

# A SNAPSHOT OF ALTERNATIVE CARE ARRANGEMENTS IN CROATIA



QUALITY CARE FOR EVERY CHILD



SOS CHILDREN'S  
VILLAGES  
INTERNATIONAL

*Based on SOS Children's Village's assessment of a state's implementation of the UN Guidelines for the Alternative Care of Children.*



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In 2011, SOS Children's Villages International, along with child rights experts Nigel Cantwell and Prof. June Thoburn, developed an assessment tool<sup>1</sup> to measure a state's implementation of the UN Guidelines for the Alternative Care of Children. This tool is meant to be used as research foundation for countries participating in the SOS Children's Villages global advocacy campaign: Care for ME! *Quality Care for Every Child*.

The assessment tool is a long and complex diagnostic instrument. Undoubtedly, many states will not have sufficient data available to answer all the questions contained in the assessment and no single state will have implemented all the provisions for family support and alternative care as laid out in the UN Guidelines for the Alternative Care of Children. Nevertheless, SOS Children's Villages national associations were asked to complete as much of the tool as possible, given the available data in their country. The three main steps for completing the assessment are:

1. Desk research of existing secondary and meta data, from state, non-state and international sources;
2. Interviews with key service providers, service users and management; and
3. Compilation of the final report, including this summary.

A full version of the original data can be made available upon request. Requests can take up to 90 days to complete the request. Please contact [Emmanuel.sherwin@sos-kd.org](mailto:Emmanuel.sherwin@sos-kd.org) for further assistance and questions.

The target groups of this study are: can be defined as:

**Children in alternative care:** Those children and young people who, for any number of reasons, live outside their biological family and are placed in formal or informal care arrangements such as residential care, SOS families, foster care or kinship care.

**Children at risk of losing parental care:** children whose families are in difficult circumstances and are at risk of breaking down. They may be experiencing any number of challenges including, but not exclusively: material poverty, substance abuse, poor parenting skills, disability and behavioural issues.

A full version of the original data can be made available upon request. Please contact [Emmanuel.Sherwin@sos-kd.org](mailto:Emmanuel.Sherwin@sos-kd.org) for further assistance and questions.

### Next Steps

SOS Children's Villages calls on all states, civil society partners, inter-governmental agencies, human rights institutions and individuals, to use the data contained in this report to defend the rights of children and families. To work together or individually to bring about a lasting change in a child's right to quality care. If possible, in each of the countries where the assessment was carried out, SOS Children's Villages, in cooperation with key partners, will initiate an advocacy campaign on one or more of the recommendations contained within the report. Please contact the SOS Children's Villages national office if you wish to know more, support or become involved in the campaign.

### Disclaimer:

While all reasonable efforts have been made to ensure the accuracy and legitimacy of the data in this report, SOS Children's Villages cannot be held liable for any inaccuracies, genuine or perceived, of the information retrieved and presented in this document. The purpose of this report is to offer an insight into the state's attitude and recourse to alternative care and any human rights violations therein. SOS Children's Villages will not assume responsibility for the consequences of the use of any information contained in the report, nor for any infringement of third party intellectual property rights which may result from its use. In no event shall SOS Children's Villages be liable for any direct, indirect, special or incidental damage resulting from, arising out of or in connection with the use of the information.

## Executive summary

The Croatian Constitution ensures children special protection and in 1992 Croatia adopted the *UN Convention on the Rights of the Child*, which increased the state's commitment to children's rights. The main laws and legislation that stipulate measures and services aimed at preventing the separation of children from their families and that regulate alternative care are: the *Family Act*, *Social Welfare Act*, *Foster Care Act* and *Juvenile Courts Act*.

These legal measures provide social services and financial assistance for vulnerable families, including forms of daily community care and additional support for families in need, such as those with children with disabilities. Where parents are found to be at risk of losing their parental rights through negligence or poor parenting, there is a system of warnings and monitoring before action is taken. In the case of juvenile offenders, there are 16 disciplinary measures that courts can impose as preventative measures to avoid separating children from their families. Despite this, there are many challenges to the regulatory framework, including frequent changes to the law without clear legal basis, lack of assessment of the effects of enacted laws, and weak law enforcement.

### Recent legal/ policy changes

The *Social Welfare Act* defined the obligation of providing services in accordance with the *Social Services Quality Standards*. This meant to increase the quality of services, with an emphasis on preventing institutionalisation, increasing focus on the holistic needs of beneficiaries and providing social service provision within children's areas of residency. The Standards define the complaints and appeals procedures, including the obligation of providers to respond to complaints. They also provide procedures for preventing abuse and exploitation, and ensuring children's rights.

The *Social Welfare Act* only recently prescribed the obligation that centres for social welfare create an individual care plan based on an assessment of needs and outcomes for beneficiaries. In principle this means that children and parents participate equally in decision-making and are kept informed about their rights, but in practice these rights are not always enforceable.

The provision of child care in 'family homes' was only enabled in 2007 by the *Social Welfare and the Foster Family acts*, which limited the number of children in foster families to three. Foster families that care for a larger number of children are now registered as a 'family home', a non-institutional type of care that allows placement of four to 10 children. The *Social Welfare Act* does not prohibit the placement of children under seven years old in institutional care. It also has a broad definition of the circumstances under which children can be removed from their families, which includes the possibility to place children in alternative care due to family poverty, contrary to a fundamental principle of the *UN Guidelines for the Alternative Care of Children*.

The yet to be implemented *National Plan of Deinstitutionalization and Transformation of Social Welfare Institutions 2010–2016* defines the targets for reducing the proportion of children in institutional care in favour of family-based care (foster care); for children without parental care

(80:20), children with behavioural disorders (56:44) and for children with developmental difficulties (the target for 2016 is 40% fewer children in institutions than in 2010).

The gradual development of a regulatory framework for foster care over the last few years has begun to improve levels of care, but the system still lacks the capacity to ensure appropriate conditions and quality care for children.

### **Policy framework and implementation**

Croatia has a number of strategic documents that define its policy framework and reform guidelines, including social inclusion policies that are aimed at better protecting children's rights, promoting deinstitutionalisation, improving alternative care, developing preventative services and increasing the quality of social services and the family and social protection system.

Several public reports highlight numerous challenges related to the availability, under-development and quality of services. They also point to the over-reliance on institutional care, disconnectedness and inconsistencies in the execution of policies, deficiencies in the vertical and horizontal coordination of different bodies, delays in implementing measures, overlapping measures and significant gaps and shortcomings in monitoring and evaluation. There is a need to coordinate the provision of a wide range of services to ensure adequate solutions tailored to families facing difficulties. Services in local communities are uncoordinated or unavailable and it remains questionable how truly tailored services are to meet the needs of families.

One of the greatest problems highlighted by social service stakeholders is the imbalance in the distribution of homes and the lack of foster care, which means removing children from their local communities. There is also limited help for families at risk in order to prevent family separation, or to work towards reintegrating children in their families. The lack of standard guidelines or tools to assess the capacities of families to care for children, means children are often returned home without changes being made and without uniform standards, protocols and databases it is difficult to follow up, monitor and conduct supervision.

The existing support structures for young people preparing to leave alternative care are insufficiently developed. Many governmental and non-governmental agencies have recognised the needs of these young people such as employment support, housing, continued education, as well as support in emergency and crisis situations.

### Number/proportion of children in formal care settings: recent trends

Form of care	2003	2005	2010
Institutional care in social welfare homes (for children without adequate parental care, children with developmental difficulties and children with behavioural disorders)	4,188	4,188	4,045
Family homes	0	0	35
Kinship foster family care	2,484	2,244	1,840
Foster family care	2,484	2,244	1,840
Professional foster care	0	0	0
Organised housing			97

**Data source:** Ministry of Social Policy and Youth, Annual Statistical Report on Exercised Rights to Social Welfare, Legal Protection of Children, Youth, Marriage and Persons Deprived of Legal Competences and the Protection of Physically or Mentally Disabled Persons in the Republic of Croatia, 2003, 2005 and 2010; Annual Statistical reports on Welfare Homes and Users of Social Welfare in the Republic of Croatia for years 2003, 2005 and 2010.\*

*Note: There is only limited data on the kinds of foster families in which children are placed in (kinship or non-kinship) as these data only became available in 2010. Therefore, it is not possible to disaggregate the data by these criteria or determine whether foster care was traditional, specialised, emergency or temporary. The data in Table 1 relate to the total number of children cared for in foster families.*

According to the Ministry of Social Policy and Youth, the total number of children in all forms of formal care in 2010 was 5,920 compared to 6,980 in 2003, indicating a reduction of more than 15% from 2003–2010. Despite increased activity to promote foster care as opposed to institutionalised care for children, state and non-state homes predominate as providers of services for children: 68.32% of children are in institutions compared to 32% in foster care and family homes in 2010, which is an even higher proportion than in 2003; 65% to 35% respectively.

### How has capacity changed?

The comparison of the data on available capacities in the state institutions shows that the capacity of state child welfare homes declined from 1,188 in 2003 to 1,017 in 2010. A similar trend is found in the capacity of homes for children with behavioural problems (from 1,275 to 1,147). However, the capacity of homes for children with developmental difficulties increased from 3,248 to 4,109 from 2003–2010. The total capacity of state and non-state homes for children increased from 6,689 in 2003 to 7,653 in 2010, which indicates limited growth in the capacity of institutional care.

There has been a growth in the number of family homes; due to legislation changes foster homes with more than three children were re-classified as 'family homes'. Kinship care has also increased since 2003 from 1,143 to 1,714 in 2010. There remains unused capacity in foster care because some registered foster families do not have foster children yet. Professional foster care is non-existent and upon enforcement of new *Foster Family Act* in 2012 it will be revoked as a legal provision.<sup>ii</sup>

In considering these figures it should be noted that while it appears that institutional capacities have increased, the number of children in permanent accommodation has actually declined. This is due to the data including the capacities of day-care, half-day-care and temporary accommodation.

**What proportion of children returned to their family of origin in the past two years?**

The data shows that children with disabilities and behavioural problems are more likely to be placed in care institutions than foster homes compared to the general population of children in the system. Of the children placed in state children's homes, only 3% and 2.1% returned to their families in 2009 and 2010 respectively: indicating a downward trend of 0.9%. Of the children in foster care, 5.9% and 5.3% returned to their families in 2009 and 2010 respectively. The overall figures for children returned to their families from all kinds of care provider are a little more encouraging, 6.9% in 2009 and 4.7% in 2010, but they also exhibit a downward trend of 2.2%.<sup>iii</sup>

## Recommendations

1. Establishment of a coherent policy framework, aimed at enhancing child protection in accordance with the *UN Convention on the Rights of the Child* and the *UN Guidelines for the Alternative Care of Children*. This should include further harmonisation of the legal framework with all provisions of the Convention, efficient implementation and monitoring of adopted laws, horizontal and vertical policy coordination of all responsible bodies for child rights protection, and the grant of necessary resources and mechanisms for coherent policy framework implementation and for full implementation of UN Guidelines.
2. Development and implementation of standardised guidelines and tools for assessing family risks in regards to child care. The standardised assessment tool should contribute to the unification of practices in all centres for social welfare and prevent unnecessary separation of children from their families. Moreover, it is necessary to standardise processes, procedures and terms for reviews of child placements in alternative care in order to make informed and timely decisions in regards to when the child should be moved to another type of care or returned to the family.
3. Mixed family support measures (services and cash benefits) for families at risk should be redefined and enhanced to ensure that child separation from families is not primarily based on poverty. In general it is necessary to intensify work with families before, during and after alternative childcare has been provided. Work with families should be provided in coordination with centres for social welfare and specialised providers of family support services with adequate financial and human resources.
4. All responsible bodies should have a duty to establish more efficient coordination and implementation of all measures that prevent children's placement into alternative care. These measures should be implemented in coordination with other public bodies and with state and non-state service providers to improve cooperation and optimise use of available services. Preventive services should be based on a stable, sustainable and evenly distributed financing system. It is necessary to enhance the implementation of social contracting, a policy measure designed in support of sub-contracting of social services to civil society organisations.
5. There is a lack of quality non-institutional alternative care options. Reform of the social welfare system should be comprehensively defined with special attention given to the activities stipulated in the *Plan of Deinstitutionalisation and Transformation of Social Welfare Institutions*. Financial resources should be secured and prioritised to develop quality non-institutional forms of alternative care, particularly for foster care as the preferable family type of care, in order to avoid an imbalance when spending the majority of funds for the transformation of institutions and to avoid the risk of transferring 'institutional culture' to new family-types of care.
6. All types of alternative care services and all types of provider should implement quality monitoring in accordance with the *Quality Standards of Social Services*, not only welfare institutions as is currently stipulated in the *Social Welfare Act*. Monitoring of alternative care services is irregular and not standard, and the results of monitoring are not used to improve services.

7. Legal provisions on the duties concerning children leaving care should be better defined, as well as the guidelines for enhancing the preparation process for leaving care and securing support services after care. An assessment of the needs for a particular law that would comprehensively regulate 'leaving care' and 'after care' issues should be initiated, following the practices of several European countries.
8. Continuous and systematic data collection on family risk factors should be ensured and improved in order to provide the basis for the design of informed policies and services for families at risk of their children being taken away from the family of origin and placed into alternative care services. There is lack of and inconsistency of data, which prevents the full and accurate assessment of the situation in the field.
9. Training programmes for all community-based service providers should be mandatory, especially to those that provide alternative care services in child protection, to increase competencies and raise awareness regarding daily responsibilities of service providers for child protection in accordance with *UN Convention of the Rights of the Child*.
10. It is necessary to undertake regular analyses of children's access to information about their rights and about appeal procedures. Moreover, information and assessments collected by responsible bodies for inspection and supervision should be publicly available in order to increase overall accountability of services.

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## Glossary

**Institutional care in social welfare homes** Provide accommodation services (temporary, during the week or permanent), including housing, food, health care, education, psycho-social rehabilitation, organised free time and other services for children without adequate parental care, for children with developmental difficulties and for children with behavioural disorders.

**Family homes** Defined as non-institutional care, a family home provides accommodation or day-care as a professional activity for 4–10 children. Representatives of a family home may hire other employees depending on the number and type of users.

**Kinship foster family care** Care in a family setting with foster carers and foster family members who are blood relations and/or in-laws of the beneficiary.

**Non-kinship foster family care** Traditional, specialised, emergency and temporary foster family care may be provided by foster parents and members of their families that are not in kinship or in-law relationships with children placed to their family.

**Professional foster care** The *Foster Family Act* adopted in 2011 included legal provision for professional foster care for experts in the area of social work, psychology, rehabilitation-education, medicine etc. However, this was abolished by law amendments in July 2012 (not yet enforced).

**Organised housing** Type of accommodation for one or more children, up to five, with organised permanent or temporary support of professionals or other helpers in meeting the users' basic needs and other needs such as social, occupational, cultural, recreational etc. Organised housing could include a community of separate housing units if on the same location.

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<sup>i</sup> The original version of the tool can be found here: <http://www.sos-childrensvillages.org/What-we-do/Child-Care/Quality-in-Care/Advocating-Quality-Care/Pages/Quality-care-assessment.aspx>

<sup>ii</sup> Data source Ministry of Social Policy and Youth: Annual Statistical Report on Exercised Rights to Social Welfare, Legal Protection of Children, Youth, Marriage and Persons Deprived of Legal Competences and the Protection of Physically or Mentally Disabled Persons in the Republic of Croatia for years 2003, 2005 and 2010; Annual Statistical reports on Welfare Homes and Users of Social Welfare in the Republic of Croatia for years 2003, 2005 and 2010.

<sup>iii</sup> Ibid.