain some form of contact with their relatives than children placed in institutions were (29 per cent compared to 68 per cent). According to the assessments of the CSW employees, there were no significant differences in the frequency of contact; however, it was very difficult to determine the amount of contact given the different practices in keeping these records.<sup>71</sup>

*Our children have at least one parent for whom we know and they constantly maintain relations with them. For example, I do not know the schedules of*

<sup>71</sup> Due to inconsistencies in records keeping, caution should be used when interpreting this data. The data reported by the CSWs on the amount of contact during 2015, for example, suggests that some children accommodated in non-kinship foster care and in institutions did not have any contact with members of their biological family or that the amount of contact was insufficient (one, two or three contacts) during the year. Other children were reported as maintaining contact with relatives, but significantly lower rates of maintaining contact were reported.

*other homes, but we drive them to winter or summer break or we drive them home and come back to pick them up. (FG for CSWs in the FBiH, child care institution's representative)*

Contact was maintained significantly more often with parents (if a child had parents) than with other family members, usually with the mother (52.1 per cent) but also with the father (38.7 per cent). Contact with adult siblings (11.6 per cent brothers and 13 per cent sisters) and grandmothers (12.8 per cent) were reported but to a lesser extent.

Staff from the institutions and the CSW as well as the children themselves reported that they experienced difficulty arranging and supporting contact. This suggests that supervision, procedures and therapeutic support for children and parents in arranging and maintaining contact is in need of strengthening.

*We encourage contact with biological parents, but there are cases where it is prohibited. A child comes to you officially, with some anamnesis and it was said 'between us', 'It would be for the best not to see the parents.' (FG for CSWs in the FBiH, child care institution's representative)*

*We even have an injunction, but there is no chance, he comes around non-stop. And we forbade him, the court forbade him, but there is no way. He makes a real mess up there and then they let him see the child for ten minutes and it is over. (FG for CSWs in the FBiH)*

*I had a fight with my dad and my mother comes sometimes when she can. It bothers me when my dad comes. (FG on children from institutions in the FBiH)*

*My dad lives in X and he is not able to come, he has some problems. I don't know which problems, health problems, but I have a grandmother here at T and I go to her weekly. (FG on children from institutions in the FBiH)*

## Funding issues

Payment for care is provided in part through child allowance or other benefits accruing to the child (or contributions for care paid by the child's parents or other relatives) and in part by the municipality of origin that sent the child into an alternative care placement. However, the CSWs, foster carers and institution directors reported that there were various practices for counting the child's income as part of the payment for care. They stated that delays in the transfer of payments intended for the provision of care were considerable. Just under

### See KEY FINDING 7.

**Once separated, many children receive support in maintaining contact with their parents, if they have them, but few return home.**

A quarter of children (29 per cent) without parental care in non-kinship foster care and two-thirds (68 per cent) in institutional care were reported to be in contact with their birth parents and relatives. Staff of child care institutions and the CSWs as well as the children themselves reported difficulty in organising and supporting contact.

### KEY FINDING 9.

**Siblings were placed largely together in the same type of care, although this was less likely for children with disabilities and children in non-kinship foster care.**

**Over a fifth of children without parental care had siblings who were still in the care of their parents or relatives.**

70.8 per cent of siblings were placed together in the same form of care.

Of the children without parental care with developmental difficulties surveyed, 27.4 per cent had siblings still in the care of their parents. There is a need to ensure stronger support to families so that they are better able to care for their children with disabilities, together with their siblings, in the community.

14.8 per cent of children with typical development had siblings still in the care of their parents. If these children were deprived of parental care for economic reasons or reasons of parental neglect and abuse it raises the question of how why their parents are able to care for some of their children but not others.

There may be a need to review the arrangements for the payment of care and bring them into full alignment with the UN Guidelines for the Alternative Care of Children.

half of the CSWs stated that the payments for all types of alternative care were regular.

*I always say, do not take those children for selfish reasons. You won't earn much money from that. Not many families are willing to do this, because the payment is small and irregular. In the past ten months, I have not got any compensation for the two brothers we care for. Nothing! (KII with foster carers in the FBiH)*

The UN Guidelines for the Alternative Care of Children recommend funding mechanisms that 'follow the child', but support may be needed if they are to be implemented uniformly in practice and care should be taken not to jeopardise the quality of care while these mechanisms are introduced and fine-tuned.

## Length of Stay in Alternative Care

On 30 June 2016, the CSWs reported that 704 children were in the system of alternative care. On average, they had been in the system of care for six years ranging from one day to twenty-four years. This average includes six young adults who had been in the care system for more than eighteen years and 103 other young adults aged eighteen years or above.

Children with developmental difficulties had a longer average length of stay at seven years than all other children without parental care at six years. The age of children at the time of their placement is significantly associated with the length of stay: Children who entered the system of alternative care at the age of 0 to 6 years remained in the system significantly longer compared to other children. The average length of stay decreased as the age of the children at the time of accommodation

in the system of alternative care increased.<sup>72</sup> Children without parental care from the national minorities were likely to stay for shorter periods (4.07 years) compared to children from the constituent peoples (5.93 years). The CSWs and institution staff reported that children from the national minorities ran away more often than other children. However, this difference could also be associated with the age of the children from the national minorities at their point of entry into the alternative care system as well as with other factors.

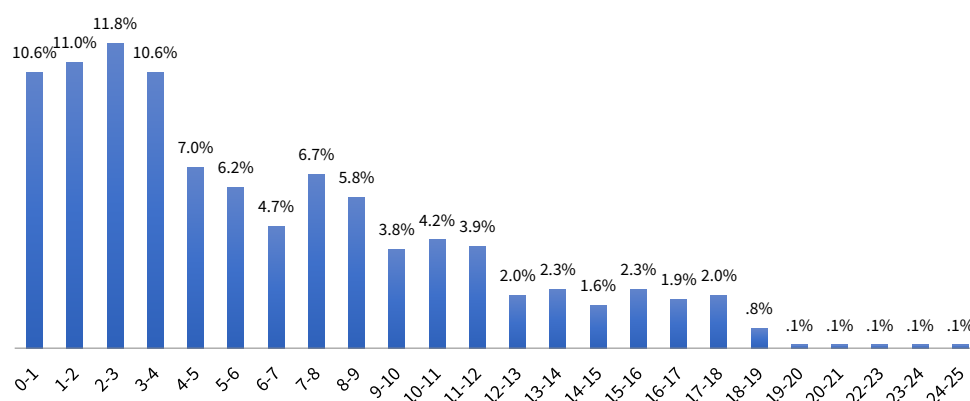
Children whose first placement was in kinship foster care tended to have a shorter length of stay in the system of alternative care compared to those placed in an institution. Children in kinship care tended to be children who had lost both parents, while children in institutional care tended to be those who have disabilities.

*The analysis we conducted showed that children stay in an institution for a long period of time. Some have spent their lifetime in it. I cannot specifically say for these children, but, on average, the analysis says so too, the children stayed in the institution for a long time. When I say long, long is 5 and 10 and 15 years. So when you place children in an institution, there is a tendency to forget about them and you don't look for other forms of protection anymore. (KII with a cantonal ministry in the FBiH)*

*We have been here since we were little and we grew up here [and got used to it]... This is also our house, we just don't have parents. (FG on children from institutions in the FBiH)*

Figure 25.

Length of stay (N=789)



#### KEY FINDING 10.

**There is an overreliance on long stays in institutional care, averaging 6.4 years, especially for children who enter the system young (7 to 8 years stay on average) and for children with disabilities who stay 7 years on average.<sup>73</sup>**

96 per cent of babies and infants without parental care were in institutional care and were likely to remain there for long periods. This could be causing significant constraints to their growth and development.

**Significantly more children without parental care in the FBiH were in institutional care than in BiH as a whole (61.2 per cent of children without parental care compared to 48.5 per cent in BiH).**

<sup>72</sup> 0-3 years: M=8 years; 3-6 years: M=7.5 years; 6-10 years: M=6.1 years; 10-14 years: M=3.7 years; 14-18 years: M=2.3 years.

<sup>73</sup> These averages include young people aged 18 years and above.

## Capacities of the Alternative Care Services

This section of the report examines the capacities of different types of alternative care to meet the demand for the care of children without parental care. The questions of the quality of care, system management and staff capacities are considered.

### Kinship and non-Kinship Foster Care

The CSWs reported 148 foster families in 28 municipalities of the FBiH. Over one-third (52 families or 35.1 per cent of all reported foster families in the FBiH) were from one municipality. Six municipalities had six toten foster carers each and the remaining twenty-one municipalities each had five or fewer foster families.

As illustrated below in Figure 26, the active foster families had more kinship than non-kinship families.

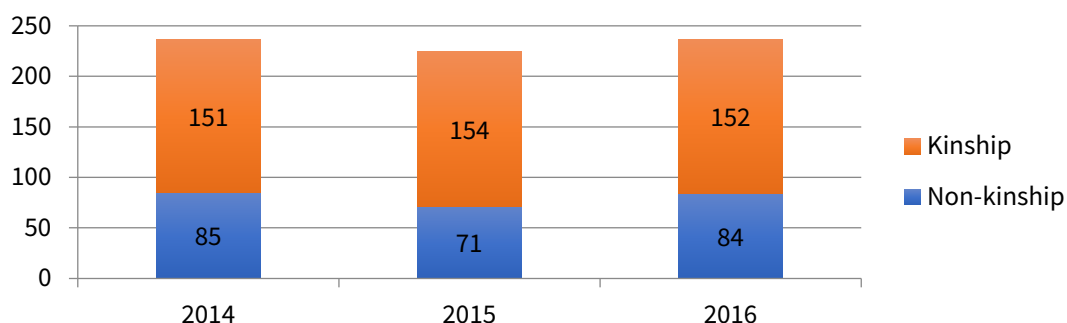
The CSWs in the FBiH emphasised in interviews and focus group discussions that there were not enough trained foster families to meet the demand.

The CSWs emphasised in particular that the pool of foster families available for non-kinship care is very limited and in some areas there are no potential foster families coming forward. Therefore, further promotion of foster care is needed in order to raise awareness and understanding among potential foster carers.

*Our problem is that we cannot find foster families. Each year we run a promotion campaign, but after two years of promotion efforts we were contacted by only*

Figure 26.

Representation of kinship and non-kinship families in 2014, 2015 and 2016, (N<sub>1</sub>=236, N<sub>2</sub>=225, N<sub>3</sub>=236)



three families from Herzegovina who were interested to provide foster care to children. (FG for CSWs in the FBiH)

*We recognise fostering as a solution for children in care, but in practice it comes in the form of a one-time-only event brought about by war. Because grandparents, aunts and uncles had accepted children from their family into their homes, thus winning the right to some compensation and becoming recognised as foster carers. However, after those children grow up these families are no longer interested to provide foster care. So their experience is lost to us and we are forced to find new foster carers, to train them, push them through the system and help them gain experience. There are only a few professional and semi-professional foster families that accept a new child once the previous one exits their care. (FG for CSWs in the FBiH)*

## Characteristics of Foster Families

Foster families are significantly more likely to be urban dwellers (66.2 per cent) than to live in rural areas (33.8 per cent); this is partly because of the large number living in a single town. They had an average of three family members<sup>74</sup> and less than half (46 per cent) had at least one child of their own.<sup>75</sup>

Less than half of the families (41.2 per cent) were currently caring for children without parental care at the time of the survey. Most children had come to these families directly from their biological families (43.6 per cent) and less often from other kinship foster care placements (29.1 per cent) or institutional placements (9.1 per cent).

For the majority of the active foster families (85.2 per cent) this was their first experience of caring for a child without parental care, while inactive foster families had not had previous experience of providing foster care to a similar extent (86.2 per cent). More than half of the foster families (58.8 per cent) reported by the CSWs were registered for foster care, but had not yet had children placed.

The CSWs reported an average of 229 children in foster family placements each year over the previous two and half years (237 in 2014, 228 in 2015 and 222 in 2016). Two-thirds of these were consistent kinship foster care placements. Almost two-thirds of currently active foster families cared for one child without parental care (62.5 per cent) and just over a third (37.5 per cent) cared for two children. There were no foster families caring for more than two children in the FBiH.

## Training of Foster Families

Each year over the previous two and a half years thirty foster families had been trained (27 in the first half of 2016). The families completed from one to fifteen workshops, but three training sessions were conducted on average in each CSW that conducted such training.

Most of the CSWs did not provide data on whether the families currently accommodating children had received training or not.

Slightly more data was provided about the training of potential foster families not currently caring for children. The CSWs reported that 72.4 per cent of potential foster families who currently do not accommodate any children had been trained and this represents a resource that is not being utilised. Foster parents that participated in the focus group discussions believed that this 'under utilisation of resources' was a consequence of the CSWs avoiding placing children in foster care (especially non-kinship) families. The CSWs stated that the current lack of regulation does not give them confidence in placing children into foster care.

*When the government regulates it by law in a systemic way and once I know that I have reliable and trained families I will use them. Because, you know, you cannot use just any foster family. There is a family in my municipality that is willing to provide foster care, but I would not trust them with my child. (FG for CSWs in the FBiH)*

The CSWs stated that these families, despite having completed the training, were unprepared to receive children for accommodation.

*They apply, but you can see that even after you train them they will not be capable of handling such a big responsibility. ...and they are mistrustful of the institutions that they will need to cooperate with almost on a daily basis. (FG for CSWs in the FBiH)*

The focus group discussions inferred that the CSWs lack confidence in foster care and in the foster carers themselves and that the issue was not whether foster families have been trained or not but the whole system of standards. They believed that systems need to be in place for foster care to become a service in which the CSWs can have confidence and where carers are adequately prepared and supported, both financially and professionally, to provide effective care services.

<sup>74</sup> M=2,88; SD=1,31; Min=1; Max=6; N=94.

<sup>75</sup> 16% of foster families had a child of their own, 25% had two children, 4% had three and 1% had five children.



*I do not like it [foster care]. Only when there is no other alternative, when nobody else is willing to take the child, you should choose to place the child in a foster family. (FG for CSWs in the FBiH)*

## **CSW and Foster Carer perceptions of the Capacity to provide Foster Care Services**

The CSWs frequently cited the lack of capacity for adequate supervision of foster families and the provision of continuous support as reasons for their reservation about placing children in this type of care, especially non-kinship foster care.

*The only way in which we can supervise the foster families is if we regularly visit them. (FG for CSWs in the FBiH)*

*I do not trust foster families. I do not think that they are the right choice for children. Not necessarily because I think that they are incompetent, but because we do not have a system in place to support and supervise them, to protect the child and ensure that its needs will be met. I hate it when people talk about foster families. How can I give a newborn baby to a woman who would not know what to do with it? You see. I don't know. What can I do? I can go visit her maybe once in a month or once every fifteen days, but I can't control if the child gets the necessary medical attention, if she is measuring the child's body temperature and so on. ... We are moving in that direction and there is a clear preference for foster care, but I am personally uneasy when I have to leave a child in a foster family. (FG for CSWs in the FBiH)*

The CSWs and other stakeholders stated that placement into institutional care relieves the CSWs of the responsibility for monitoring and safeguarding in a way that foster care placements do not and therefore they do not use them as much.

*Although we did a lot to develop foster care and other alternative forms of care in our canton, it is still hard for us at the centre to not feel the most confident when we place a child in an institution. It is almost like handing over a share of responsibility to the institution. Maybe we feel this way because of their capacities, because when you place a child in a family it requires more supervision and foster families are likely to need more help from us. We have different opinions about what is the safest option. (KII with a cantonal ministry in the FBiH)*

*Why are there so many children in institutional care? Because it is easiest to place a child in an institution and let somebody else take care of it. Even if the child runs away, you'll get a call from the institution and*

*react. But you do not need to monitor the child's development, growth or mental state. (KII with a cantonal ministry in the FBiH)*

*It is the best for them to place a child in an institution because then they no longer have to worry about it, not at all. They can focus on other things they do, they are legal custodians but do you think that they ever go to visit that child? They never do. (KII with foster carers in the FBiH)*

However, the CSWs reported that they visited or supervised the vast majority (83.8 per cent) of active foster families from once to forty-eight times in the first six months of 2016. Yet families were most often visited 'when necessary' or 'when possible', rather than on a systematic or regular basis.

*As far as visits are concern, we don't always manage to visit them. But we talk to them on the phone. If anything happens, if there are any problems, we get in touch with them. (FG for CSWs in the FBiH)*

*It depends on how much time we have. ...sometimes, if there is a problem, if for example a child refuses to go to school or something like that. (FG for CSWs in the FBiH)*

Some foster carers confirmed the importance of regular contact with their social worker from the CSW.

*I would not be able to do it without the help from the centre. When I need something I ask my social worker for help. But it is important to point out that you must be trained for this kind of work, these children are difficult. (Foster family interview in the FBiH)*

A few CSWs reported continuous communication with foster families and the use of case management approaches that facilitate links to other agencies such as the Association of Foster Parents, which holds regular gatherings of foster families.

Foster carers mentioned specific issues that create additional challenges in providing care to children without parental care and where the CSWs could do more to provide support.

Delays in transferring health records to the child's new place of residence means it can be difficult for foster carers to find out even basic information about their foster child's health. For example, whether they have had certain vaccinations to ensure that they are receiving all the necessary health services.

The CSWs reported that they provided most foster carers (73.5 per cent) with some form of counselling or referred them to other services for counselling as required.

## The Understanding of Foster Care in Society

Foster carers reported that they had experienced negative perceptions of non-kinship foster care in their communities and saw this as a constraining factor in the development of this type of care.

*I had coffee with a friend yesterday and she told me, 'I hear that you've earned well on the account of taking that girl, that you get a huge amount of money for her'. I told her, 'There are many children in the orphanage. Let me add your name to the list so you can get a child as well. Orphanages would be empty if foster parents were being paid so well.'* (FG on foster families in the FBiH)

Some foster families reported experiencing prejudice and misunderstanding among professionals in children's institutions, health and even social services, especially concerning their motives as foster carers.

### Box 3.

### Case Study on non-Kinship Foster Care in the FBiH

A married couple decided to engage in foster care primarily because the mother of one of the foster parents used to be involved in it when he was a child and, given that he met all of the necessary requirements and that he had a big house with plenty of space, so they decided to try foster care.

The man and his wife went through all of the necessary procedures, completed the tests and the interviews with a psychologist and a social worker, were visited by two commissions that carried out an accommodation control and they underwent four months of training after which they were awarded with a certificate and a work permit. They currently accommodate three children, three boys of eighteen years of age, including two brothers who all arrived from an institution where they had been placed. This foster family also had a biological son who was twenty-three years old.

*"Ok, so I was about to get a foster child. People from the centre asked me, 'Can you take him, he is a problematic child?' I said yes. I always tell them, 'you can give me the worst children you have and I'll turn them into the best children.' Next day, a car stops in front of my house. They brought him. He was skinny and small and he had a hat on his head. I told him 'Hi champ, how are you, get in, this is your home now.' No institution wanted him; no other foster parent wanted him. At that time, he had not completed eight and ninth grade of primary school. I enrolled him in school and he completed it. He was so happy about it. After that he started training to be a cook. He struggled a bit with studying; he was not used to textbooks and pens. But he would stay awake till midnight studying. He was working really hard. Now he is in practical training. He used to be a wild kid, breaking windows and what not. Now he is a responsible young man. Everyone says he has settled down. I took care of him, made sure that he is nicely dressed and cared for; I went to parent-teacher meetings. It is the most important to love them. To show them that somebody cares for them and that somebody wants them to succeed. I treated him the same like I do my own two sons. He saw that they were equal in my eyes. I earned his trust. I was not hiding him. I introduced him to my friends, my relatives, everyone. I taught him not to lie. But it took me a lot of time and patience. Sometimes I would wake up at two or three after midnight to watch him sleep, to cover him with a blanket. I have no problems with him. ...the two other children they gave me are Roma. It would have been a sin not to take them. They are a bit developmentally delayed and they did not even talk properly. I was not sure how to communicate with them. The first day, they were communicating with their hands. Things they said made no sense. They were confused by everything. During the first week at my home they had to check everything, to look into my fridge to see what is inside, and in my cupboard. They were malnourished, with long unclipped nails and long hair. I first gave them a bath and fed them. Now, a year later, when I tell them 'please bring me a kitchen towel' they go and bring it, or 'please get me some potatoes', they bring me potatoes. But it took us a year. Now, when they wake up in the morning, they fold their pyjamas and go to brush their teeth, they get dressed and go to school. Now they can say my name. Before they did not know how to say it. Every night before they go to bed they kiss my wife as if she were their mother, on her cheek or on her hand."*

*Foster parents are not picky; we do not care if we'll get a child with special needs or a Roma child. It is a misconception about us. (FG on foster families in the FBiH)*

*I heard an employee in the children's home tell my daughter, 'how can you take that child by hand and go for a walk in town? Somebody might think it is your child.' (FG on foster families in the FBiH)*

*I took the child to spend a weekend with me, but the child had fever. I took the child to see a doctor, but the child's health insurance certificate had not been stamped. I called them to see why it wasn't stamped and their nurse told me, 'if you cannot deal with the child, if it is too difficult for you, bring him back. It is our child.' That is how they treat foster parents. (FG on foster families in the FBiH)*

Concerns over the way in which payment for foster care is perceived by members of the community emerged in focus group discussions as a key indicator of the need to ensure that communication about this form of care needs to be conducted carefully in order to support and not alienate foster carers, especially if there is an intention to continue to grow the pool of non-kinship foster care families.

## Children with Disabilities in Foster Care

Specialised foster care has not been introduced in the FBiH as a separate type of care provision. Therefore, foster carers who provide care for children with disabilities are neither specially trained nor do they receive any additional allowances or support. Data obtained through the survey shows that more than a tenth of children (7.5 per cent) placed in foster care had developmental difficulties, while the CSWs were not certain whether the development of a further 2.8 per cent of children was typical or whether they have developmental difficulties. Representation of children with developmental difficulties was significantly higher in non-kinship foster families: 16.1 per cent of children placed in non-kinship foster care had developmental difficulties while in kinship care this figure was 4.7 per cent.

*We have a foster mother who is specifically caring for children with special needs. But her engagement conditions are the same as for everyone else, because the law does not differentiate. (KII with a cantonal ministry in the FBiH)*

*He is a special needs child. I have been taking him to see a psychologist in the community health centre for three years to see if there is a way for me to help him. (FG on foster families in the FBiH)*

*The psychologist told me that she needs one-on-one sessions but that they do not provide individual sessions, just group sessions. (FG on foster families in the FBiH)*

### KEY FINDING 11.

**Non-kinship foster care represents a potential resource for some children without parental care, but it needs strengthening and is underutilised by the CSWs.**

Kinship and non-kinship foster care appear to be treated in the same way in policy, but in practice they are very different. Most children in foster care are in kinship foster care and the available pool of non-kinship foster carers is limited.

Around three quarters of trained foster carers were not caring for children at the time of the survey, but it is not clear if they really are potential foster carers or rather applicants who completed the training but decided not to become foster carers.

Foster care services require high levels of social worker input for recruitment, assessment, training, supervision and accompaniment, both to support the foster carers and to monitor the safety and well-being of the children. The CSWs and some foster carers expressed concern about the capacity of the foster care system to provide consistent and high quality support and supervision. The CSWs were particularly concerned about placing infants and babies in foster care.

## Adoption

Very few children are adopted each year in the FBiH. According to official data from the Federal Bureau of Statistics and Social Protection of the FBiH for 2014 and 2015, there were 42 adoptions in 2014 and 27 in 2015. According to the CSWs that provided data for this study, 19 children were adopted in the first half of 2016 and 48 from January 2014 to June 2016.

## Profile of Adopted Children

The data provided by the CSWs and municipal social protection services (SPS) indicates that girls (58.3 per cent) were adopted slightly more than boys (41.7 per cent), yet given the low numbers of adoptions (N=48)

this difference is not statistically significant.

Children of Roma ethnicity were not adopted at all and only one child with developmental difficulties was adopted. Their representation in the system of alternative care was 7 per cent and 17.6 per cent respectively. The likelihood of these children being adopted is significantly less than children of other ethnicities or children with typical development.

Two-thirds of adopted children were under the age of three years (64.6 per cent), while three quarters (77.1 per cent) were under the age of five years. The CSWs reported the adoption of eight children aged five to ten years (16.7 per cent) and three children aged ten to eighteen years (6.3 per cent). Of the adopted children, 81.3 per cent had been in an institution prior to adoption where they had spent on average of 1.5 years (from 1 month to 7 years).

#### KEY FINDING 12.

**A small number of children without parental care were adopted, mainly young children.**

Most of the adopted children were under 5 years of age, without disabilities or developmental delays and had spent less than 12 months in institutional care prior to adoption.

### The Capacities of Institutions that accommodate Children without Parental Care in the FBiH to deliver appropriate Care and provide individualised attention

The survey included questions for institutions intended to assess their capacity to provide care for children without parental care. Of these twenty-four institutions in the FBiH, eleven responded; however, some only stated that they did not care for children without parental care. The data provided by the CSWs and institutions in response to this survey was not comprehensive enough to allow for a calculation of the child/staff ratios. This is because only those children defined as being 'without parental care' were counted and not all children resident in the institutions. The data on the institutions in the FBiH included in Table 4 of this report shows that there were no significant differences from the overall findings for BiH in terms of staffing ratios, staff capacities

and the ratio of professional staff among all staff employed in the institutions.

One of the institutions in the FBiH was in the process of creating six new types of services within the institution with support from the government and an NGO and was therefore undergoing reorganisation at the time of the survey. These new services are listed below.

1. Shelter: The shelter offers temporary accommodation for up to three months for children who are temporarily or permanently without appropriate parental care, children caught in vagrancy or begging, and children exposed to labour exploitation and other forms of abuse. It began operations in 2014 and has benefited 70 children.
2. A maternity home: The home provides accommodation for pregnant women and mothers with babies up to one year old who are at risk of separation. Two mothers have used this service since it opened.
3. A day centre for children from families at risk of separation: The centre opened in November 2016, initially operating only once a week.<sup>76</sup>
4. Centre for counselling and education: The centre was not in function at the time of the survey.
5. A small 'ordinary' family type house for up to twelve children:<sup>77</sup> The house was not in function at the time of the survey.

*We are hoping to open a small family home; that is what we are working on right now. We have some funds and we were thinking to buy an old house and renovate it or to buy some land and build a house. In the best-case scenario, we could have the house ready within a year and, if we do, it could completely transform our institutional centre. However, we must be realistic and say that it will take time. (KII with a cantonal ministry in the FBiH)*

6. A kindergarten for low-income families: The kindergarten was not in function at the time of the survey.

*We have many families in need and they cannot afford to pay kindergarten for their children so we came up with an idea to open a kindergarten for children from families in need. Most families in need are on welfare and they cannot cover the cost of the education of their children, at least not the cost of secondary education. Our idea is also to use that facility to provide accommodation to children from families in need and to let them stay in it until they complete secondary school. That is what we are planning for, what we are hoping to do. (KII with a child care institution representative, in the FBiH)*

#### KEY FINDING 13.

Further study is required in order to be able to ascertain the extent to which children in institutional care are receiving individualised care that meets their needs.

The system of monitoring care for children in institutions (partly because of the way in which 'being without parental care' is defined) does not permit data analysis for indicators such as child/staff ratios, although it does provide data about the proportion of institutional care staff that are professional staff working directly with children.

Children with disabilities and young children without parental care are overrepresented in the institutional care system in the FBiH. This suggests that there is a need to strengthen significantly the support provided to families so that they are better able to care for young children or children with developmental difficulties or disabilities, while also strengthening the capacity of the CSWs to support kinship and non-kinship foster carers to provide appropriate care for young children or children with disabilities.

## 9.4. Outcomes from Alternative Care placements

The data obtained through this research indicates that 88 young people have left the system of alternative care in the past two and a half years or around 35 children per year on average. An equal number of them left institutions and foster care families; they mainly leave the system at the age of eighteen or after completing their regular schooling (no later than the age of 26).<sup>78</sup> Among the young people who became independent seventeen (19.3 per cent) were young people with developmental difficulties.<sup>79</sup>

The length of stay of children without parental care in the system of alternative care before becoming independent was represented fairly evenly.<sup>80</sup> The average length of stay was six years,<sup>81</sup> which is a quarter of a year more than the average for BiH.

## Level of Education of Young People who have left the System of Alternative Care

The level of education of those young people who have left the system of alternative care compares favourably to the attainment in education of all children in BiH, as illustrated in Figure 14. Young people leaving the system of alternative care in the FBiH are more likely to have secondary school education and less likely to have only primary school education compared to all children in BiH. Yet they are slightly less likely to have a secondary education than other children without parental care and significantly less likely to have a university education compared to all other children.

There were no significant differences in the level of education of girls and boys who came out of the system of alternative care, between young people who came from rural areas and urban areas, between young people with developmental difficulties and young people with typical development and nor were there significant differences between young people who were members of the constituent peoples and those who were of Roma ethnicity.

## Employment and Housing support

Although the CSWs, institutions and foster families in which the children without parental care are placed aim to prepare young people for independence and to provide them with support in getting employment and ensuring a place to live, all involved in the system of alternative care pointed out that one of the biggest issues for young people leaving the system is housing and financial security.

*Children need to know that they have someone. They need to know that I will be here for them for as long as I live. But you do need some financial support, sadly. I wish I had enough money to build him a house, but I do not. (KII with a foster family in the FBiH)*

<sup>76</sup> <http://www.federalna.ba/bhs/vijest/185652/novi-sadrzaji-za-sretnije-odrastanje>

<sup>77</sup> <https://maliporodicnidomtuzla.wordpress.com/>

<sup>78</sup> Around a quarter (25.9%) of children without parental care came out of the system when they turned 18 years of age and almost the same percentage (21%) spent another year or two in the system (until the age of 20 or until the completion of secondary schooling). A further 17.3% continued their studies at college and used the legal option to stay until the age of 26.

<sup>79</sup> 14 young people with intellectual disabilities, 5 with speech and language disorders and 1 with hearing impairment.

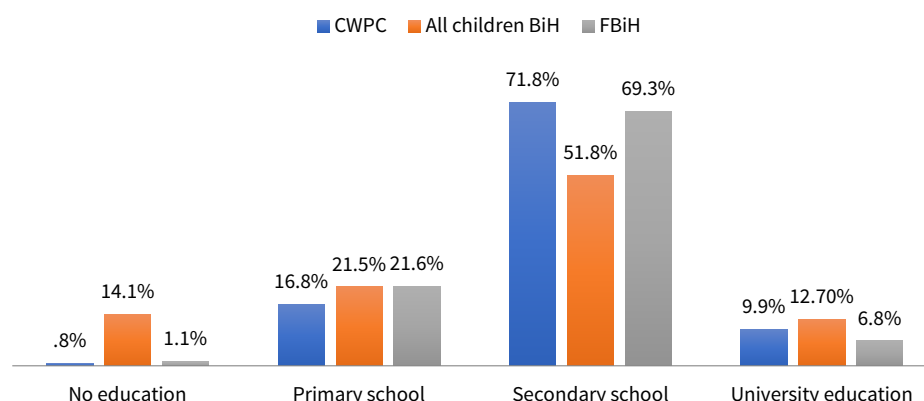
<sup>80</sup> Of the children without parental care who left the system, 7.5% had lived in the system for less than one year, just over a quarter (26.3%) from one to five years and just under a quarter (22.5%) from five to ten years. At the same time, 33.8% had spent from ten to fifteen years in the system, while 4 young people or 5% had spent more than 15 years in alternative care before leaving.

<sup>81</sup> M=6.13 years; SD=5.16 years; Min=149 days; Max=18.16 years; N=80.



**Highest attainment in education of children without parental care who left the system of alternative care between January 2014 and June 2016 (N=144) in BiH and the FBiH (N=88) and of children in the whole child population aged 15 or over**

Figure 27.



Source: survey data and the 2013 census.

Permitting young people to remain in institutional care while completing their education was seen by some CSWs as a means of addressing, at least for a time, the issue of housing.

*As far as youngsters are concerned, after they reach the age of majority, I am grateful to the representatives of the institution because once these children complete school, if the people from the institution did not continue to care for them, their situation would be much more difficult. They do ask the centre for help as well, but the institutions do most of the work. Because social workers can only offer them limited assistance, inform them about job openings and act as their intermediaries. (FG for CSWs in the FBiH)*

The data obtained through the survey confirmed that upon leaving the system just over half (51.1 per cent) of all young people received support in housing, while support for employment was provided to a quarter (25 per cent).<sup>82</sup> All young people are covered by health insurance, mainly through the employment office, but also through the CSWs or the ministries of education. The seventeen young people with developmental difficulties who left the care system were no more likely to receive both types of support than typically developing children. Some foster parents caring for children with disabilities pointed to the lack of much needed support for independent living for young people with disabilities; they also highlighted the perception that lifelong institutionalisation is the only solution for these children.

*She will reach the age of majority in April. I would like to know what will happen with her after that, because*

*April is just around the corner. I don't have an answer. I am asking people, I pull them by the sleeve, but nobody gives me any answers. The only solution they offered is breaking my heart. They say the institution. But why was she with me, why was so much invested in her over the years if that is the only solution they have? If it happens, it will affect her very negatively. I am not sure if I would be able to get over it, but I am not important. (KII with a foster family in the FBiH)*

The CSWs from smaller communities stated that 'somehow' they resolve the challenges related to becoming independent for children without parental care. With the help of local community members, they help to find them employment and accommodation; however, the provision of this type of support is much harder when it comes to young people with disabilities. It was evident from the discussion group meetings that they are not fully informed about the opportunities available to them. For instance, many only became aware of the NGO resources that they can use from the other participants in the focus group discussions.

*We have a child who has completed secondary school. She must exit the system, but where she will go? She does not have anyone. Her mother is mentally ill, her father unknown, her uncles and aunts do not care about her. It is a burning issue for us to find housing for her; we don't know where to place her.*

<sup>82</sup> The study did not assess whether children actually needed employment and housing support, but only recorded whether they did or did not receive such support.

*Why not contact S NGO? The cantonal ministry is approving placements through them without any problem. (FG for CSWs in the FBiH)*

Around a quarter of the CSWs (25.4 per cent) had formed a team to support young people as they become independent from the system of alternative care and 1.5 per cent of the CSWs reported that this team was a permanent arrangement for this purpose. Two-thirds of the CSWs (69.8 per cent), however, had not formed such a team and this may be affecting the level of support provided to young people as they leave the care system.

Many CSWs that had established such a team (in 82.4 per cent of cases) incorporated staff from the institutions and from NGOs (41.2 per cent) in these teams. To a lesser extent, the CSWs also involved local businesses (5.9 per cent) and other organisations (5.9 per cent) in these teams for care leavers.

One NGO had a long-running programme in support of preparation for independent living for children without parental care, especially those who were in institutional care.

*Programme support to young people by the NGO is implemented in cooperation with CSWs, children's homes, educational institutions, businesses and other local community resources. The most common needs of young people involved in the programme are financial support for food and living costs to find a job, finding and keeping a job, housing, completing started training, mastering social skills, developing and strengthening self-confidence, integration into the local community to develop social networks outside of institutions, establishing and maintaining contact with relatives and control and improvement of health. The average length of the support to the young person after leaving the institution is twelve months. However, overall, the support is long-term because the work begins when the young person is still in institutional care (assessment, planning, preparation). In addition, after the end of the support, young people always have the ability to, if they wish, maintain contact with the professionals who have worked with them to discuss and exchange information. (KII with an NGO in the FBiH)*

Some institutions and NGOs are developing dedicated care leaving services and have had some success in supporting young people without parental care to find employment, learn new skills and prepare for independent life through projects such as a halfway house and a youth house.

*Due to my age, I was looking for options other than the orphanage. The halfway house was offered to us*

*as an alternative and we accepted it straight away. It is a bit difficult because I lived in the institution for a very long time and this is all new to me. I am with new people and in a new environment. But we are slowly getting used to it. It is not easy, but we have no other option. It is very different from our life in the institution, because we were taken care of there. Here we have to take care of ourselves. We are preparing for an independent life. They are working hard to help us and we completed many courses. Every morning when we wake up I wash, get dressed and have breakfast. After that, I go to the farm and complete my work there and when I come back I complete my household chores and prepare lunch for myself and for others for when they come back from work. I applied for a job with a painting company because I've painted walls in the past, I have experience. I like that job and I am curious to learn more. God willing, next month I'll start working in that company. After that, I plan to become independent and to have my own family and children. (KII with a man aged 24 who had lived since birth in institutional care and was currently accommodated in a halfway house.)*

His mother is mentally ill and his brother has disabilities. His mother and brother were in an institution and he had only recently met them for the first time. He also had a sister in institutional care. He plans to find full-time employment, find housing and then, if possible, bring his mother and sister to live with him.

One young person without parental care stressed that specialised accommodation is required for care leavers, because a children's home cannot meet their needs as young adults and students.

*Youth houses should be given the priority, because it is not natural for so many people of different ages, 20 of us, to live together in such a small space. We are students now, we must study in the evening and it is very noisy here. Here in the children's home, we have Internet access until eleven p.m. and then they switch it off so that younger children don't use it. But we need it. (KII with a young man aged 20 who was a student at the Economic Faculty and living in a children's institution but preparing to move into a new Youth House service being established by the institution in the FBiH.)*

Young people leaving institutional care also emphasised the importance of beginning preparation for independent life as early as possible so that they know what to expect from society and what they need to learn to do for themselves.

*I wish they would start helping us to prepare for independence earlier, once you turn 18 it might be too late.*



*They should start organising some workshops once we reach 14 or 15 years of age. It is very important for us to know that we will not be abandoned by society once we turn 18, that they will continue to support us until we find a job and accommodation, that we can come to them for advice and that they will not stop supporting us after we graduate. (KII with a young man aged 20 who was a student at the Faculty of Health and living in a children's institution in the FBiH.)*

One NGO running institutional care services also organises a phased process for leaving care aimed at fostering independence.

*It is difficult at first when you move to the youth house, you have to wash and iron your own laundry and you have to get up to go to school on your own. In the second half of ninth grade, you start to communicate with your primary consultant and to spend some nights at the youth house to see how you fit in, to make it easier on you later on. The youth house leader and my primary caregiver helped me to find an apartment close to the youth house and the leader told me, 'we wanted you to be close to us.' I am very happy with how our youth house functions. As far as my plans for the future are concerned, I completed the civil engineering and geodesy school and I hope I'll find a job in my profession. Ever since I was a child, I was going to work with my father and he always said he hoped one day I'll be better than him. (KII with a young man aged 18 who was a student of Secondary Civil Engineering and Geodesy, and a former resident in a NGO youth house in the FBiH.)*

One young person emphasised how family based care offers a much better environment for preparing young people for independent life than any form of institutional care.

*We had these workshops and discussions regarding what happens when children leave the family or children's home, i.e. how will they now have their own life. The difference is in foster families that those who do not continue their education will probably live independently. If they wish to study, they have the option to stay in that family. But the process of becoming independent is different in children's homes and institutional villages. I am not someone who grew up in a children's home, but I can certainly make a comparison. In the children's home, everybody is together, one activity at a time, while in a foster family, if you are in a good family, you can learn how to take care of yourself and say what you think, express your emotions, feelings, where you will be heard and understood. You know, it is a great advantage to be in a family compared to a children's home. I have participated in all housework in this family and it will be*

*easier for me when I become independent. My plans for the future are primarily to finish secondary school and to enrol in college, study social work and strive toward achieving my goal. (A young woman aged 18, living in foster care, and a student at the PI Secondary School of Hospitality and Tourism in the FBiH.)*

#### KEY FINDING 14.

**Many children stay in the system of alternative care well into adulthood and receive considerable support with completing secondary and tertiary education.**

81 of the young people who left the system of alternative care in the 2.5 years prior to the survey 64 per cent were aged 18 to 26 years when they left. A quarter of these children received support with employment, while half received support with housing.<sup>83</sup>

Children without parental care, including children with disabilities, were more likely to have achieved secondary education upon leaving the system of alternative care compared to children in the overall population aged 15 years or above and are less likely to have no education at all.

## 9.5. Conclusions specific to the FBiH

The CSWs seem to work very actively with NGOs on prevention and family support, even if this work is mainly project based and does not reach the whole population of children and families that need this kind of support. The slightly smaller proportion of the overall child population that is in alternative care in the FBiH (0.23 per cent compared to 0.24 per cent for BiH) could be the result of this strong investment in prevention and family support by NGOs and the level of interaction between NGOs and CSWs that seems to be taking place to a greater extent in the FBiH than elsewhere in BiH.

The risk factors that can lead to separation identified by the CSWs in the FBiH were more likely to include pov-

<sup>83</sup> The study did not assess whether children actually needed employment and housing support, but only recorded whether they did or they did not receive such support.

erty, unemployment and parent ill health than parental behaviour or neglect. Similarly, the CSWs in the FBiH were more likely to identify death and poverty or economic reasons for the loss of parental care than parental behaviour or inadequate parenting as the cause for the separation of children from their parents. This could be because the CSWs in the FBiH have better links to NGOs through practice and discourse than other CSWs in BiH. The survey data indicates that CSWs in the FBiH make joint visits to families with NGOs in 33 per cent of cases compared to only 22 per cent in the rest of BiH. Consequently, they may also have had more training than other CSWs and therefore one can surmise that they are less inclined to blame parents and more likely to identify and address the relevant environmental factors. On the other hand, some of the CSWs in the FBiH stated that they do not recognise prevention and family support as part of their remit. As with BiH as a whole, the capacities of the CSWs to engage in prevention and family support work varies considerably from canton to canton and depends on the capacities of the CSWs themselves as well as the range of other organisations active in each community.

Children without parental care in the FBiH system of alternative care were nevertheless more likely than other children in BiH as a whole to spend longer in care (6 years compared to 5 years in BiH) and more likely to be cared for in an institutional care placement (61.2 per cent in the FBiH compared to 48.5 per cent in BiH). This applies in particular to very young children under the age of three years, which the survey recorded as living in institutional care in 96 per cent of cases. This means that they are more likely to spend an average of seven to eight years in care. Strengthening reintegration and kinship care as well as non-kinship foster care is therefore important as per the recommendations for BiH as a whole.

# 10.

## Key Findings for Republika Srpska

This chapter presents the findings for RS and explores in more detail some of the issues relevant to RS. The chapter should, however, be read together with sections one through eight as the findings and conclusions from those BiH sections are also relevant to RS and complemented this chapter.

### 10.1 Prevalence and Characteristics of Children without Parental Care in RS

#### How many Children are without Parental Care in RS?

The survey conducted for this situation analysis in RS included forty-four centres of social welfare (CSWs) and social protection services (SPS) (73.3 per cent of CSWs and SPS in RS) and six institutions (100 per cent of RS institutions). As of 30 June 2016, the survey recorded 460 children without parental care that the CSWs or SPS had on their records (35.1 per cent of all children without parental care recorded by the survey for BiH). The survey estimated that 1,640 children were without parental care in BiH and therefore 576 children without parental care in RS (35.1 per cent of the 1,640 children estimated to be without parental care in BiH). According to RS government data for the 2013 census, there were 207,381 children aged 0-17 years in RS and therefore this estimate represents 0.28 per cent of the child population of RS as being without parental care.

#### KEY FINDING 1.

The prevalence of children without parental care in RS could only be estimated. The estimates suggest that the proportion of children without parental care in RS is 0.28 per cent compared to 0.24 per cent for BiH, which is slightly above the national average.

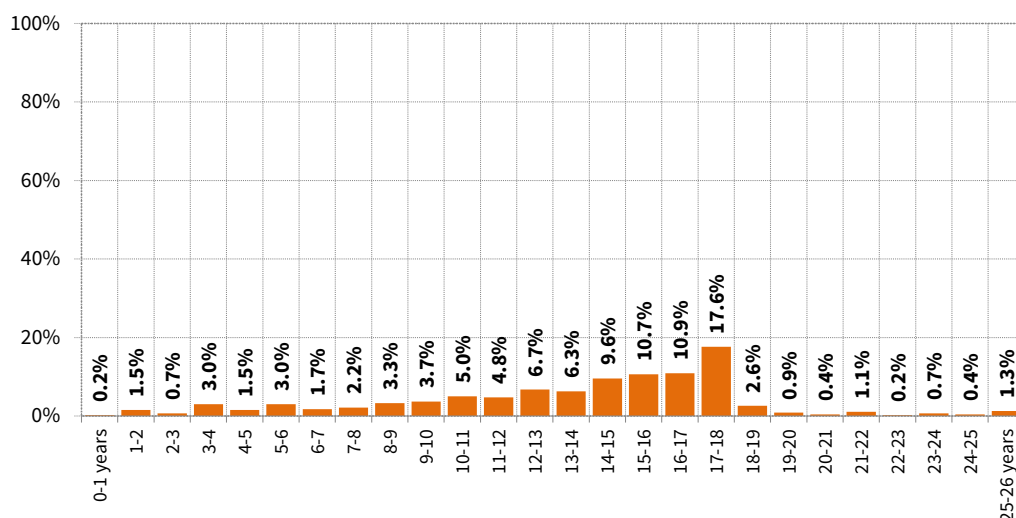
#### Characteristics of the Children without Parental Care in RS identified in the survey of 460 Children

##### Age, Gender, Developmental Characteristics and membership of National Minority Groups

Children of secondary school age (14-18 years of age) represent the most numerous age category of children without parental care in RS (48.7 per cent or almost half of the children without parental care fall within this age group). They are followed by children of older primary school age (from 10-14 years of age) that represent almost a quarter (22.8 per cent) of children without parental care and children of younger primary school age (from 6-10 years of age) that represent a tenth (10.9 per cent), while there were somewhat fewer children

Figure 28.

Ages of children and young adults without parental care in RS (N=460)



of older preschool age (from 3-6 years of age). The least numerous were children younger than three years of age (2.4 per cent). In addition, 7.6 per cent of 'children' without parental care in RS were in fact young adults aged 18-25 years (9.1 per cent of children without parental care and with disabilities).

The number of very young children without parental care among those surveyed was not high. Only eleven children aged under three years of age without parental care were among those surveyed and only five (45.5 per cent) of these babies and infants were in institutional care in June 2016.

The survey indicates that slightly more boys than girls were among children without parental care: 51.5 per cent boys and 48.5 per cent girls. This proportion is similar to the gender structure of the overall population of children without parental care (52.9 per cent boys and 46.8 per cent girls for BiH) and is therefore of limited statistical significance.

More children without parental care in RS came from rural areas (56.1 per cent) than from biological families that lived in urban areas (41.5 per cent), compared to roughly equal proportions for BiH. However, it is not clear whether this reflects the population structure of RS or an overrepresentation of children coming from rural areas.

A smaller proportion of children in RS without parental care were children from the national minorities at 6.7 per cent, compared to 9.1 per cent in BiH. Of these

minority children, 77.4 per cent were Roma and 12.9 per cent Romanian.

Of the children without parental care reported by the CSWs and SPS in RS, 17.8 per cent were children with developmental difficulties or disabilities. This corresponds roughly to the national average. A much smaller proportion of the national child population has disabilities and therefore this indicates a significant overrepresentation of children with disabilities in RS among children without parental care.

#### KEY FINDING 2.

**There is a significant overrepresentation of children with disabilities among children living away from their parents in RS.**

**Over half of the children without parental care in RS were older children aged 14-18 or young adults.**

In RS, 17.8 per cent of children without parental care were children with developmental difficulties or disabilities.

Fewer very young children under 3 years of age were in institutional care in RS compared to BiH.

## Reasons and Risk factors behind the Placement of 460 Children without Parental Care in the System of Alternative Care reported by the CSWs/SPS and institutions

The death of both parents was one reason for children being in need of alternative care. However, two-thirds (66.5 per cent) of children in the system of alternative care in RS were reported to have at least one living parent and 30 per cent of children in the system of alternative care had both parents (who were significantly more often not in a marriage) and 36.5 per cent of them had only one parent (significantly more often the mother than the father). Almost a third (30.2 per cent) of children in the system of alternative care in RS were reported as having no living parents, although this figure was 19.3 per cent for children with disabilities.

As illustrated in Figure 30, the most common reasons for losing parental care were disorders in upbringing, neglect and abandonment of a child (over two-fifths of children or 42.6 per cent) and the death of a parents or parents (almost a third of children or 32.4 per cent). In 9.8 per cent of cases, the sole reason was the decision of the parents to entrust their child temporarily to the care of another person or institution. The reasons for temporary placement by parents provided for in the legislation can be multiple, but most often it is for the purpose of working abroad. The Family Law of RS provides that a parent or parents who go abroad for temporary work and who do not take their child with them are able to entrust the care and upbringing of their child to another person or to an appropriate institution, with the prior approval of the guardian body.

Figure 29.

Data on parents of children without parental care in RS (N=460)

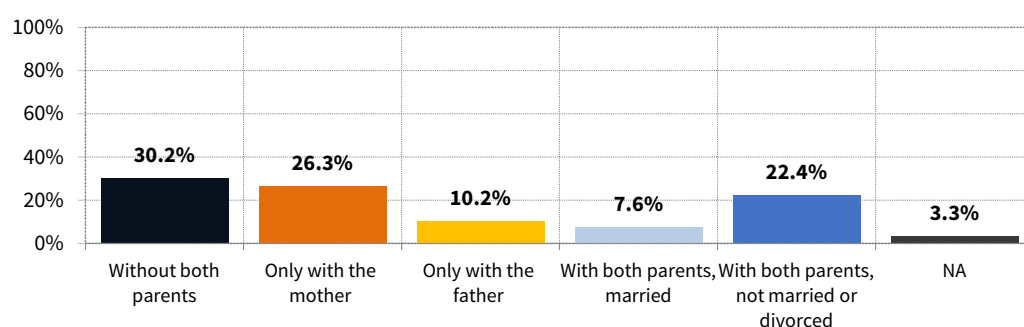
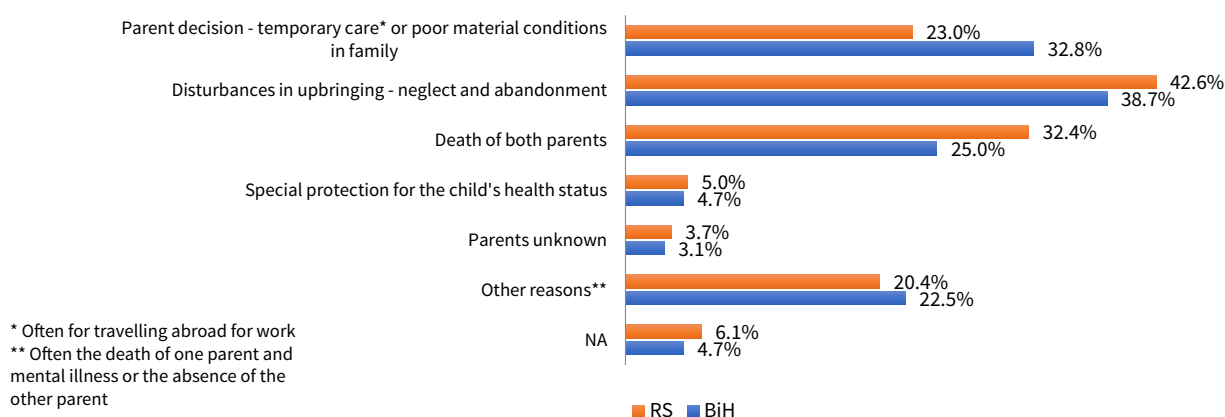


Figure 30.

Proportion of responses given for each reason (more than one reason may have been given) for all children and for children in RS (N<sub>1</sub>=1,311; N<sub>2</sub>=460 respectively)



Source: The survey of 111 CSWs and author calculations.

Relatively often (13.3 per cent), the financial situation in the family was cited as one of the reasons for placement. If the reasons for placement of 'financial hardship' and 'temporary placement by parents', on the assumption that temporary placements are often related to economic migration, were combined then the CSWs reported these reasons or factors in 23 per cent of cases, as illustrated below in Figure 30.

Placement for the reason of special protection required because of the child's health status was more than twice as likely for children with disabilities than for children with typical development (children with disabilities 9.8 per cent compared to 4.2 per cent for children with typical development).

Further research is required in order to understand and address the factors driving the neglect and abandonment reported in 42.6 per cent of cases, because they could also be connected to economic factors.

There is increased likelihood that a child with disabilities is classified as being without parental care, despite having both parents living, and is placed for reasons of 'health status' or for economic reasons or reasons of neglect and abandonment than all other children. This underlines the need to understand of how parents with children with disabilities can be supported in caring for their children within the community. The aim being to avoid resorting to institutional care.

### KEY FINDING 3.

**Two-thirds of children without parental care in RS (66.5 per cent) were reported to have at least one living parent yet poverty, the financial situation and other economic factors may be driving up to a quarter of placements of children into alternative care and contributing to neglect and relinquishment in another 42.6 per cent of placements.**

The UN Guidelines for the Alternative Care of Children emphasises that poverty should not be a reason for entry into the alternative care system. It states that all possible means, including social protection provisions, should be utilised to prevent this.

Children with disabilities have the right to community based rehabilitation and support. It should not be necessary to separate them from their parents in order to access education or health services.

## 10.2. Necessity Principle: Family support and Prevention in RS

### Social Services to support Families

#### Staff

Of the forty-four CSWs and six SPS that responded to the survey in RS most respondents (79.5 per cent) reported that they had an expert team that conducts assessments and takes decisions on the separation of children from their families. On average, the CSW teams were likely to have four members.

A social worker was included in each of these teams, while in almost all cases a lawyer (97.1 per cent) was included in the team. A psychologist was included in three quarters of these expert teams (77.1 per cent) and more than a third (37.1 per cent) had a pedagogue. Less frequently (14.3 per cent) this team included other types of experts such as special educators, defectologists and sociologists.

Therefore, the typical team in around 80 per cent of the CSWs was comprised of three or more professional staff with at least one qualified social worker and a lawyer. This represents a considerable potential resource for supporting families and preventing the unnecessary loss of parental care. Yet in a fifth of the CSWs, there might only be one or two staff members mandated to conduct assessments and make decisions about children and families and the need to intervene with support or to separate children from their families. This suggests that children and families have access to different levels of support that can prevent unnecessary separation, depending on the number and qualifications of the staff at their local CSW.

### Training and Education of Professional Staff

On average, more of the professional staff in the CSWs had undergone training on child protection and their guardianship authority responsibilities than on family support, foster care or adoption. The CSWs that provided data reported that 33.9 per cent of staff working on guardianship had undergone training on child protection. The next most common type of training was in the field of preventive protection of children at risk of separation. Yet although there was an average of 1.6 staff members per CSW,<sup>84</sup> only ten CSWs reported that staff had received training in this field. Of the staff working on foster care, 22.9 per cent were reported to have been

<sup>84</sup> M=1.6; SD=0.70; Min=1; Max=3; Number of CSWs responding = 10.



trained in foster care and 9.1 per cent of staff that had responsibilities in relation to adoption had been trained in the field of adoption. Most CSWs reported having on average around two to three staff working on each of these areas, although the variance was great ranging from one to twelve staff members in each field across 30 to 40 CSWs.

## Premises and Equipment

Almost half of the CSWs (47.7 per cent) thought that the premises in which professionals work are not appropriate for the type of work they perform. This was most often due to a general lack of premises of adequate size and premises not being adapted to the number of experts who work there, while this was significantly less frequently attributed to a lack of premises for a specific purpose (mostly for professional work with clients) or to the poor quality of the facilities in which their offices were located.

*Three social workers share one room, which happens to be overcrowded with office furniture. ...lack of space is a major problem. ...the health cards counter is right next to the social worker's office and separated only by thin plywood. ...everyone can hear the conversations conducted with clients. (CSW interviews in RS)*

Two-thirds of the CSWs (68.2 per cent) thought that, despite the inadequate premises, the equipment at their disposal was appropriate for the type of work they perform; however, almost a quarter of the CSWs (22.7 per cent) reported that they needed updated computer equipment (including licensed software), new office furniture or new materials for professional work with clients, such as psychological tests and educational material. One CSW stated that the vehicles for fieldwork were in poor condition.

## Databases

The CSWs generally did not have or use databases dedicated to the field of children without parental care, while just over half (54.5 per cent) reported that they did not have at least one database developed. Only 25 per cent of the CSWs reported using a database for monitoring children separated from their families. They were more likely to have and use a database of potential adoptive parents (34.1 per cent reported using such a database), but only 11.4 per cent of the CSWs reported using a corresponding database of children available for adoption.<sup>85</sup>

<sup>85</sup> Those CSWs that had them at their disposal had on average three out of five possible databases (M=2.71; SD=1.4; Min=1; Max=5; N=17).

## Case Management and Community Referral Mechanisms

In the interviews, the CSWs did not refer to case management procedures or mechanisms for systematic case work with families at risk. Instead, they catalogued a series of activities in which they had varying degrees of confidence and in some cases suggested that they were not sure how to address problems in families or support families to change their situation. This sometimes left children at risk.

*We have all kinds of families where children are neglected. ...we somehow try with continuous visits, conversations or by bringing some aid, food... (FG with CSWs in RS)*

Referral mechanisms within the community and the extent to which the CSWs support families to access other

### KEY FINDING 4.

**The capacity of the CSW and SPS multidisciplinary teams to provide effective family support and child protection varied quite considerably.**

Around 80 per cent of the CSWs or SPS had teams of three or more members including at least one qualified social worker and a lawyer in most cases. This represents a considerable resource for supporting families and preventing the unnecessary loss of parental care.

Other specialists were most commonly found in the larger CSW or SPS teams and included psychologists and pedagogues. CSW and SPS decision-making on the removal of children from parental care was in many cases conducted by multidisciplinary teams and based on comprehensive assessments, yet the process and criteria for taking such decisions could differ from CSW to CSW.

23 per cent of the CSWs had signed protocols on cooperation in the field of preventive protection of children at risk of separation. It remains unclear as to whether systematic case management was being used to maximise support to families and coordinate casework.

The extent of support and prevention work provided to families in each municipality depended primarily on the capacity of the CSW as well as the existence of referral mechanisms and other services in the community.



services available in the community were also important for effective family support and prevention.

*Support for biological families is not sufficiently developed. Professionals working in schools, in health centres, in social protection centres can also provide a lot when they devote sufficient attention to families. That is sometimes enough to get the family out of the crisis. (KII with CSW in RS)*

The survey data indicates that just over a fifth of the CSWs (22.7 per cent) reported having signed protocols on cooperation in the field of preventive protection of children at risk of separation with the police, educational institutions and health institutions (mental health centres and family medicine centres), while almost twice as many CSWs (40.9 per cent) reported having signed protocols on cooperation in providing psychosocial consultations with the relevant institutions, such as non-governmental organisations, mental health centres, centres for early childhood development and family counselling centres.<sup>86</sup>

## CSW perceptions on the Prevalence and Characteristics of Families at risk of Separation

The CSWs recorded data on families at risk of separation in different ways, because local legislation and policy frameworks gave a range of definitions and criteria for the identification of such families. Survey respondents reported that they might not have this category as a specific category of beneficiary at all and that they perceived all families with children registered with them as families at risk. Just over a fifth of the CSWs (20.5 per cent) stated that they had clearly defined criteria for the identification of children and families at risk of separation.

The responding CSWs provided data suggesting that families at risk often have two adult members (52 per cent of families) and one (34 per cent) or two children (28.5 per cent).

If this data is considered together with the data on the numbers, reasons and risk factors for the loss of parental care reported in relation to children already without parental care (see section 10.1 of this chapter on RS), the presence of two adults as a risk factor is surprising as only 30 per cent of children in the care system had both parents.<sup>87</sup> The data on the characteristics of children without parental care reported by the CSWs suggests that children most at risk of separation are older children, often with disabilities, without any parents or with a single mother. The data on children already in alternative care (presented in section 10.3 of

this report) indicates that they are likely to have siblings. Although further study is required in order to take into account analysis of data on children losing parental care and their families, these discrepancies indicate that the way CSWs define risk and target services to those they perceive as most at risk of separation requires review and refining.

The level of educational of mothers in families at risk was reported by the CSWs as significantly lower than that of women from the general population, while mothers at risk were more likely to have only completed primary school and less likely to have completed secondary school or tertiary education than other women.

## Risk factors identified by the CSWs

As Figure 31 below illustrates, parental behaviour was perceived as the most common factor contributing to the risk of separation in RS (57.8 per cent), much more so than in the country as a whole (35.5 per cent). In RS, neglect and abuse were also mentioned more (37.5 per cent) than in BiH (27.2 per cent). Other factors included the unfavourable economic life conditions of unemployment and poverty as the main factors identified by the CSWs as contributing to the risk of losing parental care (mentioned in over half of cases). Then came the poor health of parents followed by other factors mentioned in similar proportions to those at the national level and these were followed by factors associated with family structure, such as single parent families and large families.

The CSWs reported multiple risk factors for any given family, but parental behaviour, poverty and unemployment were mentioned most often and the death of parents very little. Compared to the reasons reported by the CSWs for cases where children had lost parental care, the parents themselves mentioned unemployment, low income and housing issues as well as parent health issues and domestic violence.

*It would be very important for me to get a job. I think it would solve all the other problems. (FG on families at risk in RS)*

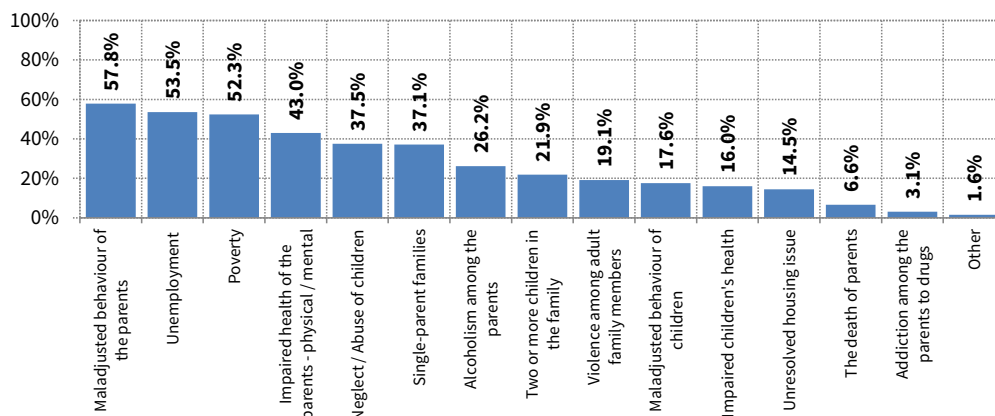
*My ex-husband does not pay child support even now. I found a good job. But he stabbed me seven times, which resulted in my right arm being almost mo-*

<sup>86</sup> These two types of protocols 'on cooperation in the field of preventive protection of children at risk of separation' and 'on cooperation on providing psychosocial consultations' are protocols that the CSWs set up at the community level as a means of establishing and maintaining cooperation within the community.

<sup>87</sup> See Figure 31: 30% of children without parental care had both parents, 7.6% married and 22.4% unmarried.

Figure 31.

Risk factors in families at risk of separation (N=256 families)



tionless. So I am not able to do that any longer. This present job cannot pay the rent, utilities and support my children. (FG on families at risk in RS)

He was hitting me in the stomach while I was pregnant. (FG on families at risk in RS)

I do not work anywhere: My father is 100% disabled, so we have his disability allowance. We also have a children's allowance. We survive somehow. But we live poorly. (FG on families at risk in RS)

Overall, there appears to be a mismatch between the reasons reported for children losing parental care and the risk factors the CSWs perceive among families defined as being at risk of separation. In both cases, the reported reasons and risk factors need to be transparent and consistently defined if they are to be useful in planning and monitoring effective preventive interventions.

#### KEY FINDING 5.

**A clear and uniform definition or criteria for the identification of families at risk is needed in order to ensure more effective planning of services and to address these risks and provide subsequent monitoring of the effectiveness of services.**

CSWs and SPS most commonly reported parental behaviour, neglect/abuse and unemployment or poverty as risk factors among families at risk of separation. Parent health issues were also mentioned by many SPS and CSWs, but to a lesser extent. The parents themselves mentioned housing, health issues, employment and low income as risk factors.

Most CSWs and SPS were not using risk criteria and those that did were using criteria that need refining or revising in order to focus on family strengths rather than weakness and take the well-being of the child into account.<sup>88</sup>

#### Support provided by the CSWs and SPS to families at risk of Separation

Social workers and other stakeholders understood that work with families is required before resorting to the removal of a child from his or her family, yet more analysis is required in order to understand how to further strengthen the support they provide to families to change the situation in the family.

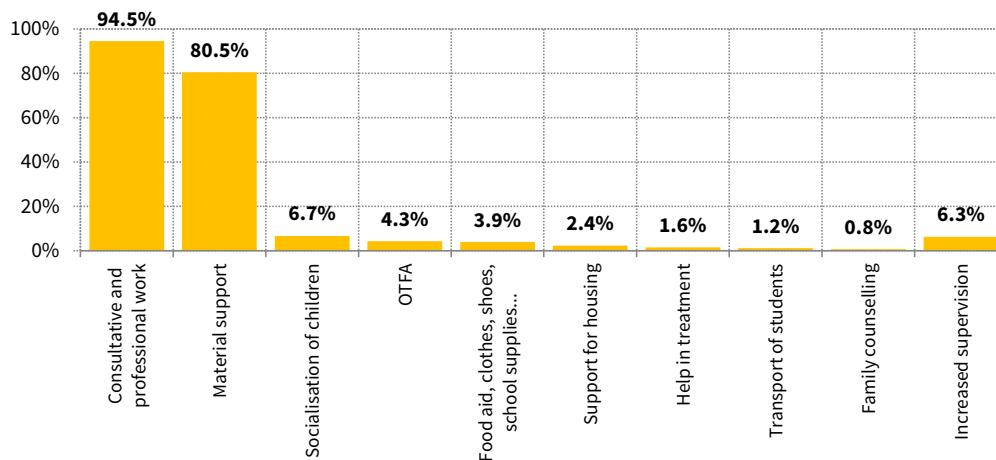
The CSW staff seemed at a loss when trying to address the factors that are driving the risk of separation.

We conduct enhanced supervision, we visit them constantly, we often go unannounced and we constantly call them on the phone. (FG for CSWs in RS)

<sup>88</sup> See, for example, <http://www.gov.scot/Topics/People/Young-People/gettingitright/wellbeing>, [https://www.unicef-irc.org/publications/pdf/iwp\\_2009\\_21.pdf](https://www.unicef-irc.org/publications/pdf/iwp_2009_21.pdf), [https://www.unicef-irc.org/publications/pdf/structural\\_determ\\_eng.pdf](https://www.unicef-irc.org/publications/pdf/structural_determ_eng.pdf)

Figure 32.

Types of support that CSWs provide to families at risk of separation (N=256 families)



Many interventions, such as ‘enhanced supervision’, appear in fact to be measures of control or monitoring rather than support or therapeutic interventions that can really change the situation for children in the family, improve their well-being and reduce the risk of separation.

*...strengthen supervision... because parents really understand it as a warning that they must change something in their living environment. (Ministry)*

The CSWs reported carrying out consulting and professional activities with almost all families at risk (95.2%) and that most families (76.6 per cent) were included in material benefits (see Figure 32).

*We have many families that are at risk. But we really try in every way to prevent separation of children. Thank God, our current resources allow us to provide them with financial support. Most often, those are families where one from the family is eligible to achieve either social assistance or allowance. Regardless of the amount, it is regular income of a sort. (FG for CSWs in RS)*

The provision of other types of support was only reported in a few cases.

The support provided through the main forms of CSW and SPS interventions, counselling and material support, only address part of the risk factors identified by the CSWs and SPS. There is a clear need to ensure that the assessed needs are met by services and linkages to employment services, health services and housing and other community based support services, which are

important for ensuring that all family support measures are exhausted prior to resorting to alternative care.

The frequency, continuity and diversity of consulting and professional activities varied considerably among local communities and were dependent primarily on the capacity of each CSW or SPS. Of the families at risk, 80.5 per cent had material support, including 45 per cent of families at risk that received regular financial assistance, while those that were not eligible for financial assistance received child allowance and different types of disability benefit.

*It is always some food packages, assistance in fire-wood, in textbooks; whenever we have an opportunity, we are somehow always focused on them. Those children have a regulated child allowance too and we occasionally grant them one-time financial assistance, all in order for their status to improve a little. (KII for CSWs in RS)*

### Home visits and Case Reviews for Families at risk of Separation

The CSW and SPS employees visited families at risk to varying degrees with the number of visits ranging from 0-52 in 2015, although seven visits per family was the reported average over the year. The CSW staff usually conducted visits themselves, but reported being supported in around 7 per cent of cases by specialists from NGOs and to a lesser extent by volunteers or other professions from the policy, health or education services. The number of visits depended on the assessment by the CSW employees of the situation in each family and their need for support. The CSWs reported that they vis-

ited half of the families (52 per cent) regularly, but the understanding of 'regularly' varied between CSWs and could mean anything from once a year to once a month or more frequently.

A fifth of the CSWs (19.2 per cent) reported conducting regular reviews of cases once or twice a year in order to prevent separation taking place. Data on the results of preventive work with these families is therefore limited and it was not possible to analyse how the situation had changed for families after these interventions, how many became stable, how much time was required for this progress or which combination of actions had the most effect. Further data is required in order to determine the percentage of failure. For example, the number of children who were removed from families or other measures that may have been taken or not taken in these cases.

#### KEY FINDING 6.

**The effectiveness of the prevention work is not known and therefore better monitoring and evaluation is required.**

Better targeting and more effective prevention and family support could mean that fewer children need to enter alternative care in the first place. Yet the data was not available to assess the effectiveness of the prevention work and support services reported by 95 per cent of the CSWs and SPS.

**The family support services most commonly provided by the CSWs and SPS were inclusion in material support programmes and the provision of consultative and professional work.**

These forms of support only partially met the identified needs of families reported by the CSWs and SPS and the families themselves, including unemployment, poverty and parent health problems as well as parental behaviour, family violence and neglect and abuse of children.

## Work on Reintegration after Separation: building Capacities for the Return of Children

Most CSWs and SPS (81.8 per cent) reported conducting activities aimed at strengthening the capacity of families deprived of caring for their children, with focus on family reintegration. The CSWs and SPS reported conducting counselling or referring families to counselling (94.4 per cent), providing support in the form of financial and material assistance (88.9 per cent) and promoting the establishment and maintaining of contact between children and their biological families (75 per cent); 72.2 per cent of CSWs and SPS also reported making referrals to health services, such as the family doctor and mental health centres, depending on the type of factors that led to the separation, while 55.6 per cent also imposed different measures to encourage the reintegration of families.

Yet the survey data on children without parental care indicates that in the previous two and a half years only forty-two children (7.1% of children) accommodated in the system of alternative care had returned to their biological families. This suggests that activities aimed at strengthening the capacities of biological families to enable the reintegration of their children could be better targeted and more efficient so that the 7 per cent success rate for 80 per cent of families receiving support with reintegration is improved. The Ministry of Health and Social Welfare pointed out that the reasons why a child does not return to the biological family can be complex and varied and that while the emphasis should be on strengthening the capacity of the biological families this does not automatically mean that the child should return to the family at all cost. Focus group participants and key informant interviews also reflected on the difficulty of reintegration work.

*But we were unable to persuade the mother to devote attention to her children so that the three children could return to their family. So the children remain and will remain in foster care. (FG for CSWs in RS)*

*We are trying to strengthen the mother so we could return the little girl from SOS DS. But it is going really hard. In addition to money and the apartment, there is the issue regarding the mother's health condition; surviving domestic violence, her insecurity. Although contacts are very frequent and we now encourage the child to stay with the mother over the weekend. (KII with a CSW in RS)*

However, the level of contact between children in alternative care and their families seemed quite high with half to two-thirds of children maintaining contact with their birth parents and relatives. Therefore, this aspect

<sup>89</sup> For example, the objectives for all children for which they were developed were "To provide physical and mental development, upbringing and education, contact with parents, guardians and relatives, and cultural needs" and the same persons (e.g. a social worker, an expert team, a guardian), as holders of activities, were listed for all.

of the work of the CSWs and SPS may be having more effect. In some cases, however, it seems as if children end up remaining in alternative care when it could be possible for them to be living with their parents.

*I am thinking about bringing her back, but I am not sure that it is good for her. She got used to it there. She says she has two mothers: me and the woman from SOS. She also calls her 'mother'. She also calls the children from the SOS family brothers and sisters. She doesn't have such a good relationship with her brother. And she got used to that school as well. She studies and exercises with them. She went to the sea three times with them. I won't be able to do any of that. I bring her home more often now. She has no problems with that, they all know me there, I go there every now and then; it is twenty minutes away from here. But I am not sure what I need to do. (FG on families at risk in RS)*

Children and families adapt to being in new situations and reintegration work needs to focus on achieving results in a short period rather than dragging it out over many months or years.

#### KEY FINDING 7.

**Once separated, children are fairly likely to be supported to maintain contact with their parents, if they have them, but are unlikely to return home.**

Half of the children without parental care in non-kinship foster care and over two-thirds in institutional care were reported to be in contact with their birth parents and relatives.

Most CSWs and SPS reported that they carry out work aimed at reintegration, including counselling, the provision of financial and material support, promotion of contact with the child in alternative care and support in accessing health services if needed. Yet it does not seem to have had a significant impact on the return of children to their families.

In the last two and a half years, only 7.1 per cent of children returned to their families after being accommodated in alternative care.

## 10.3 Suitability Principle: Alternative Care provision

This chapter reports on the results from the survey of CSWs, SPS and child care institutions concerning the system for the provision of alternative care in RS and its effectiveness in ensuring that the alternative care being provided meets the needs of the children.

### Characteristics of the Alternative Care System in RS

#### Individual Protection Plans

The CSWs and SPS reported that only 40 per cent of children without parental care had an individual child protection plan. They stated in interviews and focus group discussions that although they realised the usefulness of individual plans they often did not have time for this part of their work with children without parental care and that even when they had developed plans they were not sufficiently detailed. Individual plans in smaller CSWs and SPS are in principle confined to verbal agreements among professionals and the child.

*We do not do it in writing. We make an agreement; we make plans. The expert team has suggestions and then we discuss what would be the best, whether it can be done financially and in what way. (KII with a CSW in RS)*

*We do not have it on paper, written down. We make it only when the child is placed in a foster family. The individual plan means absolutely nothing to the child. When the child comes to the family, they will work together on school, on free time, on a variety of activities, which you do not need to write down because you know them. (KII with a CSW in RS)*

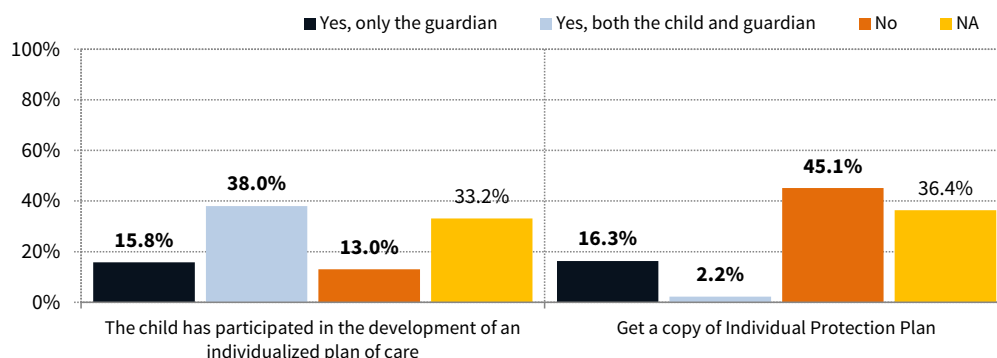
Around half of the CSWs and SPS that had developed individual child protection plans stated that these include objectives, deadlines for their implementation and for regular reviews, planned activities, expected results and individuals responsible for implementing the activities, and the roles and responsibilities of all relevant stakeholders in the child's life. The CSWs and SPS acknowledge that, in practice, the objectives often lack specifics and that the activities and implementation arrangements lack precise definition.<sup>89</sup>

As illustrated in Figure 33, guardians are more involved in planning than children (53.8 per cent); while 18.5 per cent of guardians received a copy of the plan 45.1 per cent of the children did not.



Figure 33.

**Participation of children and guardians in the development of individual protection plans and receiving a copy of the plan (N<sub>1</sub>=184, N<sub>2</sub>=184)**



The rate of participation in developing the plan increased with the age of the child: 45.8 per cent of fourteen to eighteen year olds and their guardians participated in the development of these plans and 82.6 per cent of eighteen to twenty-six year olds. However, this did not affect the number of children receiving a copy of the plan.

Children with developmental difficulties were more likely to have an individual plan than typically developing children (55.6 per cent compared to 36.3 per cent) and their guardians were more likely to receive a copy of the plan. Yet children with developmental difficulties were less likely to participate in the development of their own protection plan compared to children with typical development (36 per cent compared to 64.7 per cent).

## Guardianship

CSWs and SPS reported that in June 2016 three quarters of children in the system of alternative care (75.4 per cent) were placed under guardianship. Older children over eighteen years of age still in the system of alternative care were generally not under guardianship, while children under eighteen years without parental care were (22.9 per cent compared to 79.8 per cent). These were usually children whose parents were dead or unknown. Children accommodated due to an unsettled financial situation in the family tended not to be under guardianship.

Only a third (32 per cent) of children without parental care placed under guardianship were under direct guardianship, where the guardian body is directly responsible for decision-making about the child, while 61.1 per cent were under indirect guardianship, where some decision-making responsibilities are delegated to the director of the institution or to a foster carer.

## Decisions about the type of Care each Child will enter and Movement between Placements

The same CSW or SPS team that makes decisions on whether it is necessary for a child to be separated from its biological family and makes decisions about guardianship also takes the decision regarding the type of care into which a child will be placed. It should also carry out regular revisions of this decision. Yet regular reviews, once or twice a year, of the decision to place a child in care are only conducted by just over a fifth (22.7 per cent) of CSWs or SPS. A quarter (27.3 per cent) of CSWs and SPS reported that they only conduct these reviews as the need arises.

The CSWs and SPS reported that just over half (51.4 per cent) of children aged six to ten years and 81.7 per cent of children older than ten years of age are asked for their opinion about their most suitable accommodation. Younger children are asked even less frequently for their opinion on this issue.<sup>90</sup>

When being accommodated in the system of alternative care for the first time children without parental care are often placed in kinship foster care (55.9 per cent in RS compared to 36.2 per cent for BiH) and in around one-third of cases (30.2 per cent in RS compared to 49.4 per cent for BiH) are placed in an institution, as illustrated

<sup>90</sup> Generally, as the age of the children increased so did the percentage of those consulted about the preferable type of accommodation. This ranged from 51.4% of children aged from 6 to 10 and 77.8% aged from 11 to 14 to 86.7% of children aged from 14 to 18.

<sup>91</sup> There was also significant correlation between the number of reasons for and the type of accommodation. Children were more often placed in kinship foster care in cases of only one reason for removal into care, while a combination of reasons was more often associated with institution and non-kinship foster care placements. However, it is possible that the CSWs were less diligent in recording the reasons for accommodation in kinship foster care and that in these cases only the main reason was recorded.



Figure 34a.

A Child's first placement in alternative care (N=460)

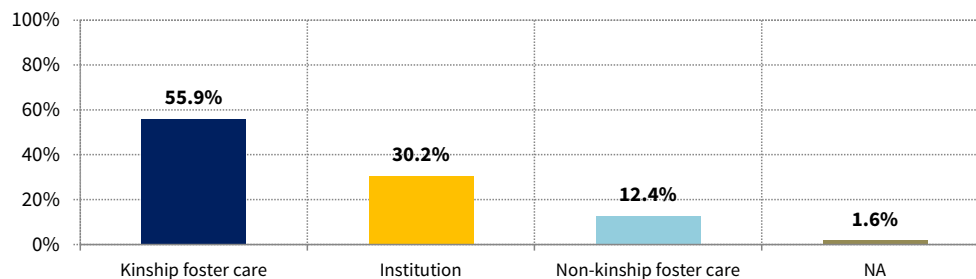
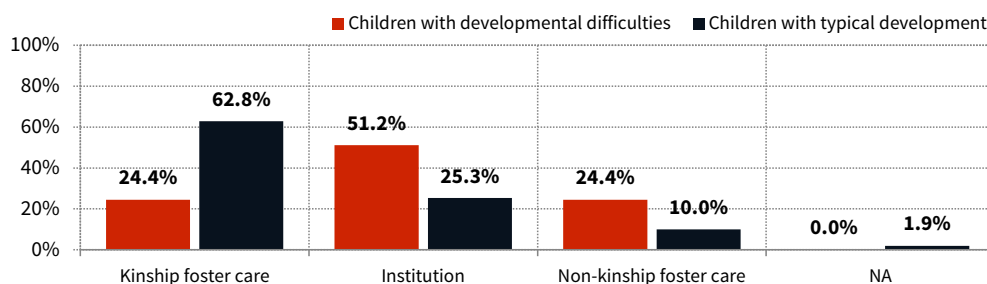


Figure 34b.

First placements for children without parental care with developmental difficulties and with typical development (N<sub>1</sub>=82, N<sub>2</sub>=360 respectively)

in Figure 34a. First placements into non-kinship foster care take place in 12.4 per cent of cases (compared to 9.2 per cent for BiH).

Yet around half of children with disabilities without parental care are placed in institutions (51.2 per cent), compared to only a quarter of typically developing children (25.3 per cent). Conversely, only a quarter of children with disabilities without parental care are placed with relatives in kinship foster care (24.4 per cent), compared to almost two-thirds (62.8 per cent) of typically developing children. Interestingly, a quarter of children with developmental difficulties enter foster care as their first placement, compared to only 10 per cent of typically developing children (see Figure 34b).

The type of the first accommodation does not have a significant correlation with gender, national affiliation or place of origin. The decision about the type of accommodation cannot always be oriented toward the child's

needs because it is often constrained by the availability of alternative care places.

*...the decision regarding the accommodation also depends on the team members. We sit down and then we agree on what would best suits a child. This also depends on the financial resources and sometimes we do not have much choice. There are no vacant foster families, while a choice for the home is also limited. (FG for CSWs in RS)*

The reasons for accommodation reveal certain patterns when analysed together with the type of first placement. If the death of a parent was one of the reasons for accommodation, especially if this was the only reason for accommodation, the child was often placed in kinship foster care (45.1 per cent), less often in non-kinship foster care (31.6 per cent) and least frequently in an institution (7.9 per cent).<sup>91</sup> If the reasons related to concerns about care, neglect and abuse then the child

was placed significantly more often in an institution (61.9 per cent), non-kinship foster care (52.6 per cent) or in kinship foster care (31.1 per cent). This was also the case if the reason or one of the reasons was the need for special protection due to the child's health condition. If the reason related to the decision of parents to entrust their child temporarily to the care of another person or institution then the child was more often placed in an institution (15.8 per cent) than in kinship foster care (7.4 per cent).

Children who were asked to give their opinion about the most adequate form of accommodation were significantly more often placed in kinship foster care than those who were not consulted about this question. In contrast, the children who were not consulted regarding the choice of the suitable accommodation were significantly more often placed in institutional care or in non-kinship foster care than those who were consulted. According to CSWs, children with disabilities were consulted equally as other children and yet they were more often placed in institutions. This raises questions about the nature of consultation with children with disabilities, especially those with intellectual disabilities and those being placed by their parents for 'reasons of health'.

## Placement Reviews and Movement to other Placements

The CSWs reported that placement reviews were conducted for just over half (53.5 per cent) of the children without parental care in RS (compared to 64.5 per cent for BiH). The CSWs most often conducted placement reviews 'as needed' if new facts from the field arose that could affect the original decision (27.3 per cent) or periodically once or twice a year (22.7 per cent). Only one CSW reported conducting reviews more frequently. Two CSWs stated that they did not conduct reviews and two-

fifths (43.2 per cent) did not provide an answer to this question. Reviews in RS were less frequent than in BiH as a whole and, as was the case for BiH, reviews were conducted less frequently for children placed in kinship foster care compared to children accommodated in institutions and non-kinship foster care (see Figure 35a).

Reviews were conducted more frequently for children with developmental difficulties (75.6 per cent) than for children with typical development (49.7 per cent). Yet as Figure 35b illustrates, reviews usually did not lead to a change in placement. Only a fifth (22 per cent) of children without parental care were reported to have changed placement after their first accommodation (19.2 per cent of children with developmental difficulties), mainly children in institutional or non-kinship foster care placements.

Even when the placement of children without parental care changed the type of placement usually did not. Children in kinship foster care and in institutions in particular were most likely to move to another relative or to another institution, but remain in the same type of care.

The CSWs reported less movement between different non-kinship foster care placements. Nevertheless, some children were reported to have moved between different types of care. Yet, for the most part, these were moves from non-kinship foster care to institutions or, to a slightly lesser extent, from institutions to non-kinship foster care. Children being moved from non-kinship foster care and from institutions to kinship foster care were also recorded.

Even though placement reviews were conducted more frequently than for children with typical development, children with developmental difficulties were more likely to remain in institutional placements (51.2 per

Figure 35a.

Placement reviews (N=460)

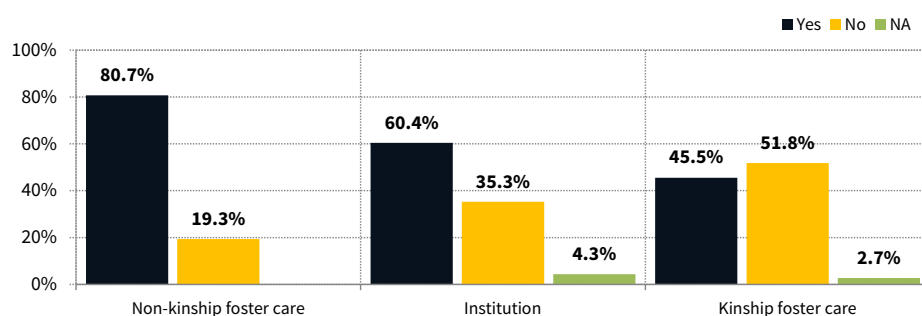
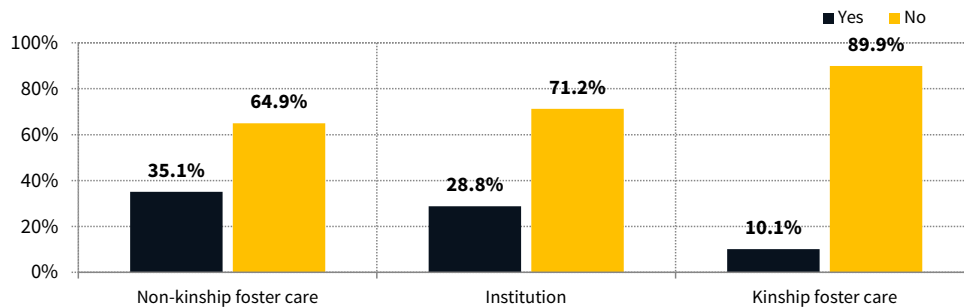


Figure 35b.

Placement changes (N=460)



cent compared to 21.1 per cent) and much less likely to move to kinship foster care (23.2 per cent compared to 63.9 per cent).

Overall, these transfers between different types of placements represent movement within the system of alternative care as a whole but do not affect the overall pattern of numbers of children in each type of care.

#### KEY FINDING 8.

**Kinship care is a significantly important resource for children in need of alternative care, especially those who have lost both parents, but less so for children with disabilities.**

Over half of the children without parental care were in kinship care (compared to one-third for BiH as a whole) and 45.1 per cent of children who had lost their parents first went into kinship care and were likely to remain there.

Children with disabilities were significantly more likely to be placed in institutional care than any other type of care. In RS, 50.4 per cent of children in institutional care were children with disabilities, compared to 27.3 per cent for BiH as a whole.

Of the children surveyed, 30.2 per cent had experienced institutional care as their first placement (51.2 per cent of children with disabilities). Most CSWs conducted placement reviews but, for the most part, (80 per cent) they result in no change from the initial placement.

As of 30 June 2016, 56.3 per cent of children without parental care were in kinship care (35.5 per cent in BiH), 27 per cent were in institutional care (48.5 per cent in BiH) and 14.1 per cent were in non-kinship foster care (9.8 per cent in BiH).

#### Siblings

Almost two-thirds of the children accommodated in the system of alternative care (60 per cent) had brothers and sisters who were under eighteen years of age. If these children had siblings in the system of alternative care, they were most often (68.1 per cent) placed together within the same form of care (see Figure 36a). Yet 16.3 per cent of children without parental care in the system of alternative care had siblings who were placed in other forms of alternative care or who had been adopted (5.4 per cent), while more than a quarter of children without parental care had brothers and sisters who had remained with their parents (22.8 per cent) or been placed with other relatives (4.3 per cent).

*I have a biological sister; she is placed with a foster family. She is three years old and we were told that it would be the best for her to be there and that they would take care of her the best they could, to devote a little more attention to her. She comes here once a month to visit us. (FG on children from institutions in RS)*

Children in non-kinship foster care most often had siblings in other types of placement, as illustrated in Figure 36b. Yet 7.8 per cent of children in institutional care were reported as having a sibling in another institution, while 25.6 per cent had a sibling who had stayed with their parents. Half (50 per cent) of children in non-kinship foster care were placed together with their under-age siblings. When it came to kinship foster care and institutions, the percentage of children with siblings in

Figure 36a.

Accommodation of underage brothers and sisters: possibility of multiple responses (N=276)

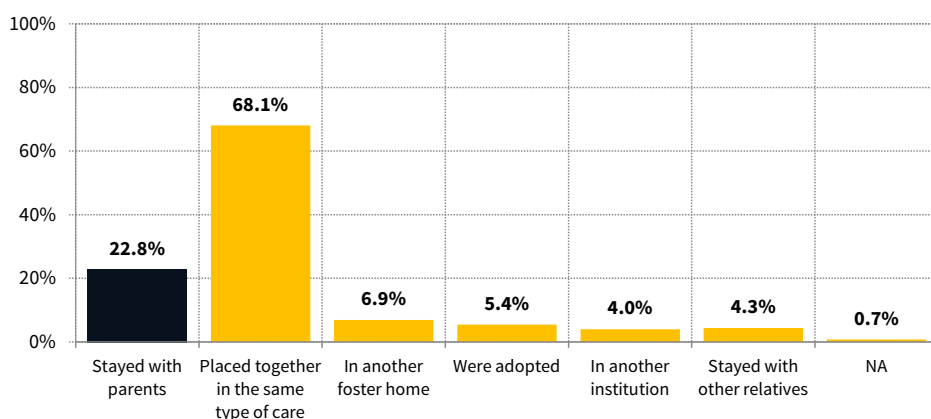
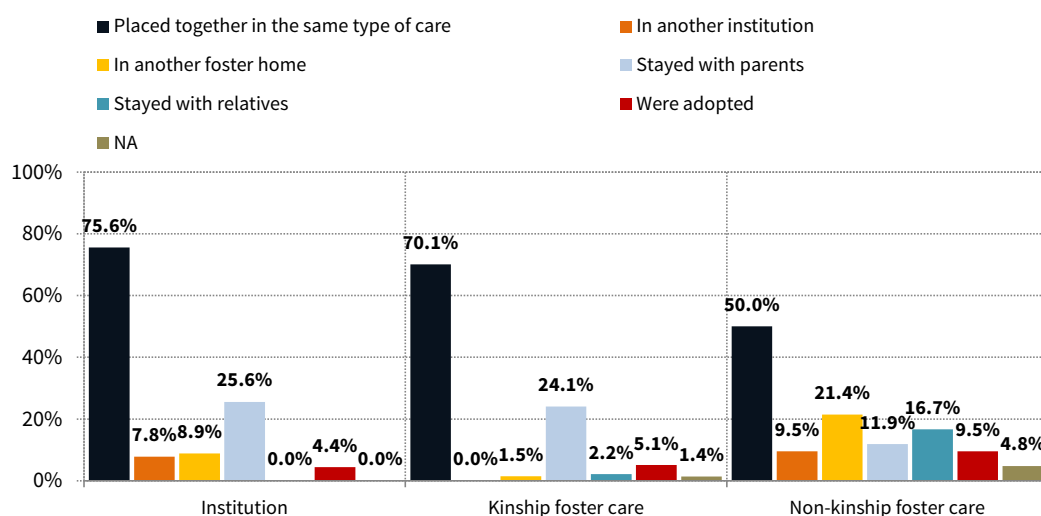


Figure 36b.

Form of care in which underage brothers and sisters are accommodated: possibility of multiple responses (N=276)



other types of care was significantly lower: about a third of children accommodated in these forms of care had siblings in other care settings.

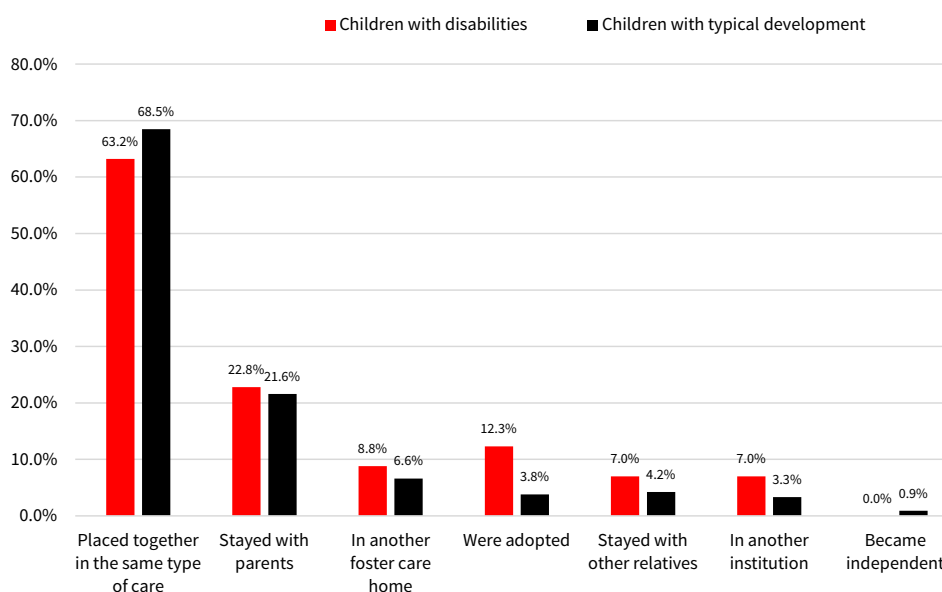
As Figure 36c illustrates, it was significantly less likely that children with developmental difficulties without parental care would have their siblings placed together in the same type of care. It was significantly more likely that their brothers and sisters would be adopted. They were also slightly more likely to have siblings who had remained in the care of their parents, compared to children with typical development.

## Contact with the Birth Family and other Relatives

Most of the children placed in non-kinship foster care (70.8 per cent) and in institutions (71.8 per cent) maintained some form of contact with their relatives. According to the assessments of the CSW employees, there were no significant differences in the frequency of this contact. Yet, given the different practices in keeping these records, it was very difficult to determine the amount of contact.<sup>92</sup>

Figure 36c.

**Form of care in which underage brothers and sisters of children without parental care with different types of development are accommodated (N<sub>1</sub>=57, N<sub>2</sub>=216)**



*Contacts are important and we are doing our best so the children would maintain them as much as possible. But it depends from case to case. It can be very sensitive. Sometimes it is bad for the child, even though the decision states otherwise. We do not have time to record every contact; it cannot always be controlled. (FG for CSWs in RS)*

Contact was maintained significantly more often with parents (if a child had parents) than with other family members, usually with the mother (52.1 per cent) but also with the father (38.7 per cent). Contact was reported to a lesser extent with adult siblings (13 per cent sisters and 11.6 per cent brothers) and grandmothers (12.8 per cent).

Staff from institutions, foster carers and CSW staff reported that they had difficulty in arranging and supporting contact. This suggests that supervision, procedures and therapeutic support for children and parents in arranging and maintaining contact need strengthening.

*We have problems with his father. He comes around and makes a problem. He made a problem in my house and so I was bringing the child into the city, so that they could see each other there. (FG on foster families in RS)*

## Funding issues

According to the public sector institutions, the monthly cost of accommodation is determined by a decision of the Ministry of Health and Social Welfare of RS and, according to the CSWs, they pay for accommodation of children in all types of alternative care on a regular basis. The payment for care is provided in part by the Ministry, in part through child allowances or other benefits accruing to the child (or contributions for care paid by the child's parents or other relatives) and in part by the municipality of origin that sent the child to an alternative care placement. The CSWs, foster carers and institution directors, however, reported that there are varying practices in terms of counting the child's income as part of the payment for care and that there are considerable delays in transferring these payments for the provision of care.

The UN Guidelines for the Alternative Care of Children recommends that funding mechanisms 'follow the child'; however, this will require support if it is to be implemented uniformly in practice and care should be taken not to jeopardise the quality of care as these mechanisms are introduced and fine-tuned.

<sup>92</sup> Due to inconsistencies in records keeping, caution should be used when interpreting this data. The data reported by the CSWs on the amount of contact during 2015, for example, suggests that some children accommodated in non-kinship foster care and in institutions did not have any contact with members of their biological family or had an "insufficient number of contacts" (one, two or three contacts) during the year. Other children were reported as maintaining contact with relatives, but significantly lower rates of maintaining contact were reported.

**See KEY FINDING 7.**

**Once separated, children are fairly likely to be supported to maintain contact with their parents, if they have them, but are unlikely to return home.**

Almost three quarters of children without parental care in non-kinship foster care and institutional care were reported to be in contact with their birth parents and relatives. Staff and foster carers reported difficulties, however, in organising and supporting this contact.

**KEY FINDING 9.**

**Siblings are usually placed together in the same type of care, although this is less likely for children with disabilities and children in non-kinship foster care.**

**More than a quarter of children without parental care have siblings still in the care of their parents or relatives.**

68.1 per cent of siblings are placed together in the same form of care.

Of the children without parental care with developmental difficulties surveyed, 22.8 per cent had siblings still in the care of their parents and a further 4.3 per cent had siblings in the care of other relatives. There is a need to ensure stronger support for families to care for their children with disabilities, together with their siblings, in the community.

21.6 per cent of children with typical development had siblings still in the care of their parent or other relatives. If these children lost parental care for economic reasons or for reasons of parental neglect and abuse then it remains unclear as to how the parents are able to care for some children but not for others.

Payment arrangements for care may need reviewing in order to align them fully with the UN Guidelines for the Alternative Care of Children.

## Length of stay in Alternative Care

The CSWs reported that as of 30 June 2016 there were 423 children in the system of alternative care who had been in the system for 4.5 years on average, ranging from six days to nineteen years. This average included three young adults who had been in the care system for more than eighteen years and a number of other young adults aged eighteen years or above.

Children with developmental difficulties had a longer average length of stay at 5.5 years than all other children without parental care at 4.6 years. There was a significant link between the age of the child at the time of placement and the length of stay. A child who entered the system of alternative care aged three to six tended to remain in the system significantly longer. The average length of stay tended to become longer as the age of the child increased, but became significantly shorter when it came to infants (children from 0 to 3 years of age).<sup>93</sup>

Those children whose first placement was in kinship foster care tended to have a shorter length of stay in the system of alternative care compared to those placed in an institution. Children in kinship care tended to be children who had lost both parents, while children in institutional care tended to be those with disabilities.

**KEY FINDING 10.**

**There is an overreliance on long stays in institutional care, averaging 5.6 years, and for children with disabilities who stay on average 5.5 years.**<sup>94</sup>

**Significantly fewer children without parental care were in institutional care than in BiH as a whole (27 per cent of children without parental care compared to 48.5 per cent in BiH). Yet more than half (50.4 per cent) of the children with disabilities without parental care surveyed were living in institutional care in June 2016 (compared to 27.3 per cent for the whole country).**

The CSWs, SPS and institutions that were surveyed reported that more than half of children without parental care in institutional care in RS were children with disabilities.

<sup>93</sup> 0-3 years: M=4.60 years; 3-6 years: M=7.52 years; 6-10 years: M=5.42 years; 10-14 years: M=3.59 years; 14-18 years: M=1.81 years.

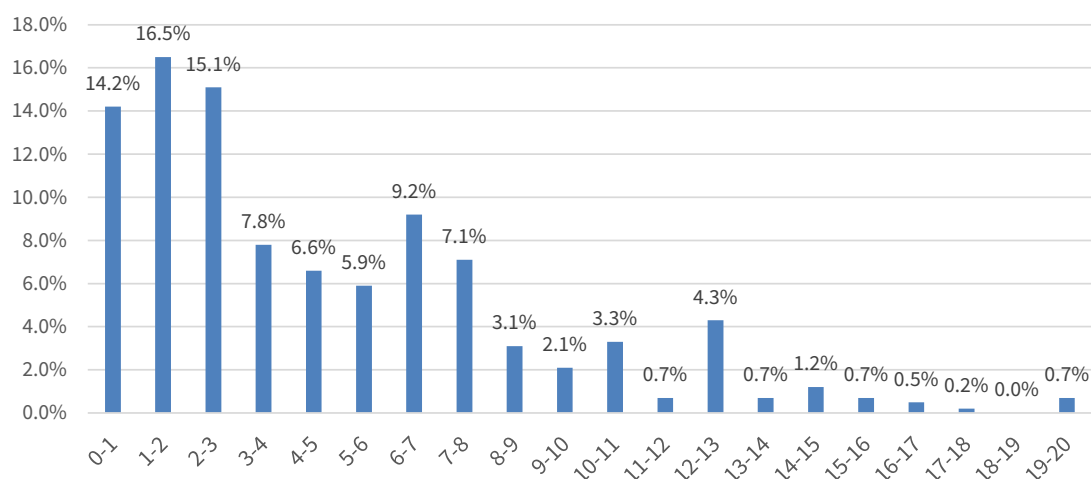
<sup>94</sup> These averages included young people aged 18 years and above.

<sup>95</sup> Definitions and guidance on providing a range of care and kinship care as well as foster care can be found in chapters 6 and 7 of 'Moving Forward'. Available from <http://www.alternativecareguidelines.org/Portals/46/Moving-forward/Moving-Forward-implementing-the-guidelines-for-web1.pdf>



Figure 37.

Length of stay (N=423)



## Capacity of the Alternative Care Services

This section of the report examines the capacities of different types of alternative care to meet the needs of children without parental care and takes into consideration the questions related to the quality of care and system management as well as staff capacities.

## Kinship and non-Kinship Foster Care

Under to the legislation in RS, both kinship and non-kinship foster care are considered the same in legal terms. Kinship and non-kinship foster care has the same rights and obligations. Yet it is important for monitoring and planning purposes to make a distinction between kinship and non-kinship foster care. This is because one type is open to only a limited group of children (children in need of alternative family-based care who have relatives willing to care for them) and the other is available to all children who need alternative family-based care (regardless of whether they have relatives or not). Although the law treats them the same, in practice they are very different types of care. They provide a range of care in the overall system of care (as set out in the UN Guidelines on Alternative Care for Children<sup>96</sup>) and planning to ensure that there is sufficient capacity to meet the need for family-based care. Data gathered through the survey provides some useful insights into the situation in relation to both kinship and non-kinship foster care in RS.

The CSWs and SPS reported 167 foster families in twenty-one municipalities in RS. Over a third (60 families or

35.9 per cent of all reported foster families in RS) came from one municipality and a quarter from two other municipalities that had twenty families each. There were between five and ten families in each of a further seven municipalities, while the remaining eleven municipalities had three or less foster families.

There was increasingly more kinship than non-kinship families among the active foster families, as illustrated in Figure 38.

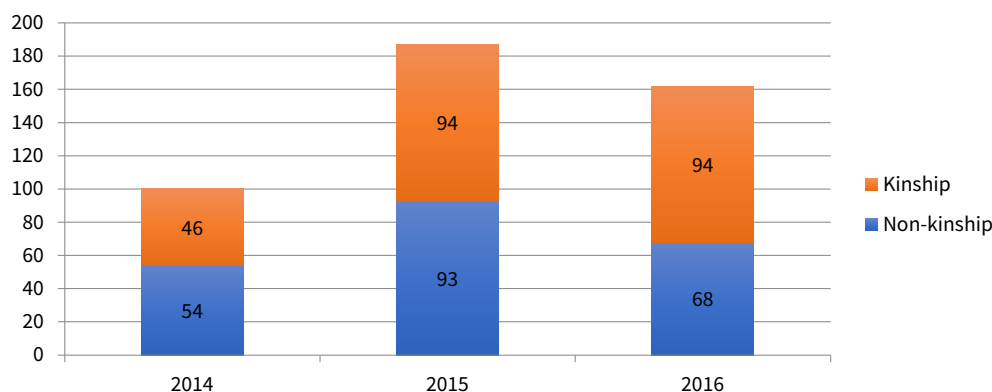
A slight upward trend was apparent in the number of active foster families reported by the CSWs and SPS in 2016 compared to 2014 (229 in 2014, 267<sup>96</sup> in 2015 and 246<sup>97</sup> in 2016). The CSWs and SPS in RS emphasised in the interviews and focus group discussions that there are still not enough foster families, especially trained foster families, whether kinship or non-kinship.

The CSWs and SPS emphasised in particular that the pool of foster families available for non-kinship care is very limited and that in some areas there are no potential foster families coming forward. Therefore, further promotion of foster care is needed in order to raise awareness and understanding among potential foster carers.

<sup>96</sup> The data was obtained from the BHSA Bulletin on Social, Family and Child Protection for 2014 and 2015, the Ministry of Health and Social Protection of Republika Srpska and the Department for Social, Family and Child Protection in Banja Luka for 2014 and 2015.

<sup>97</sup> As already noted, not all of the CSWs and SPS submitted the complete data collected for this research and therefore data from the Ministry of Health and Social Welfare was used for 2014 and 2015. Nevertheless, the established trend is apparent in both sets of data.

Figure 38.

Representation of kinship and non-kinship families in 2014, 2015 and 2016 (N<sub>1</sub>=100, N<sub>2</sub>=187, N<sub>3</sub>=162)

*Now, if I wanted to remove children I would have to send them to a children's home because our foster families are completely full. The kinship families that we have are not available to other children, but only to that child. (FG for CSWs in RS)*

## Characteristics of Foster Families

Foster families were significantly more likely to be city dwellers (65.3 per cent) than to live in rural areas (33.5 per cent). They had an average of three family members<sup>98</sup> and over half (52.1 per cent) had at least one child of their own.<sup>99</sup>

Most families (80.8 per cent) were currently caring for children without parental care at the time of the survey. Most children had come to these families directly from their biological families (71.1 per cent) and less often from other kinship foster care placements (5.2 per cent) or institutional placements (5.9 per cent).

This was the first experience of caring for a child without parental care for more than half of the active foster families (57.5 per cent), while a greater extent of inactive foster families (78.1 per cent) had no previous experience of providing foster care. A quarter of the foster families (26 per cent) reported by the CSWs were registered for foster care but had not had children placed with them.

In the previous two and a half years, the CSWs reported an average of 200 children in foster family placements each year (219 in 2014, 228 in 2015 and 192 in 2016). The majority of these were an increasing proportion of kinship foster care placements, especially in 2015 and the first half of 2016. More than two-thirds of the currently active foster families cared for one child without parental care (70.4 per cent), one-fifth (19.5 per cent) cared for two children and thirteen families (9.8 per cent) cared for three or four children.

## Training of Foster Families

In the previous two and a half years, there was an increase in the number of potential and active foster families completing the foster care training (13.5 per cent in 2014, 29 per cent in 2015 and 66.2 per cent or 90 foster families trained in 2016). The families completed from one to forty workshops.

*That one seminar was conducted during a ten-day period, with three hours a day. (Questionnaire for foster families, CSW in RS)*

*To obtain the status of foster parents, interested parties underwent training programmes for foster care. It is sometimes once a week, while sometimes twice a month; here, at the family counselling facility. (FG for CSWs in RS)*

*For the entire one year, we attended lectures on Saturdays and Sundays. They had time to carefully observe the candidates and to make their assessments. If someone got lost they would recognise that. Then in the questionnaire, we had the question regarding*

<sup>98</sup> M=2.76; SD=1.49; Min=1; Max=8; N=167.

<sup>99</sup> 20.4% of foster families had a child of their own, 22.2% had two children, 7.8% had three and 1.8% had four children.

*whether we have the support of the family, whether we have support from the neighbourhood, so we had to list it all. (FG on foster families in RS)*

Around 42.3 per cent of the foster families currently caring for children and those that had cared for children in the past completed the training. In some cases, however, circumstances required emergency placements that did not permit waiting for the training to be completed.

*We trained a total of 19 foster families, but we had a case in March where three children lost their father and mother. We did not want to separate them from family because they had the support of the extended family, which still had not undergone training. (FG for CSWs in RS)*

However, at the time of the survey, a similar proportion of trained potential foster families (43.8 per cent) had no children placed with them and therefore represented a resource that was not being utilised. Foster parents suggested in the focus group discussions that this 'underutilisation of resources' is a consequence of the CSWs avoiding placing children in foster care (especially non-kinship) families. The CSWs responded that these families, despite having completed the required training, felt unprepared to receive children for accommodation.

*When it comes to foster care, we have six trained foster families but only four are active and two passive. We attempted to place children with them. However, although they underwent trainings, each time they have a reason why they cannot accommodate the children right then. (FG for CSWs in RS)*

## **CSW and Foster Carer perceptions on the Capacity to provide Foster Care Services**

The CSWs frequently cited the lack of capacity for adequate supervision of foster families and the provision of continuous support as reasons for their reservations about placing children in this type of care, especially non-kinship foster care. Other professionals also reflected on the added responsibility of the CSWs in sharing care with the foster carer compared to other types of care.

Nevertheless, the CSWs reported that they had visited or supervised just over half (50.3 per cent) of active foster families from one to twenty times in the first six months of 2016. This figure rises to 96.2 per cent of supervised families if telephone calls are included as a supervision mechanism. Families were most often visited 'when necessary' or 'when possible', rather than on a systematic or regular basis.

*We have two kinship families where children are placed. They are satisfied, at least we think so. Because you know what the real situation is. We visit families from time to time, when we go to the field, when we have gasoline, and then we are working on cases of family protection and legal protection, and of colleagues from social protection, and then a colleague psychologist and pedagogue go to the school. And that is how we use this going-out as best as we can. (FG for CSWs in RS)*

A few CSWs reported continuous communication with foster families and the use of case management approaches that facilitate links to other agencies such as the Association of Foster Parents, which holds regular gatherings of foster families.

Foster families that took part in the focus group discussions generally stressed that visits by the CSWs can be rare and that they have no way to contact them at any time.

*This cooperation is sometimes favourable, but sometimes there isn't this, there isn't that. That person in on sick leave, the other on vacation. I think that someone should always be on call, that there should be a phone number that you can always call when you get into a situation where you need expert assistance. (FG on foster families in RS)*

Some foster families welcomed regular contact from trained professionals.

*We had a lady director who underlined that foster families must be visited once a month. Do you remember a lady sociologist used to come to us, talked to us, talked to the children, and exchanged opinions? It was all so beautiful. I was even looking forward to it. (FG on foster families in RS)*

Others perceived this contact as 'interference', as a threat or felt that their own contribution and effort was not suitably valued.

*I have been in this business for eight years, twenty-four hours a day. ...when he came to me, he was six years old and eleven kilogrammes. ...I have built something from that. Now someone comes and says, 'That the child should be tested for drugs.' ...And I am looking and have to be polite. Because the diploma, level and the workplace must be respected. (FG on foster families in RS)*

Some foster carers mentioned specific issues that created additional challenges to providing care for children without parental care and where the CSWs could do more to provide support.

Delays in transferring health records to the child's new place of residence makes it difficult for foster carers to find out even basic information about their foster child's health in order to ensure that they are receiving all the necessary health services, for instance, whether they have had certain vaccinations.

Some children enter a foster care placement without having received an adequate education in their previous care arrangement. This means that the foster parents have to negotiate with the CSW and the school in order to help the child catch up.

*I took children who should have been in the fourth grade, but they did not go to school at all. The centre enrolled them in the first grade. They are behind now. They are seventh grade and should have been in secondary school. (FG foster families in RS)*

## The understanding of Foster Care in Society

Foster carers reported experiencing negative perceptions in their communities and perceived this as a constraining factor in the development of foster care.

*It should work more and better. But the community needs to be more acquainted with foster care. Because they look at us like white crows. (FG foster families in RS)*

Some foster families reported experiencing prejudice and misunderstanding among professionals in the health and even social services, especially concerning their motives as non-kinship foster carers.

*...the nurses looked at me like this, 'Well, didn't you have a different way to earn bread than taking someone else's child?' I was in shock. (FG foster families in RS)*

*[The director of the centre] said, 'Yes, I know you. You are the one who receives 2,000 KM a month from us, from our centre.' I said, 'No Madame Director, I am the one who feeds three children who are wards of the Centre'. I should have said, 'I am your collaborator.' (FG on foster families in RS)*

Concerns about the way payment for foster care is perceived among members of their community emerged as a major concern among participants of the focus group discussions. This is a key indicator of the need to ensure that communication about this form of care. It needs to be conducted carefully in order to support and not alienate foster carers, especially given the intention to continue to grow the pool of non-kinship foster care families.

## Specialised Foster Care

Specialised foster care focuses on children and youth who due to psychophysical or health conditions require extra care and support. The data obtained through the survey shows that more than a tenth of children (12.3 per cent) placed in foster care have developmental difficulties and that the CSWs are uncertain whether the development of a further 3.7 per cent of children is typical or whether there have developmental difficulties. Representation of children with developmental difficulties was significantly higher in non-kinship foster families, where almost every third child placed had developmental difficulties (30.8 per cent), while in kinship this applied to every fourteenth child (7.7 per cent).

Although foster parents that provide specialised care have increased financial benefits, they lack additional support in providing care for children with developmental difficulties. These parents attribute this to a general lack of community-based resources that are usually limited to cooperation with schools and less often to support from mental health centres. The CSWs confirmed that the selection and supervision of specialised foster care is performed in the same manner as for other foster care.

### KEY FINDING 11.

**Foster care represents a potential resource for children without parental care, but needs strengthening and is underutilised by the CSWs and SPS.**

Kinship and non-kinship foster care are seen as the same in the legislation, but are different in practice. Most children in foster care are in kinship foster care and the available pool of non-kinship foster carers is limited.

Around a fifth of trained foster carers were not caring for children at the time of the survey. Yet it was not clear if they really were potential foster carers or rather applicants who had completed the training but decided not to become foster carers.

Foster care services require high levels of social worker input for recruitment, assessment, training, supervision and accompaniment both to support foster carers and to monitor the safety and well-being of children. The CSWs and foster carers both expressed concern over the capacity of the foster care system to provide consistently high quality support and supervision.

## Adoption

Very few children are adopted each year in RS. According to the official data provided in the *Bulletin on Social, Family and Child Protection 2014 and 2015* of the Ministry of Health and Social Welfare of RS, there were three adoptions in 2014 and thirty in 2015. The CSWs that provided data for this study reported that eight children were adopted in the first half of 2016 and twenty-five children from January 2014 through to June 2016.

### Profile of Adopted Children

The data provided by the CSWs and the municipal SPS indicates that slightly more boys (64 per cent) than girls (36 per cent) were adopted; however, given the very low number of adoptions (N=25), this difference is not statistically significant.

Children from the ethnic minorities and nationalities (4 per cent, N=1) as well as children with developmental difficulties (4 per cent, N=1) are rarely adopted. Given their representation in the system of alternative care (6.6 per cent and 17.8 per cent respectively), they are significantly less likely to be adopted compared to children from the constituent peoples or children with typical development.

Many of the children adopted were under the age of three years (40 per cent) and more than half (52 per cent) of those adopted were under the age of five years. The CSWs reported the adoption of four children aged five to ten years (16 per cent) and eight adoptions of children aged ten to eighteen years (32 per cent). Of the adopted children, 58.3 per cent had been in an institution where they had spent on average 2.5 years (ranging from 6 days to 12 years) prior to their adoption.

#### KEY FINDING 12.

**Only a small number of children without parental care were adopted, mainly young children, but older children were adopted than in BiH as a whole.**

The children who were adopted were mainly those aged under five years and without disabilities or developmental delays and who had spent less than twelve months in institutional care prior to their adoption. There were cases, however, of older children with disabilities being adopted by both BiH nationals and international adopters.

## The Capacity of Institutions that accommodate Children without Parental Care in RS to deliver appropriate Care and allow for individualised attention

The survey included questions for these institutions aimed at assessing their capacity to provide care for children without parental care. Five out of the six institutions in RS that received the questionnaires responded. However, the data provided by the CSWs, SPS and these institutions in response to the survey was not comprehensive enough to allow for a calculation of the child/staff ratios. This was because only children defined as being 'without parental care' were counted and not all residents in the institutions. However, the data received from the institutions in RS in terms of staffing ratios, staff capacities and the ratio of professional staff among all staff employed in these institutions did not differ significantly from the overall findings for BiH (see Table 4 of this report).

One of the institutions in RS was undergoing reorganisation at the time of the survey. It has since created 'family-type' units within the institution and now provides a new type of service in the form of a maternal unit. This unit provides accommodation for vulnerable pregnant women with babies up to one year of age. To date, this service has not been widely used. The institution has also strengthened its support for children in terms of preparing them for independent living through a project run together with an NGO as well as through the application of standards on the preparation of children for independent living.

The institutions reported challenges in managing expenditure when funding is sent in arrears and from two sources: the Ministry covers half of each placement cost and the other half comes from the municipal CSW from where the child came.

The focus group discussions held with children in institutional care indicated a willingness among children to be integrated into the life of their community as far as possible.

*...we children from the home go to the city school so the children from [the city] can get to know us, as opposed to those from the countryside who do not have any contact with children from homes. Those from the city can come and see what the home looks like too. (FG for children in institutional placements in RS)*

The children also emphasised the importance of seeking support themselves in order to get out of difficult situations at home and that children should be informed about where they can get such help.



**Box 4.****Case Study on the Independent Living Project in RS**

N.N is nineteen years old and has been in institutional care since she was four. She started to take part in the programme for training young people for independent life when she was fifteen. Now she is a student at the Faculty for Tourism and Hospitality and can stay at the children's home until the end of her studies. She thinks that the Independent Living Preparation Project was very important for all of the children, because it included all segments of life that they could not learn during a standard residence at the children's home. This included housekeeping, hygiene in the household, washing own laundry, grocery shopping, cooking, etc. She emphasised the importance of learning how to manage money for household and shopping and learning responsibility toward others. She also highlighted the role of the housekeeper who was supervising these activities as more important than the professional help of educators for older children. N.N plans to find work in her profession and to find an apartment to live in after her graduation.

*"I think that this independence should be developed. It was all interesting. To cook, to do the laundry. Because we did not have the opportunity to learn this earlier, when everything was being served to us. What does a child know when she gets out of the home, when faced with the real world? She does not know anything. I have completed that, but it is being put out now a little and it should be supported. They can ask us, the ones who have already come out of this, what was valuable and what was not. We can give some ideas. The housekeeper worked with us as she does in her own house. She said, 'Today we have beans for lunch and here is the money, go and buy everything you need for beans.' ...People from the children's home always assist in finding a job, as much as they are able to, through their acquaintances and so on. So I hope I will succeed as well.*

*It must be said that children who are vulnerable should try in any way to find a way out. To tell the elderly, for example, to grandmother, grandfather, uncle. So if parents are hitting the child that they could report it.*

*They just need to gather strength and turn to an adult and everything will be alright.*

*...some pamphlets should be made or something where children can see these numbers. It should go from school to school and be handed out. Not only in these city schools but also in some villages, so that children could know what it is about and those in need of help will know who they could turn to. (FG for children in institutional placements in RS)*

**100** Around a third (32.7%) of children without parental care came out of the system when they turned 18 years of age, while almost the same percentage (34.6%) spent another year or two in the system (until the age of 20 or until the completion of secondary schooling). A further 15% continued their studies at college and used the legal option to stay until the age of 26.

**101** Four young people with intellectual disabilities and one with hearing impairment.

**102** Of the children without parental care who had left the system, 6% had lived in the system for less than one year, more than a third (38%) from one to five years and the same percentage (38%) from five to ten years. While 12% had lived in the system from ten to fifteen years (29%) and 6% had spent more than 15 years in the alternative care system before becoming independent.

**103** M=4.96 years; SD=3.96; Min=185 days; Max=19.38 years; N=50.

**104** According to the BiH 2013 census.

**KEY FINDING 13.**

**Further study is required in order to be able to ascertain the extent to which children in institutional care are receiving individualised care that meets their needs.**

The system for monitoring care for children in institutions (partly because of the way in which being 'without parental care' is defined) does not permit data analysis for indicators such as child/staff ratios, although it does provide data about the proportion of institutional staff that are professional staff working directly with children.

Children with disabilities without parental care were markedly overrepresented in the institutional care system in RS compared to BiH. This suggests that there is a need to strengthen significantly the support provided to families so that they are able to care for their children with developmental difficulties or disabilities. The capacities of the CSWs and SPS also need strengthening so that they can better support foster carers to provide appropriate care for children with disabilities.



## 10.4 Outcomes from Alternative Care placements

The data obtained through this research indicates that fifty-five young people have left the system of alternative care in the past two and a half years or eighteen children per year on average. An equal number of them left institutions and foster care families and they mainly left the system at the age of eighteen or after completing their regular schooling (no later than the age of 26).<sup>100</sup> Among the young people who became independent five (9.1 per cent) were young people with developmental difficulties.<sup>101</sup>

The length of stay of children without parental care in the system of alternative care prior to becoming independent was represented fairly evenly.<sup>102</sup> The average length of stay was five years,<sup>103</sup> which is one year less than the average for BiH.

### The Level of Education of Young People who have left the System of Alternative Care

The level of education of young people who had left the system of alternative care in RS compared favourably to the education attained by all children without parental care in BiH and the whole population, as illustrated in Figure 14. Of the young people without parental care who left the system of alternative care in RS, 78.2 per cent had a secondary education and only 7.3 per cent had only primary school education, while 14.5 per cent of children without parental care in RS had a university education.

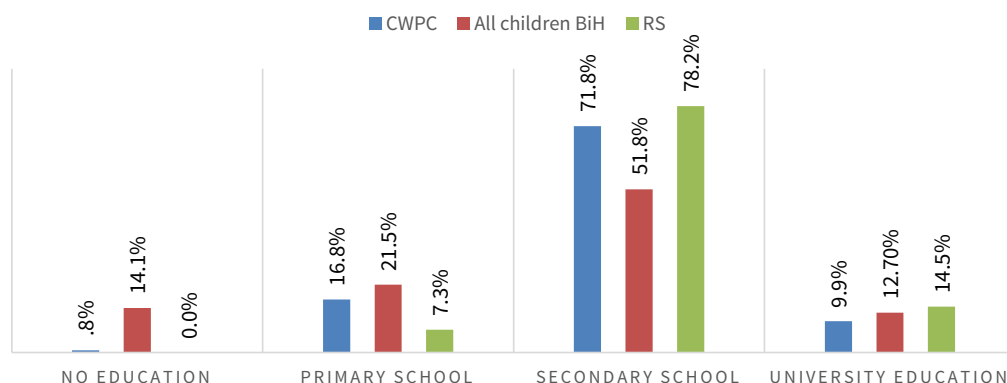
There were no significant differences in the level of education of girls and boys who came out of the system of alternative care, between young people who come from rural areas and the city, between young people with developmental difficulties and young people with typical development, nor were there significant differences between young people who are members of the constituent peoples and those who are of Roma ethnicity.

### Employment and Housing Support

Although the CSWs as well as the institutions and foster families in which the children without parental care are placed aim to prepare young people for independence and provide them with support in gaining employment and ensuring a place to live, all involved in the system of alternative care pointed out that housing and financial security are among the biggest challenges for young people leaving the system. Some CSWs saw permitting young people to remain in institutional care while they completed their education as a means of addressing, at least for a time, the housing issue.

*The biggest problem for us is the young persons who are becoming independent and who are not protected by law anywhere. There is no amendment by which we can provide them with financial assistance and they are not a priority when it comes to employment or in solving the housing issue. ...We have been trying for years to take care of them, to resolve the housing issue for some of them. We drag some of them, while for one of them we pay accommodation at the home while studying. That is some type of support. (FG for CSWs in RS)*

**Figure 39.** Highest attainment in education of children without parental care who left the system of alternative care between January 2014 and June 2016 (N=144) in BiH and RS (N=55) and of children aged 15 or above in the whole child population<sup>104</sup>



**Source:** The survey of 111 CSWs and author calculations.

The data obtained through the survey confirms that less than a third (32.7 per cent) of all young people who had left the system receive support for housing, while support for employment was provided for less than a fifth (18.2 per cent). Yet when it came to health insurance, they were all covered. Most were covered through the employment office or their work, while others were covered through the CSWs, SPS, the Ministry of Education and Culture of RS or by their guardians.

The five young people with developmental difficulties that left the care system were much more likely to receive both types of support compared to all other children (three out of the five children or 60 per cent received the support).

One of the issues that arose in relation to supporting independence upon leaving care was the question of whether a child should be expected to return to their community of origin and receive support for housing and employment there or not. This is especially relevant for those children who move to an institutional care setting and spend a long time in that form of care and where they establish a network of friends.

*If during the nine years of residence in the [institution] the child has never once [gone to their town of origin] of course the child will not have any desire to go back there to live. On the other hand, we have a situation in which such contacts are kept regularly but the child still chooses to live here. Simply because he/she likes it more. People from the CSW are unable to provide support. Then the support is reduced to a few one-time financial assistances in order to support the housing. Perhaps in the home municipality a job and an apartment would have been provided. (KII with an institution in RS)*

*They don't want to leave [this city], we had that case as well. For years they lived in a certain environment. They built their social network. They do not want to return. (FG for CSWs in RS)*

Around a third of CSWs in RS (29.6 per cent) had formed a team to support young people as they become independent from the system of alternative care and 2.3 per cent of the CSWs reported this team to be a permanent arrangement for this purpose. However, almost two-thirds of the CSWs (65.9 per cent) did not form such teams and this may be affecting the level of support provided to young people as they leave care. Other factors also play a role, such as cooperation of relatives and opportunities within the community of origin if the child does return there.

*We are trying at the community level or through relatives to ensure that these young people get employed*

*somewhere or start doing something. We do not have a single child who is of legal age and who does not have an apartment. Everybody returns to the family or has a house, so we have no problems with finding housing. (KII with a CSW in RS)*

Most of the CSWs that did establish a team included not only their own employees but also (in 23.1 per cent of cases) staff from the institution the child was leaving and, to a lesser extent, from NGOs in the local community or other organisations and businesses (7.7 per cent) in the team.

Children leaving foster care (kinship and non-kinship) receive additional support from their foster families, especially if they have been in long-term placements.

*Foster parents also find employment for the children. My colleague mentioned an example where the foster parent bought lofts and thus solved the housing problem. (FG for CSWs in RS)*

*We now have a girl who graduated from secondary school. She did not want to go to college, she works, but she has nowhere to go. We left her here, so she lives with us. She is no longer the centre's ward; they do not pay for her accommodation. But she will be with us until she gets married. There has also been a lot of health and psychological problems, but we managed to do that for her to be normal now. (KII with a foster family in RS)*

Often, there is a lack of funds for their care and therefore the CSWs try to help in the only way at their disposal: If it is assessed that a family conducts quality foster care then other children without parental care are placed there and in this way the foster family is assured a regular income.

*He had nowhere to go. His father doesn't want him, he got married, his mother left him, his uncle doesn't want him and they found him at the bus station, because he had nowhere to go. His former foster parents took him. The CSW gave her other children so she is able, along with that, to provide care for him. (FG for foster families in RS)*

*Now my little girl is leaving. She is in the third year of college, another year and a half and she ends her stay with me. I would be very happy if I could get some other children and to be able to, alongside them, keep her as well. I would like to help her to finish college. (FG for foster families in RS)*

#### KEY FINDING 14.

**Many children stay in the system of alternative care well into adulthood and receive considerable support with completing their secondary and tertiary education.**

Of the 52 young people who left the system of alternative care in the 2.5 years prior to the survey 83 per cent were aged 18 to 26 years when they left. A third of these children received support with employment and a fifth received support with housing.<sup>105</sup>

Children without parental care, including children with disabilities, were more likely to have achieved secondary education and university education upon leaving the system of alternative care than children aged 15 years or above in the overall population; they were also less likely to have no education at all.

without parental care in RS were in kinship care (35.5 per cent in BiH) and 27 per cent in institutional care (48.5 per cent in BiH). Non-kinship foster care was also used far more in RS (14.1 per cent) than in BiH (9.8 per cent). Together with the wide use of kinship care, this indicates a system that relies mainly on the provision of family based alternative care for children without parental care. Yet 50.4 per cent of children with disabilities without parental care were in institutional care placements in RS in June 2016, compared to 27.3 per cent for BiH. This suggests a need to strengthen family support services in the community for children with disabilities and for their families and relatives.

Children without parental care in RS spent on average fewer years in alternative care than in BiH as a whole (4 years compared to 5 years for BiH), while 14 per cent achieved a university education.

Most children do not return home to their families before becoming adults.

## 10.5 Conclusions specific to Republika Srpska

Overall, there was a slightly larger proportion of children without parental care in RS (0.28 per cent) than in BiH (0.24 per cent). Yet the effectiveness of prevention work was not known, which means that better monitoring and evaluation is required. Family support services, most commonly provided by the CSWs and SPS, offered inclusion in material support programmes and the provision of consultative and professional work.

These forms of support only partially met the identified needs of families reported by the CSWs and SPS and by the families themselves, which included unemployment, poverty and parent health problems as well as parental behaviour, family violence, neglect and abuse of children.

Better targeting and more effective prevention and family support could mean that fewer children need to enter alternative care in the first place. There was insufficient data to assess the effectiveness of the prevention work and support services, which 95 per cent of the CSWs and SPS reported carrying out.

Children without parental care in RS were much more likely to be placed in kinship care compared to other parts of BiH and were significantly less likely to be placed in institutional care: 56.3 per cent of children



<sup>105</sup> The study did not assess whether children actually needed employment and housing support, but only recorded whether they did or did not receive such support.

# 11.

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# 12.

## Annexes

### Annex 1: Data Collection Forms

The annexes presented here are the research questionnaires that were used by the Custom Concept research agency during the data collection process.

#### 1. Research questions for Centres for Social Welfare

Dear,

Custom Concept, a professional agency for market research, public opinion surveys and consulting ([www.cconcept.ba](http://www.cconcept.ba)), has been engaged by **UNICEF BiH**, with support from the **Ministry of Labour and Social Policy of the Federation of BiH and the Ministry of Health and Social Welfare RS**, to conduct a comprehensive **Situation Analysis of the Alternative Care System for Children without Parental Care in BiH living in institutions as well as in alternative forms of care in the community**. The analysis is carried out within the Project ‘**Transformation of Institutions and Prevention of Separation of Families**’, financed by the European Union. The data obtained will provide **insight into the current situation in the field of protection of children without parental care in BiH** and assist the implementation of the specific objectives of the project:

- to improve existing services and mechanisms aimed at identifying and providing preventive services to families at risk of separation as well as services for children with disabilities and other at risk groups of children;
- to strengthen existing models and capacities of the system of alternative care in Bosnia and Herzegovina;
- to support the transition of selected institutions into service delivery centres for children and families at risk of separation.

Among others, in order to meet these objectives the following activities will be implemented:

- strengthening the capacity of social workers in case management;
- development of tools for the identification of families at risk of separation;
- enhancing the capacities of centers for social work in developing a sound system of foster care in the country, with special focus on increasing the number of foster families qualified for specialised foster care for children with disabilities;
- development of plans of transformation for selected institutions and support to the implementation of the transformation plans in selected institutions;
- strengthening professional competencies of the staff employed in selected institutions.

Consequently, UNICEF and Custom Concept kindly request that you complete the Questionnaire that is in front of you and thus enable the implementation of this project in BiH. The general objective is to ensure that children without parental care, children at risk of separation from their families, and children with disabilities enjoy the same rights and have the same status as all other children in BiH. If you have any questions or concerns when filling out the Questionnaire, please contact us via the phone number xx.

Thank you in advance!

## **PART 1. INSTITUTION INFORMATION**

### **Personnel**

1. Number of employees .....
2. Number of professional staff .....
3. Number of employees working directly with children and those performing administrative, technical and personnel tasks .....
4. Number of employees working directly with other users .....

		<b>Number of professional staff</b>
<b>Total</b>		
<b>Gender of professional staff</b>	Male	
	Female	
<b>Vocation of professional staff</b>	Social worker	
	Psychologist	
	Lawyer	
	Sociologist	
	Pedagogue	
	Social pedagogue	
	Special educator and rehabilitator	
	Other (State the vocation)	
	1. ....	
	2. ....	
	3. ....	
<b>Age of professional staff</b>	Up to 25 years old	
	26 - 35 years old	
	36 - 45 years old	
	46 - 59 years old	
	More than 60 years old	
<b>Length of professional experience</b>	Up to 5 years	
	6 - 10 years	
	11 - 20 years	
	21 - 30 years	
	30 - 40 years	
	More than 40 years	
<b>Length of professional experience in the current position</b>	Up to 2 years	
	3 - 5 years	
	6 - 10 years	
	More than 10 years	



## Strengthening their Institutional Capacities

1. Number of professional staff who have undergone training in the field of preventive protection of children at risk of separation .....
2. Number of professional staff working on guardianship who have undergone education in order to better protect children .....
3. Number of professional staff working on foster care who have undergone training in the field of foster care .....
4. Number of professional staff working on adoptions who have undergone training in the field of adoption .....

Type of capacity strengthening received				
		2014	2015	Till June 30, 2016
Number of newly employed professional staff				
Number of newly employed other staff				
Vocation of newly employed professional staff	Social worker			
	Psychologist			
	Lawyer/ Attorney			
	Sociologist			
	Pedagogue			
	Social pedagogue			
	Special educator and rehabilitator			
	Other (state the vocation)			
	1. ....			
	2. ....			
	3. ....			
Did the CSW conduct	Equipment procurement	1. Yes    2. No	1. Yes    2. No	1. Yes    2. No
	Renovation	1. Yes    2. No	1. Yes    2. No	1. Yes    2. No
	Spatial expansion	1. Yes    2. No	1. Yes    2. No	1. Yes    2. No

5. Has the CSW signed protocols on cooperation in terms of psychosocial counselling?

	Is the Protocol signed?	Is it implemented? (respond only if signed)
Family counselling	1. Yes    2. No	1. Yes    2. No
Mental Health Centre	1. Yes    2. No	1. Yes    2. No
Centre for early growth and development	1. Yes    2. No	1. Yes    2. No
Non-governmental organisations	1. Yes    2. No	1. Yes    2. No
Other (state which) .....	1. Yes    2. No	1. Yes    2. No

6. Has the CSW signed protocols on cooperation in the field of preventive protection of children at risk of separation with the relevant institutions?

1. Yes
2. No

7. If yes, who are the signatories to the protocol?

1. CSW
2. Schools and kindergartens
3. Family medicine teams
4. Mental Health Centre teams
5. Police stations
6. Other institutions/organisations (state which) .....

8. Is this protocol being implemented?

1. Yes
2. No

Notes regarding cooperation .....

9. Has a working group been established to support the independence of children and young people without parental care / team for the development and implementation of individual programmes of preparation and support for the independence of children and young people without parental care?

1. Working group / team is permanently established
2. Working group / team is established if needed (from one case to another)
3. No

10. Who are the members of this working group/team?

1. CSW
2. The institutions for residential care of children without parental care
3. Employment agencies
4. Business subjects
5. NGO representatives
6. Other institutions/organisations (state which) .....

11. Have you established teams to support families at risk of separation?

1. Yes
2. No

12. Who constitutes the team to support families at risk of separation?

Occupation of the members of the team to support families at risk of separation	Qualifications of members of the team to support families at risk of separation
1.	
2.	
3.	
4.	
5.	
6.	

13. Has cooperation with the Association of Foster Parents been established?

1. Yes
2. No

## Organisation of Work

14. Who keeps records on children without parental care?

1. Clerk for records keeping
2. CSW employees who are in charge of guardianship / accommodation cases
3. Someone else (state who) .....

15. Who constitutes the expert team that makes the decision regarding the type of childcare?

Occupation of the expert team members	The number of expert team members with this occupation	Qualifications of the expert team members
1.		
2.		
3.		
4.		
5.		
6.		

16. Are the following databases for unified monitoring of children without parental care developed/used?

	They are developed	They are used
Databases for monitoring children separated from their families	1. Yes 2. No	1. Yes 2. No
Databases for active and potential foster families	1. Yes 2. No	1. Yes 2. No
Databases for potential adoptive parents	1. Yes 2. No	1. Yes 2. No

17. Is there a document with clearly defined criteria for the identification of children and families at risk of separation? If so, is it used?

It is developed	It is used
1. Yes 2. No	1. Yes 2. No

18. Who assesses families at risk of separation? .....

19. Who gives the initial information about potential families at risk of separation?

CSW employees	1. Yes 2. No
Kindergarten / School employees	1. Yes 2. No
Health institutions employees	1. Yes 2. No
Police	1. Yes 2. No
Family members, neighbours and other community members	1. Yes 2. No
Someone else (state who) .....	

20. Does a database for unified recordkeeping on families at risk of separation exist? If so, is it being used?

It is developed	It is used
1. Yes 2. No	1. Yes 2. No

21. Do you actively encourage the reintegration of children into their families?

1. Yes
2. No

22. If yes, which forms of encouragement are present:

1. Financial and material assistance
2. Advisory work / Referral to advisory work
3. Referrals to a health institution
4. Imposing measures (warning, supervision, termination of parental rights ...)
5. Other (state which)

23. Are there written guidelines and procedures on how to act in situations of care for children without parental care?

1. Yes, for every situation
2. Yes, for certain situations only
3. No

## Funding Strategies

24. How much does the CSW pay for child placement in ...?

Institution	BAM
Non-kinship foster family	BAM
Kinship foster family (if they are not legally obliged to support the child)	BAM

25. Is the child's income included in the compensation for accommodation?

1. Yes
2. No

26. If yes, what type of income is that?

1. Family pensions
2. Financial assistance for long-term care and support
3. Financial compensation by relatives who are legally obliged to support the child
4. Other (state which) .....

27. Does the CSW allocate money for compensation of the needs (expenses) of a child?

1. Yes
2. No

28. If yes, how much money does the CSW allocate for this purpose?

BAM

29. Does the CSW allocate money for the foster parents' salary?

1. Yes
2. No

30. If yes, how much money does the CSW allocate for this purpose?

BAM

31. Are there any other costs that the CSW pays for the placement of a child? If so, what are these costs and for what type of accommodation are they allocated?

\_\_\_\_\_

32. Which mechanisms for monitoring of child placement are applied?

1. Typical annual reports

2. Visits

3. Phone calls

4. Something else (state which) .....

33. Are the children familiar with their rights and possibilities to appeal about the quality of alternative care placement?

1. Yes, all children older than 14 are familiar

2. Depending on the assessment of CSW employees

3. No

34. Number of recorded children's complaints in ....?

2014 .....

2015 .....

First half of 2016 .....

35. Are these cases recorded in writing?

1. Yes

2. No

## **PART 2. DATA REGARDING CHILDREN WITHOUT PARENTAL CARE**

<b>DATA REGARDING CHILDREN WITHOUT PARENTAL CARE</b>				
		<b>2014</b>	<b>2015</b>	<b>Till June 30, 2016</b>
Number of children without parental care				
Number of children separated from their biological families due to inadequate performance of parental duties				
Number of children placed in institutions	Family model*			
	Institutional model **			
Number of newly placed children in the last year	Family model			
	Institutional model			
Number of children who have entered the system of care for children without parental care	Male			
	Female			
	<b>Total</b>			
	0 - 3 years old			
	4 - 6 years old			
	7 - 14 years old			
	15 - 18 years old			
	More than 18 years old			
	<b>Total</b>			
Number of children who left the system	Male			
	Female			
	<b>Total</b>			
	0 - 3 years old			
	4 - 6 years old			
	7 - 14 years old			
	15 - 18 years old			
	More than 18 years old			
	<b>Total</b>			

\* Family model - definition

\*\* Institutional model - definition



1. What is the type of further care for the children after the termination of their institutional placement?

Type of care						
		With their biological family	In a non-kinship foster family	In kinship foster care	Adopted	Became independent
Number of children who left system of care for children without parental care	Left the family model					
	Left the institutional model					
	<b>Total</b>					
	Male					
	Female					
	<b>Total</b>					
	0 - 3 years old					
	4 - 6 years old					
	7 -14 years old					
	15 - 18 years old					
	More than 18 years old					
	<b>Total</b>					

### **PART 3. DATA ON FOSTER FAMILIES**

<b>DATA ON FOSTER FAMILIES</b>				
		<b>2014</b>	<b>2015</b>	<b>Till June 30, 2016</b>
Number of potential foster families				
Number of foster families prepared for the accommodation of children				
Number of active foster families (who currently foster a child)	Kinship			
	Non-kinship			
Total number of children (at the end of the calendar year) placed in foster families	Kinship			
	Non-kinship			
Total number of newly placed children in foster families	Kinship			
	Non-kinship			
Number of children who left the foster families	Kinship			
	Non-kinship			
Number of professional supervisions of foster families	Kinship			
	Non-kinship			
Number of seminars and workshops organised for foster families	Kinship			
	Non-kinship			
Vocation of professional staff who supervise foster families	Social worker			
	Psychologist			
	Lawyer/ Attorney			
	Sociologist			
	Pedagogue			
	Social pedagogue			
	Special educator and rehabilitator			
	Other (state the vocation)			
	1. ....			
	2. ....			
	3. ....			

## **PART 4. DATA ON ADOPTIVE PARENTS AND ADOPTED CHILDREN**

<b>DATA ON ADOPTIVE PARENTS AND ADOPTED CHILDREN</b>				
		<b>2014</b>	<b>2015</b>	<b>Till June 30, 2016</b>
Number of requests for adoption				
Number of children legally eligible for adoption				
Number of adopted children	Full adoption			
	Partial adoption			
Adoptive parents citizenship	BiH citizens			
	Foreigners			

1. Is there an electronic record of the applications?

1. Yes, systematic records
2. Yes, personal records of CSW employees
3. No

2. Is there a database on the applications?

1. Yes
2. No

3. Are active potential adoptive parents only those who have submitted the application for the current year or does this include those who have submitted the application in previous years but did not renew the application?

1. Only persons who have submitted the application in the current year
2. Persons who have submitted the application in the current and in previous years (no matter if they did not renew the application)

## **PART 5. DATA ON CHILDREN / YOUTH RECEIVING SUPPORT TO BECOME INDEPENDENT**

DATA ON CHILDREN / YOUTH RECEIVING SUPPORT TO BECOME INDEPENDENT				
		2014	2015	Till June 30, 2016
Number of young people who were provided support for:	Housing			
	Education			
	Employment			
Number of developed individual care plans				
Number of visits to young people who became independent				
Number of young people with health insurance through the CSW				
Number of gained scholarships				
Number of professional trainings				

## **PART 6. DATA ON CHILDREN AND FAMILIES AT RISK OF SEPARATION**

DATA ON CHILDREN AND FAMILIES AT RISK OF SEPARATION				
		2014	2015	Till June 30, 2016
Number of families at risk of separation				
Number of children in these families				
Number of single parent families (families in which the child lives with one parent) at risk of separation	Single parent families -Mother			
	Single parent families -Father			
Number of families at risk of separation receiving permanent financial assistance				
Number of field visits to families				
Number of counselled families				

## 2. Research Questions for Childcare Institutions

Dear,

Custom Concept, a professional agency for market research, public opinion surveys and consulting ([www.cconcept.ba](http://www.cconcept.ba)), has been engaged by **UNICEF BiH**, with support from the **Ministry of Labour and Social Policy of the Federation of BiH and the Ministry of Health and Social Welfare RS**, to conduct a comprehensive **Situation Analysis of the Alternative Care System for Children without Parental Care in BiH living in institutions as well as in alternative forms of care in the community**. The analysis is carried out within the Project ‘**Transformation of Institutions and Prevention of Separation of Families**’, financed by the European Union. The data obtained will provide **insight into the current situation in the field of protection of children without parental care in BiH** and assist the implementation of the specific objectives of the project:

- to improve existing services and mechanisms aimed at identifying and providing preventive services to families at risk of separation as well as services for children with disabilities and other at risk groups of children;
- to strengthen existing models and capacities of the system of alternative care in Bosnia and Herzegovina;
- to support the transition of selected institutions into service delivery centres for children and families at risk of separation.

Among others, in order to meet these objectives the following activities will be implemented:

- strengthening the capacity of social workers in case management;
- development of tools for the identification of families at risk of separation;
- enhancing the capacities of centers for social work in developing a sound system of foster care in the country, with special focus on increasing the number of foster families qualified for specialised foster care for children with disabilities;
- development of plans of transformation for selected institutions and support to the implementation of the transformation plans in selected institutions;
- strengthening professional competencies of the staff employed in selected institutions.

Consequently, UNICEF and Custom Concept kindly request that you complete the Questionnaire that is in front of you and thus enable the implementation of this project in BiH. The general objective is to ensure that children without parental care, children at risk of separation from their families, and children with disabilities enjoy the same rights and have the same status as all other children in BiH. If you have any questions or concerns when filling out the Questionnaire, please contact us via the phone number xx.

Thank you in advance!

## **PART 1. INFORMATION ON THE INSTITUTION**

1. How is your institution registered? .....

2. Type of care / accommodation that the institution provides:

1. Institutional model
2. Family model

3. Does the institution apply the Rulebook on Standards for the Operation and Provision of Services in Social Welfare Institutions in the FBiH (FBiH Official Gazette 15/13)?

1. Yes
2. No

<b>Capacity</b>				
		<b>2014</b>	<b>2015</b>	<b>Till June 30, 2016</b>
Availability of spatial capacity (the number of children placed in relation to the maximum number of children)				
Rate the capacity of institutions using the scale of 1 to 5, where 1 represents the lowest and 5 the highest rating	Spatial capacity	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	Technical equipment	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	Leisure capacity (sports / recreational)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

<b>Staff</b>				
		<b>2014</b>	<b>2015</b>	<b>Till June 30, 2016</b>
Number of employees				
Vocation of employees (structure)	Social worker			
	Psychologist			
	Lawyer/ Attorney			
	Sociologist			
	Pedagogue			
	Social pedagogue			
	Special educator and rehabilitator			
	Other (state the vocation)			
	1. ....			
	2. ....			
	3. ....			
Number of employees who work directly with children				
Number of employees who perform administrative, technical and personnel tasks				
Budget of the institution				
The number of conducted expert controls				
The number of inspections				
Frequency of supervision (professional support for burn-out)				
The number of employees who have undergone professional training organised for staff				



Type and duration of training					
2014		2015		Till June 30, 2016	
Type of training	Duration of training	Type of training	Duration of training	Type of training	Duration of training

4. Is there a plan for education or professional training?

1. Yes
2. No

#### The Services that Institutions provide

Services provided to children without parental care (including accommodation) and pricing					
2014		2015		Till June 30, 2016	
Service	Price of service	Service	Price of service	Service	Price of service
<b>Accommodation</b>	<b>BAM</b>	<b>Accommodation</b>	<b>BAM</b>	<b>Accommodation</b>	<b>BAM</b>
	<b>BAM</b>		<b>BAM</b>		<b>BAM</b>
	<b>BAM</b>		<b>BAM</b>		<b>BAM</b>
	<b>BAM</b>		<b>BAM</b>		<b>BAM</b>
	<b>BAM</b>		<b>BAM</b>		<b>BAM</b>
	<b>BAM</b>		<b>BAM</b>		<b>BAM</b>
	<b>BAM</b>		<b>BAM</b>		<b>BAM</b>
	<b>BAM</b>		<b>BAM</b>		<b>BAM</b>
	<b>BAM</b>		<b>BAM</b>		<b>BAM</b>
	<b>BAM</b>		<b>BAM</b>		<b>BAM</b>
	<b>BAM</b>		<b>BAM</b>		<b>BAM</b>
	<b>BAM</b>		<b>BAM</b>		<b>BAM</b>

5. How do you form the price of accommodation?

6. Which services do you think your institution should provide to children without parental care (additional, new services)?

7. Is there anything else you want to add in relation to your work?

## Application of Quality Assurance Standards

1. Is the professional staff familiar with / do they apply the following:

	The professional staff is familiar with document	The professional staff apply document
Minimum standards for the institutional placement of children without parental care	1. Yes    2. No	1. Yes    2. No
Minimum standards for the placement of a child in another family	1. Yes    2. No	1. Yes    2. No
Minimum standards for children's villages	1. Yes    2. No	1. Yes    2. No
The minimum standards in terms of space, equipment and staff for small family homes (Ministry of Labour and Social Policy of the FBiH)	1. Yes    2. No	1. Yes    2. No
Other additional documents (state which) .....		

2. Is the professional staff familiar with / do they apply (and pass to young people) the following:

	The professional staff is familiar with document	The professional staff apply document
The manual for professionals: Step into the future: How to help young people to better cope after leaving public care	1. Yes    2. No	1. Yes    2. No
The guide for young people who are leaving public care: What now: Challenges ahead	1. Yes    2. No	1. Yes    2. No
Programmes of intensive support for the independence of young people who are leaving public care	1. Yes    2. No	1. Yes    2. No
The Strategy to improve the Social Protection of Children without Parental Care 2015-2020 RS, area regarding support to independence	1. Yes    2. No	1. Yes    2. No
Other additional documents (state which) .....		

## Annex 2: Terms of Reference

### TERMS OF REFERENCE FOR CONSULTANTS AND CONTRACTORS

#### **Institutional Consultancy (National)**

#### **Situation Analysis of the Alternative Care System for Children without Parental Care in BiH Timeframe: April – November 2016**

#### **I. Background:**

Both entity governments in BiH have pledged their efforts to focus on family based alternative care solutions and work on effective gatekeeping through a number of policy documents and action plans. However, despite this strategic commitment, residential placement continues to be the most frequently used option throughout Bosnia and Herzegovina. Social norms and underdeveloped alternatives to institutional care are just some of the reasons for this, in addition to the social care legacy of the previous system. Moreover, the number and nature of institutions for children is still rather an uncharted area. There are both public and private ones supported by the state and those that bypass any sort of monitoring.

In addition, databases on children without parental care and children with disabilities in the formal care system lack consistency among different sources and they generally offer incomplete information about the children. The data fails to portray trends in the rate of children in the public care system and focuses only on stocks rather than flows of children in and out of the system. There is also no comprehensive data on children and their families at risk of entering the system. This prevents efforts to systematically and adequately plan, execute and monitor child protection services.

Furthermore, children with disabilities constitute a particularly vulnerable category in the public care system and estimates show they represent more than half of all the children in residential care. Apart from poverty/unemployment, single parenthood and deprivation of

parental rights, a child's disability is one of the most common reasons for separation from the family. Many parents report not having the necessary knowledge, skills and means to care for all of their children's needs, which is why they resort to the formal residential care system to take over this responsibility.

Assessing the situation is central to developing a comprehensive and effective childcare reform strategy. A comprehensive assessment will help to ensure that the real needs and challenges are addressed and resources used efficiently. The overall picture provided by the analysis will help to measure the impact of the reform of the childcare system and drive new recommendations for informed reforms.

#### **II. Purpose of the Assignment**

The purpose of the assignment is to conduct a situation analysis of children at risk of deprivation of family care and of children without parental care in different alternative care settings in Bosnia and Herzegovina.

The approach taken should be one that:

- recognises and promotes the importance of a consultative process with relevant stakeholders, including children;
- provides recommendations that are context specific, child centred, developmentally appropriate, inclusive, gender aware, holistic and evidence based;
- includes ethical participation of children in the collection of data and information.

### Scope of the Study

More specifically, the selected contractor is expected to complete the following:

- Review the legal and policy framework in regard to alignment with relevant international guidelines and convergence between family support and alternative care policies.
- Map and assess relevant government and non-government services, including all short and long-term residential care, foster family promotion, national and inter-country adoption and family support and family strengthening services. This should include the stocks and flows of children in the formal alternative care system, the main variables that determine and influence children's entry and exit from the system (disaggregated flow data), and mapping of the funding strategies by comparing residential and family based forms of care.
- Assess care quality assurance standards and their application in all formal alternative care services.
- Conduct a capacity needs assessment and develop a draft capacity development framework for the staff of the centres for social welfare, with focus on effective gatekeeping, case management/care planning, and reintegration (in selected pilot locations only, to be discussed and agreed upon with UNICEF and the Project Coordination Board).
- Conduct a baseline study of children in all forms of formal alternative care (data to be disaggregated by gender, age, ethnicity and certain vulnerabilities).
- Analyse the findings in order to identify key bottlenecks in the prevention of children's deprivation of family care and subsequent placement in residential versus family and community based care in the area of enabling environment (legal and policy framework, social norms and budgets), demand (e.g. demand for family support/strengthening services) and quality and supply (e.g. available services, quality of services, information). Recognise good practice and propose recommendations to address the key bottlenecks.

### Methodology

Key principles of data collection and information systems:

- child centred with the aim to 'do no harm';
- disaggregated by gender and age, certain vulnerabilities (e.g. the socioeconomic situation and disability), geographic location and alternative care arrangements;
- based on a range of methods, such as interview studies, regular surveys, focus group discussions and key informant interviews;

- used to inform programming (not just for collecting and reporting purposes).

The selected contractor is expected to develop a detailed methodology for validation by the Programme Coordination Board.

## **III. Major Tasks to be accomplished**

Under the overall supervision of the UNICEF Child Protection Specialist and in close cooperation with the Child Care Reform Project Manager and all other relevant stakeholders, the contractor will undertake the following tasks:

1. Develop an Inception Report (maximum 20 pages, in English and B/H/S languages), with a detailed research methodology, to address the research objectives outlined above.
2. Facilitate a consultation process with key stakeholders to validate the Inception Report, including the methodology.
3. Conduct countrywide research based on the validated methodology.
4. Develop a draft Situational Analysis Report (between 70 and 100 pages, excluding annexes, in English and B/H/S languages) and present the findings and recommendations to key partners through a workshop.
5. Based on feedback provided by UNICEF and relevant key partners, finalise the Situation Analysis Report.

## **IV. Deliverables and Deadlines for submission**

The following are the main deliverables expected during the contract period:

1. Submit the draft Inception Report by 22 April 2016.
2. Submit the final Inception Report, incorporating feedback provided by UNICEF and key partners, by 13 May 2016.
3. Submit the draft Situational Analysis Report by the end of September 2016.
4. Submit the final Situational Analysis Report, incorporating feedback by UNICEF and key partners, by 18 Nov 2016.
5. Present the analysis findings to all relevant stakeholders through a workshop by 30 November 2016.



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