

The National Child Protection System and Alternative Child Care in Jordan

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SOS CHILDREN'S
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Foreword

This report on the National Child Protection System and Alternative Child Care in Jordan was commissioned by SOS Children's Villages International, Regional Office for CEE/CIS/Middle East. It is part of a series of five reports based on a multi-country desk review, including also Egypt, Lebanon, Palestine and Syria. The author is the renowned international child protection consultant Dr. Chrissie Gale. We are glad to share this and the other reports with all interested stakeholders in order to spark further efforts to better protect children without parental care or at risk of losing it and facilitate new effective partnerships. All reports can be accessed [here](#).

The main objective of the review was to increase our knowledge and understanding of the child protection sector in Jordan, in particular recent developments and reform efforts. SOS Children's Villages alternative care and family strengthening programs operating in the country continuously aim at improving and increasing the positive impact on the lives of children who lost parental care and children at risk of being separated from their families. Understanding the functioning and challenges of the national child protection system is paramount for us to better address the needs of these groups, scale up or launch new initiatives and strengthen cooperation with governmental and civil society stakeholders.

The report thoroughly examines all available academic and professional research literature. It offers an analysis of data and information obtained from open web and official government sources. Presenting a synthesis of compiled evidence, it gives a detailed picture of current child protection practices and the structural and legal building blocks of the child protection system in Jordan. The report offers rich evidence for sound decision-making in the areas of policy, programming, advocacy and development cooperation.

We hope the report will be useful also for other agencies and organizations active in the field of child protection. May the learnings help us in our work to improve the lives of children and families.



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Glossary of terms

Abandonment	A situation in which children are anonymously left in a 'public' place by persons unknown e.g. a child is left on the steps of a mosque or in front of a hospital or on the street.
Adoption	A child who is effectively placed in the legal custody of the person adopting them 'pursuant to a final adoption order, as of which moment, for the purposes of the UN Guidelines for the Alternative Care of Children, the child is considered to be in parental care'. ¹
Ageing out of Care	The time at which a child or young person living in formal alternative care reaches a legally-determined age (usually the age of majority) above which they are no longer entitled to live in a care placement. In most cases, they need to leave care and start their lives as independent adults.
Alternative Care	Children not in the overnight care of at least one of their parents, as parents are unwilling or unable to care for children ² . The UN Guidelines for the Alternative Care of Children outline several different forms of alternative care including kinship care, residential care and foster care.
Child	A child is any person under the age of 18 years unless the law of a particular country sets the legal age for adulthood younger, as provided for under Article 1 of the United Nations Convention on the Child. ³
Children without parental care	'All children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances.' ⁴
Kinship care	Family-based care within the child's own extended family or with close friends of the family known to the child. ⁵
Family based care	Refers to a short- or long-term care arrangement whereby a child is placed in the domestic environment of a family, as opposed to institutional or residential care. ⁶ This includes kinship care and foster care.
Formal care	'All care provided in a family environment that has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not the result of administrative or judicial measures' ⁷
Foster care	'Situations whereby children are placed by a competent authority for the purposes of alternative care in the domestic environment of a family, other than children's own family, that has been selected, qualified, approved, and supervised for providing such care.' ⁸ (Note: In some countries, this now also applies to a formally arranged

1 UN General Assembly (2009) Guidelines for the Alternative Care of Children

2 UN General Assembly (2009) Guidelines for the Alternative Care of Children

3 based on Article 1 of the UN Convention on the Rights of the Child (CRC) (UN, 1989).

4 UN General Assembly (2009) Guidelines for the Alternative Care of Children Article III, 29a.

5 UN General Assembly (2009) Guidelines for the Alternative Care of Children

6 European Expert Group on the Transition from Institutional to Community-based Care (EEG) 'The Common European Guidelines on the Transition from Institutional to Community-based Care', November 2012, available under: www.deinstitutionalisation.com; hereinafter quoted as "EEG (November 2012) op. cit."

7 UN General Assembly (2009) Guidelines for the Alternative Care of Children

8 UN General Assembly (2009) Guidelines for the Alternative Care of Children

	placement with another family member - kinship foster care). This form of care should be temporary in nature.
Guardian	A guardian is a person, not a parent of the child, who is given legal responsibility to care for a child; this may entail full parental responsibility, including the care of a child or, in some systems, more limited responsibilities related only to making legal decisions on behalf of the child. A guardian could also be someone recognized by the community or traditional authorities as having the responsibility to care for and protect the child. A guardian may be related or unrelated to a child. (please also see definition of legal guardian below)
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 their individual capacity. The arrangement is 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. ⁹
Institutional care	'Large residential care facilities,' ¹⁰ where children are looked after in any public or private facility, staffed by salaried carers or volunteers working predetermined hours/shifts, and based on collective living arrangements, with a large capacity. ¹¹
Kafala	A means of providing care for vulnerable children, recognized under Islamic law and in article 20 of the Convention on the Rights of the Child and in 2.a and 161 of the UN Guidelines for the Alternative Care of Children. In practice, this may include providing financial and material support to a child in parental or alternative care, or, as referenced in the UN Convention on the Rights of the Child, may be an arrangement closer to adoption or fostering where a child is taken to live with another family ¹² As regards children, it is generally defined as a person's (<i>kafil</i>) commitment to voluntarily take care of the specific needs, maintenance, education and protection of a child deprived of his/her family (<i>makfoul</i>). However, its legal and practical effects differ from country to country, ranging from financial support for children in a residential facility to full-time care by the <i>kafil</i> in their family environment
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.' ¹³ Kinship care can be both a form of permanent family-based care and a form of temporary alternative care. There are two types of kinship care. Informal kinship care is: 'any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends ... 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.' ¹⁴ Formal kinship care is care by extended family or close friends, which has been ordered by an administrative or judicial authority or duly accredited body. ¹⁵ This may in some settings include guardianship or foster-care.
Legal guardian	A legal guardian is a person who has the legal rights and responsibilities to care for another person. A child's legal guardian will normally be the child's mother or father unless they have had their parental rights removed by a court order. Children without a legal guardian will require representation in the decision-making process to ensure their rights, opinions and best interests are protected.

⁹ UN General Assembly (2009) Guidelines for the Alternative Care of Children

¹⁰ UN (2009) Guidelines for the Alternative Care of Children.

¹¹ NGO Working Group on Children Without Parental Care (2013) Identifying Basic Characteristics of Formal Alternative Care Settings For Children: A Discussion Paper'

¹² Cantwell and Jacomy-Vite (2011)

¹³ UN General Assembly (2009) Guidelines for the Alternative Care of Children Article III, 29c.i.

¹⁴ *ibid.* Article 29b.i.

¹⁵ *ibid.* Article 29b.i.

Orphan	For this report the term orphan will refer to a child whose both parents have died
Relinquishment	Is a process where a mother and/or father or others with or without parental authority decide not to raise their child and hand over the child to another 'carer' e.g. a child left behind in a maternity ward of a hospital or voluntarily taken to a residential care facility. Relinquishment unlike abandonment is when the identity of the mother or father, or other family members, are known
Residential care	'Care provided in any non-family based group setting, such as places of safety for emergency care, transit centers in emergency situations, and all other short- and long-term residential care facilities, including group homes.' ¹⁶ A distinction is often made between different forms of residential care. For example: <ul style="list-style-type: none"> ▪ <i>Institutional care</i>: large-scale facilities where children are cared for in large groups, usually involving shift-systems, a common set of rules, children sleeping in dormitories, and isolation from wider communities. ▪ <i>Small group homes</i>: children cared for in small groups, usually with one or two consistent carers, in specially designed and designated facilities.¹⁷
Separated children	Children who have been separated from both parents, or from their previous legal or customary primary care-giver, but not necessarily from other relatives. These may therefore, include children accompanied by other adult family members. ¹⁸
Small residential care settings	A 'public or private, registered, non-family based arrangement, providing temporary care to a group of 4 to 6 children, staffed by highly trained, salaried carers, applying a key-worker system, with a high caregiver-to-child ratio that allows for individualized attention for each child, based on the professionally developed case plan, which takes into account the voice of the child.' ¹⁹
Street connected children	Children living and/or working on the streets
Supervised independent living	Where children/young people live alone or in small groups in a house or apartment but are carefully supported by an adult whilst transitioning from a full-time care setting to independence.
Reintegration	The process of a separated child making, what is anticipated to be, a permanent transition back to his or her family and community (usually of origin) in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life ²⁰
Unaccompanied children	Children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so. ²¹
Violence	For this report the term 'violence' will be used to denote all forms of abuse and exploitation including serious neglect and physical, sexual and emotional abuse

16 *ibid.* Article III, 29c.iv.

17 United Nations General Assembly (2019) 'Promotion and protection of the rights of children' adopted by the General Assembly at its 74th session, 19 November 2019, A/74/395

18 Definition from: Committee on the Rights of the Child General Comment No. 6, Treatment of unaccompanied and separated children outside their country of origin, UN document CRC/GC/2005/6 of 1 September 2005

19 UNICEF (2020) White Paper: The role of small-scale residential care for children in the transition from institutional to community-based care and in the continuum of care in the Europe and Central Asia Region. UNICEF ECARO Office

20 (Inter-agency group on Reintegration 2016, p.1).

21 *ibid.*

Preface

1. Introduction

This desk review of the child protection system and alternative care in Jordan was commissioned by CEE/CIS/ME Programme Team in SOS Children's Villages International.

1.1 Aim and scope

The aim of the desk review was to develop a synthesis of findings drawn from literature relating to child protection systems and alternative care in Jordan, and provide an understanding of the structural and operational realities, and status quo, of the system in the country.

In this respect, the aim of the research undertaken in Jordan was to gain an understanding of the following:

- The socio-economic and cultural contexts in which child care reforms are taking place
- The risks children face that can lead to loss of parental care and placement in alternative care
- The structures and processes governing child protection and alternative care, including the normative (legal and policy) framework, government and non-governmental structures, roles and responsibilities, and capacities
- Provision of alternative care services
- The child protection and alternative care workforce
- Attitudes that impact on protection and alternative care of children

1.2 International treaties and guidance underpinning the structure of the report

The structure and choice of information to include in this report has been informed by international conventions and guidance. In particular, this includes the UN Convention on the Rights of the Child (CRC), the UN Guidelines for the Alternative Care of Children (UN Guidelines), and the accompanying Handbook 'Moving Forward'²². This latter document identifies two basic principles that are described as the 'pillars' of the UN Guidelines: 'necessity' and 'suitability'. It has also been informed by the recent United Nations General Assembly Resolution on the Rights of the Child²³ adopted on 18th December 2019, which strengthens the commitment of States to children without parental care and those at risk of being so.

²² Cantwell, N.; Davidson, J.; Elsley, S.; Milligan, I.; Quinn, N. (2012). *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*. UK: Centre for Excellence for Looked After Children in Scotland. Available at: www.alternativecareguidelines.org

²³ United Nations General Assembly (2019) 'Promotion and protection of the rights of children' adopted by the General Assembly at its 74th session, 19 November 2019, A/74/395

The UN Guidelines clearly state that the family is the 'fundamental group of society and the natural environment for the growth, well-being and protection of children' and that 'efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members.' This '**necessity** principle' therefore, safeguards children from being removed from parental care and placed in alternative care unnecessarily. The '**suitability**' principle as also laid out in the UN Guidelines, requires a range of good quality alternative care settings be made available so that if care is deemed as necessary, each child's individual needs, circumstances and wishes can be met. It also requires ending the use of unsuitable placements such as the use of institutions and detention centres. The UN Guidelines require the most suitable forms of alternative care be provided under conditions that 'promote the child's full and harmonious development'. All efforts should also be made to return children to the care of their family as soon as possible or, if finally deemed not possible, to find other suitable long-term solutions.

2. Summary of findings

This section contains a brief summary of some key issues as highlighted during this desk review relating to the child protection system and alternative care provision in Jordan.

- Jordan is one of the countries for which it has been possible to source the most comprehensive set of documents. However, what this has revealed is how the vast majority of this information relates to child protection whilst there are few recent evaluations of the alternative care.
- There are relatively small numbers of children in residential care in Jordan.
- Children are placed in family-based alternative care. This includes placements that are often referred to as 'foster' care but are permanent placements and do not meet international foster care standards. There have also been efforts to develop family-based care that does attempt to meet some international foster care standards. However, the numbers of children that are recipients of these placements remain low. This is in spite of work undertaken several years ago to develop 'foster care' with the support of academics and UNICEF. It is also a concern that, although procedures for placing children in family-based care including the 'matching' of children, are outlined in statutory and other guidance, there is little evidence these standards are actually being applied.
- There is no evidence of a systematic application of family reunification for children placed in alternative care being applied across the country.
- There is no evidence of any regulations or systematic investment in programmes to support young people ageing out of care.
- The law does not allow for adoption of children thus not providing them with a legal secure family care setting in which all their legal entitlements and rights are upheld.
- Jordan has copious legislation and regulations. However, there are weaknesses, duplication and gaps in legislation. For example, there is no one comprehensive child rights law: the principle law currently used in Jordan, relates to child protection is predominantly a law on juvenile justice. There may also be a failure in enforcing some of the law.
- There is a lack of longitudinal qualitative and quantitative data held in a centralized database that would indicate the number of children at risk of losing parental care and provide disaggregated information about children in care. This would also allow an understanding of trends as for example, to know whether the use of residential care is on the increase or is declining. This lack of data also means it is difficult to discern the exact reasons children are in care, for example, the number of children with disabilities in residential settings.
- Although there is acknowledgment as to the use of child protection case management in the literature, there is a lack of evidence about how it is being implemented, or if utilized well.
- It has not been possible to gain a sense of the number of children being 'relinquished'.
- There is a need for additional investment in programmes that would help prevent separation of children from parental/family care including interventions to address underlying root causes of violence, poverty, and stigma and discrimination.
- Societal attitudes are playing a significant role that result either in children not receiving the support they need in terms of protection risks, and/or the placement of children in care. Further investment is needed to advocacy and awareness raising that would influence negative attitudes, behaviors and discriminatory social norms that tolerate violence against children, especially female children and young women.
- The international UN and NGO humanitarian sector has been a main stimulus for development of child protection case management in the country.
- A large influx of refugees has had impact on the child protection system. However, the presence of humanitarian agencies has also resulted in provision of expertise and funding.

- A principal challenge in the review of literature has the different terminology used by authors of reports including different titles for the same agencies and stakeholders.
- Overall, Jordan appears to have invested in, and developed a plethora of guidance, regulations and standards but the quality of implementation requires further evaluation.

3. Methodology

Desk review

A literature search was carried out using the search engines Web of Science, Google Scholar, and Google as well as the websites of such organisations as UNICEF and the Better Care Network. In addition, source documents in Arabic and English were provided by key informants from the SOS National Association in Jordan.

The literature was reviewed by assessing the relevance of information to key research questions in order to examine all relevant aspects of child protection and alternative care systems including relevant actions of prevention, care placement, reunification and leaving care.

Interviews with key informants

A short interview was conducted with team members of the SOS National Association in Jordan in order to gain additional information and/or confirm information that had been gathered during the desk review.

Limitations

The information in this report has been drawn from documents that could be sourced in English and Arabic. Although a comprehensive search was conducted to find these documents, complimented by reports and other information provided by national teams, it is not possible to guarantee that all relevant published data has been found.

Translating Arabic into English, as well as reading reports produced in English, revealed the challenge that different authors have used differing terminology for the same topics. For example, different reports use variations for the names of government departments, national programmes and forms of alternative care.

Furthermore, information sourced in documents has in some instances, proven to be contradictory in nature.

This report does not include an assessment of children placed in 'boarding' schools although it is acknowledged by the author that she would consider these to be residential institutions as defined in the report 'European Expert Group on the Transition from Institutional to Community-based Care: Guidance on implementing and supporting a sustained transition from institutional care to family-based and community-based alternatives for children, persons with disabilities, persons with mental health problems and older persons in Europe' issued November 2012.

4. Context

4.1 Geography

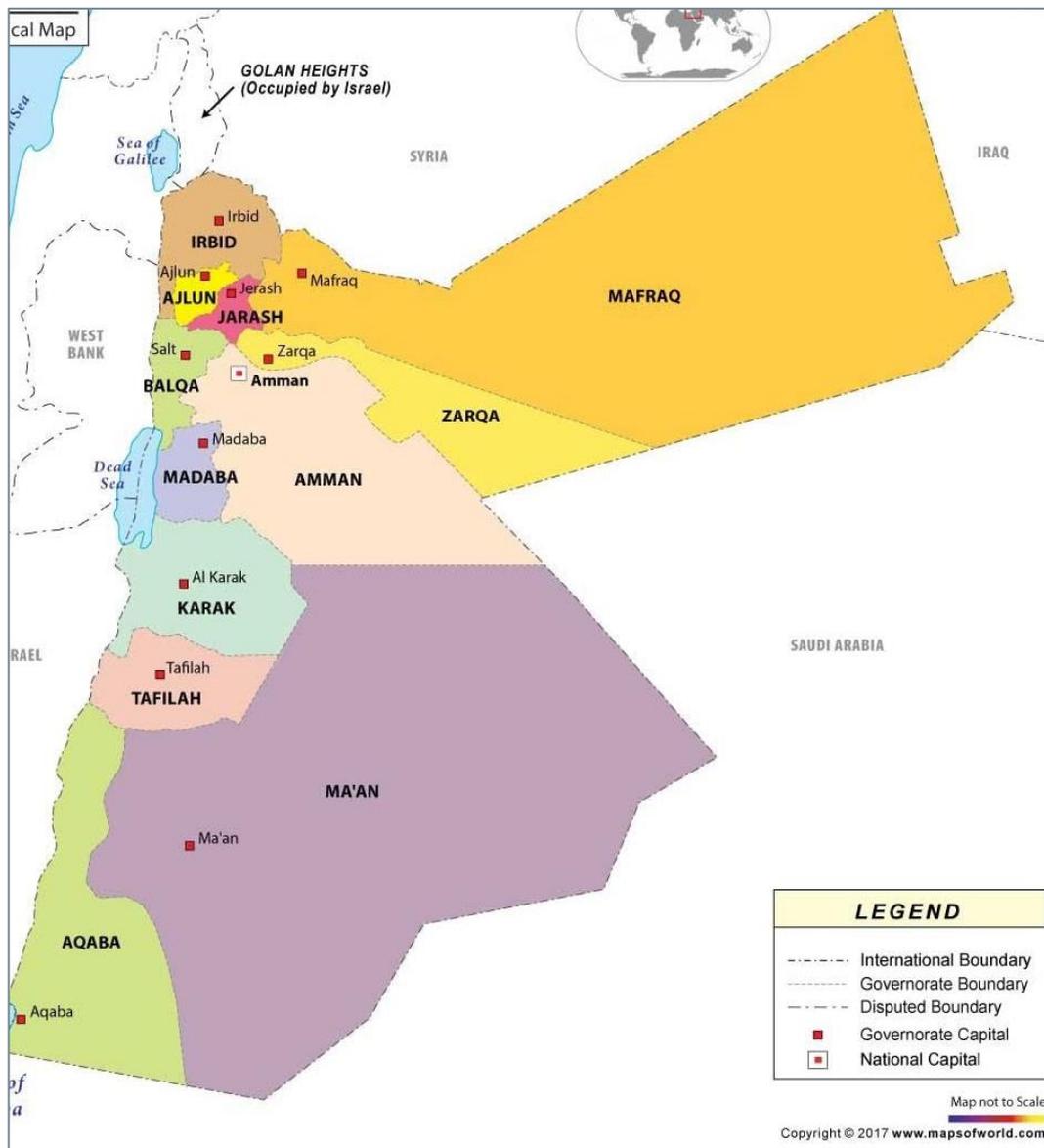


Figure 1. Map of Jordan

Jordan is situated in the Middle East. The country covers a total area of 89,342 sq. km and has borders with Iraq, Palestine, Saudi Arabia and Syria. The country is mostly arid desert plateau.²⁴ The largest provinces by area are Ma'an, Mafrq, and Amman. The official language is Arabic. The capital and largest by population is Amman (population. of 1.5 million with approximately 4 million people live in Greater Amman Municipality). This is followed by Irbid, Zarqa, and Balqa.²⁵

Following World War I and the dissolution of the Ottoman Empire, the League of Nations awarded Britain the mandate to govern much of the Middle East. In the early 1920s, Britain demarcated a semi-autonomous region of Transjordan from Palestine. This area gained its independence in 1946 and thereafter became The

²⁴ <https://www.cia.gov/the-world-factbook/countries/jordan/>

²⁵ <https://www.worldometers.info/world-population/jordan-population/>

Hashemite Kingdom of Jordan. Jordan lost the West Bank to Israel in the 1967 Six-Day War and in 1988, King Hussein permanently relinquished Jordanian claims to the West Bank. In 1994, a peace treaty was signed with Israel. King Abdallah II took the throne following his father's death in 1999.²⁶

4.2 Population

In 2017, the estimated total population of Jordan was approximately 9.9 million, (including refugees of the Syrian Civil War).. As illustrated in Figure 2. the population is predominantly Jordanian. There has been a considerable influx of Iraqi refugees and those fleeing Syria. Jordan is also home to Palestinian refugees and is the only country to grant wide-scale citizenship to them. Most Palestinians are employed and hold full Jordanian citizenship. By the mid-2010s, approximately 2.2 million Palestinians were registered with UNRWA, an organization providing education, medical care, relief assistance, and social services.²⁷ Approximately one-sixth of Palestinian refugees live in camps.²⁸

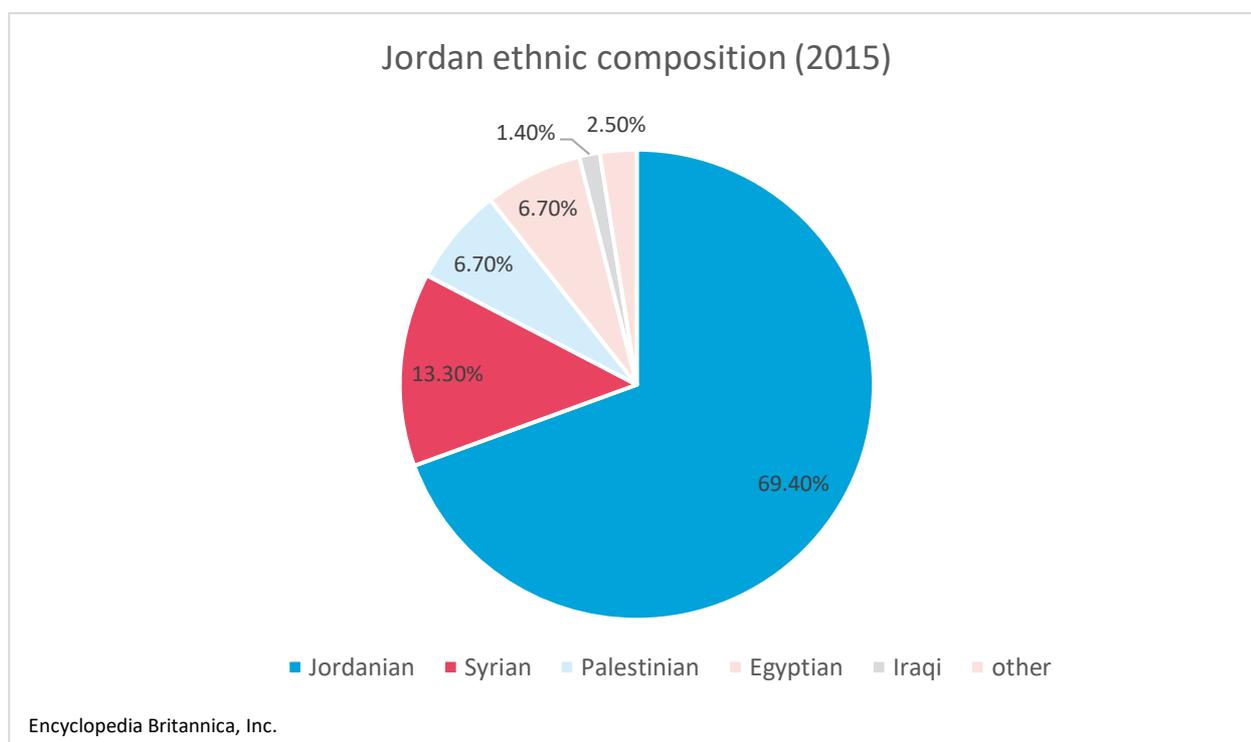


Figure 2. Jordan population composition²⁹

As illustrated in Figure 3. the population structure is predominantly young, with children under the age 15 constituting more than one-third of the population. The country's population growth rate is about double the world average.³⁰

²⁶ <https://www.cia.gov/the-world-factbook/countries/jordan/>

²⁷ <https://www.britannica.com/place/Jordan/Climate>

²⁸ <https://www.britannica.com/place/Jordan/Climate>

²⁹ <https://www.britannica.com/place/Jordan/Climate>

³⁰ <https://www.britannica.com/place/Jordan/Climate>

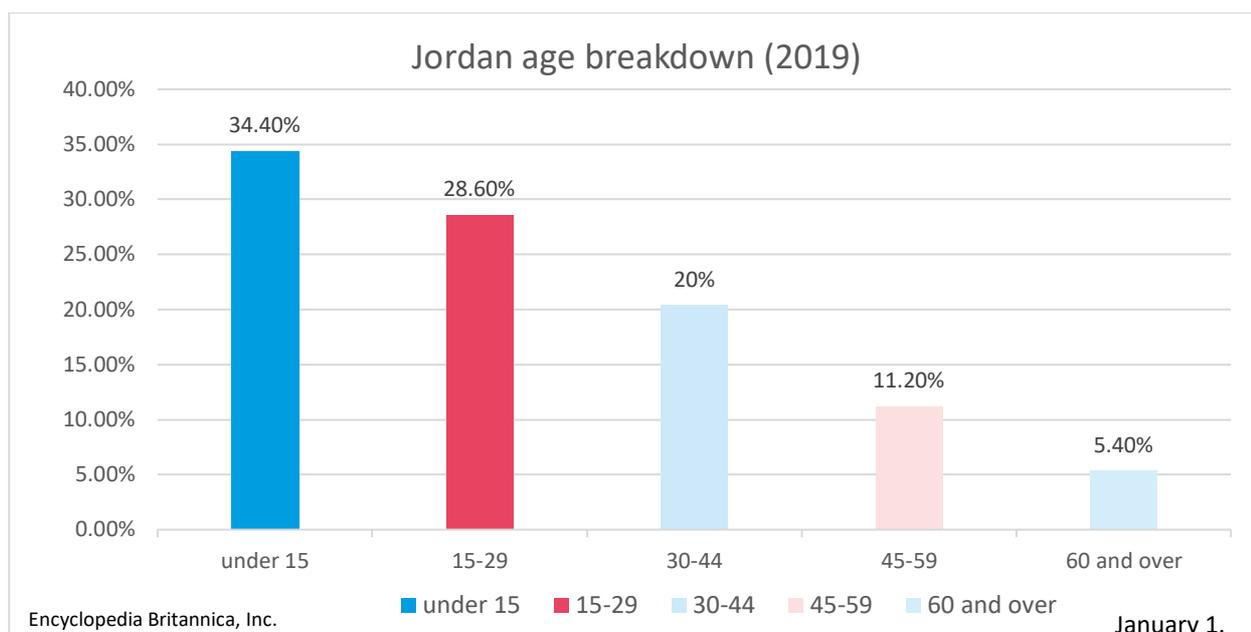


Figure 3. Jordan age breakdown (2019)³¹

In 2015 there were reportedly 3.8 million children in Jordan of which 30% were non-Jordanian many of which are refugees.³² Over 9 out of every 10 children (age 0-17) in Jordan live with both biological parents (92%). Another 6% live with their biological mother only and 1% with only their biological father. Only 1% of children 0-17 in Jordan do not live with either biological parent.³³

4.3 Economy

The official currency of Jordan is Jordanian Dinars (JOD). Despite national efforts aimed at promoting the economic development of Jordan, the national economy has faced challenges. Following the 2008 global economic crisis, as well as regional civil unrest during the Arab Spring, Jordan experienced prolonged weak economic growth (The World Bank, 2019). The national economy has been further challenged following the Syrian Crisis, which has resulted in Jordan hosting the second highest share of refugees per capita in the world. However, analyses of the economic situation before and after the influx of refugees have found that Jordanians living in areas with a high concentration of refugees have no worse labour market outcomes than those living in less concentrated areas.³⁴

Jordan has high unemployment rates and low labour force participation. In the third quarter of 2019, total unemployment rate reached 19.1% with unemployment rate for males at 17.1%, and 27.5% for females.³⁵ Although Jordan's economy is relatively small and faces numerous obstacles, it is comparatively well diversified. Remittances from Jordanians working abroad are a major source of foreign exchange.³⁶

In 2018, absolute poverty rate increased to 15.7% (from 14.4% in 2010) and in 2020 it was reported there were 1 million Jordanians living below the poverty line³⁷. Of the estimated 3.16 million children in Jordan, 0.6 million are moderately poor and 0.04 are poor. A total of 78% of the Syrian population are considered highly or severely vulnerable and living below the Jordanian poverty line with very young children especially likely to be poor.³⁸

A national social protection strategy was developed in 2019-2025 with the government provides targeting temporary social assistance through 2 major programmes: the National Aid Fund and Zakat Fund. However,

³¹ <https://www.britannica.com/place/Jordan/Climate>

³² J25

³³ J36

³⁴ <https://www.unicef.org/jordan/media/3481/file/Briefing%20Note%20-%20Social%20Enterprise.pdf>

³⁵ <https://www.unicef.org/jordan/media/3481/file/Briefing%20Note%20-%20Social%20Enterprise.pdf>

³⁶ <https://en.wikipedia.org/wiki/Jordan>

³⁷ UNICEF (2020) Geographic multidimensional vulnerability analysis - Jordan

³⁸ *ibid.*

even with a reported 'plethora of overlapping initiatives'³⁹, targeted social assistance decreased by 9% and non-targeted subsidies decreased by 88.4%.⁴⁰

4.4 Religion

Majorities of Jordanians are Muslim, about 92% are Sunni Muslim, and 1% are Shia or Sufi. Christians, make up 6% of the total population with 1% representing other religions. Most Christians are either Orthodox or Catholic.⁴¹

4.5 Education

Primary school completion rate has fallen from 94% in 2000 to 73% in 2018. Primary school enrolment also fell from 94.6% in 2000 to 81.5% in 2018. In 2018, secondary school enrolment was just 63%.⁴²

4.6 Health

In 2018 mortality rate of under-5's (per 1,000 live births) was 16⁴³. In 2019, life expectancy was 78 years.⁴⁴ A vulnerable group is children and youth with disabilities. In 2013, 6% of children and young people, aged 10-24 years had at least one disability and faced difficulties in accessing services and programmes.⁴⁵ (Please see Section 5 for more information on children with disabilities).

³⁹ *ibid.*

⁴⁰ *ibid.*

⁴¹ <http://www.jordanembassyus.org/page/culture-and-religion#:~:text=A%20majority%20of%20Jordanians%20are,with%201%25%20representing%20other%20religions.>

⁴² https://databank.worldbank.org/views/reports/reportwidget.aspx?Report_Name=CountryProfile&Id=b450fd57&tbar=y&dd=y&inf=n&zm=n&country=JOR

⁴³ https://databank.worldbank.org/views/reports/reportwidget.aspx?Report_Name=CountryProfile&Id=b450fd57&tbar=y&dd=y&inf=n&zm=n&country=JOR

⁴⁴ <https://www.who.int/countries/jor/>

⁴⁵ J25

5. Child protection concerns and reasons children are at risk of entering alternative in Jordan

The United Nations General Assembly Resolution (2019) 'Promotion and protection of the rights of children' and the UN Guidelines identify the importance of collating information documenting protection and other risks children face that can lead to loss of parental care and placement in alternative care. Gathering this information provides evidence that can inform actions that prevent family separation, provide access to programmes and services that prevent violence against children and, when necessary, provide suitable care options for the temporary care of children when needed.

Furthermore, it is well recognized that violence in childhood 'can have negative lasting impacts on health and wellbeing'.⁴⁶ Therefore, a national child protection system should, 'prevent, respond to, and resolve the abuse, neglect, exploitation and violence experienced by children'⁴⁷. To do this, such systems should provide violence prevention and mitigation programmes which can avert separation of children from parental care. In this respect, differing international conventions and treaties, including the newly adopted 2019 UNGA Resolution on the 'Promotion and protection of the rights of children'⁴⁸, are very clear that all forms of violence against children in all settings are condemned and must be addressed. The resolution urge States,

to strengthen efforts to prevent and protect children from all such violence through a comprehensive, gender-responsive and age-appropriate approach and to develop an inclusive multifaceted and systematic framework, which is integrated into national planning processes, to respond effectively to violence against children and to provide for safe and child-sensitive counselling, complaint and reporting mechanisms and safeguards for the rights of affected children.

It has been difficult to find longitudinal and/or disaggregated data that provides comprehensive information on the reasons children are being received into alternative care in Jordan. The information below therefore, provides a snap shot of a range of protection and other risks, that may lead to placement in shelters and other forms of residential care, family-based care, and in juvenile detention centres where children are being placed for their own 'protection'.

Orphans

Many documents sourced for this study, use the generic term 'orphans' to refer children in alternative care. However, the vast majority of these children have one or both parents still alive.⁴⁹

A Better Care Network report published in 2016⁵⁰ found data in the 2012 Jordan Demographic and Health Survey (DHS) indicating, 0.1% of all children 0-17 years old were orphaned i.e. both biological parents had died. A further 2% of children had lost a mother or a father before reaching 15 years of age.

Abandonment

The Ministry of Social Development considers children under its care to be 'abandoned', regardless of whether parentage is known or not. For example, a circular issued in 2000 by the Ministry of Social Development

⁴⁶ Kumar, A.K., Stern, V., Subrahmanian, R., Sherr, L., Burton, P., Guerra, N., Muggah, R., Samms-Vaughan, M., Watts, C., & Mehta, S.K. (2017) Ending violence in childhood: a global imperative. *Psychology, Health & Medicine*, Vol. 22 (S1)

⁴⁷ Pells, K. (2012) Risky lives': risk and protection for children growing up in poverty. *Development in Practice* Vol.22 (4) pp.562-673

⁴⁸ United Nations General Assembly (2019) 'Promotion and protection of the rights of children' adopted by the General Assembly at its 74th session, 19 November 2019, A/74/395

⁴⁹ J36 and J50

⁵⁰ J36

defined three categories of children identified as of 'unknown parentage': abandoned (foundling) children whose parentage is unknown, children conceived as a result of sexual intercourse between individuals who are close blood relations, and illegitimate children whose mothers' identity is known e.g. children considered to have been conceived as the result of illicit sexual conduct and one or both parents have been sanctioned by a court.⁵¹

The data in Figure 4. relating to children of unknown parentage, and children for whom the mother is known (also known as a 'foundling') living in alternative care between 2007 and 2012.⁵² This indicates very small numbers of children identified as having been 'abandoned'.

Source: Ministry of Social Development			
Year	Number of foundling children	Number of children whose mother's identity is unknown	Number of children fostered and entrusted to foster families
2007	31	39	26
2008	21	50	53
2009	30	38	77
2010	26	62	45

Figure 4. Abandoned children and children whose mother is unknown living in alternative care (2007-2012)⁵³

A newspaper article published in 2018⁵⁴, noted how in 2010, the number of abandoned children with unknown parentage that had entered the government residential facility of 'Al Hussein' was 29. Twenty-nine children also entered in 2011, 25 in 2012 and 35 in 2013. It was also noted by one author that these children were the ones that had survived as it was understood possibly up to 20% of abandoned children die No further details on this issue were provided.⁵⁵

Children, of unknown parentage, along with children born out of wedlock, and also considered 'abandoned', are eligible for inter-country adoption.

Violence

A presentation⁵⁶ produced by Dr Dima Rushdi (undated) provides data taken from a study published by UNICEF Jordan in 2007. The study showed that, of reported cases of child abuse, 50% were related to physical and emotional abuse, 45% to sexual abuse, and 5% to neglect. This included rape, harassment, exploitation, incest, forced prostitution, sexual trafficking, and being victims of honour crimes.⁵⁷ It was also reported that 50% of children has been physically abused by family members, school teachers and people in some administrative authority whilst 30% had been abused by adults or other children in their community. The presentation also illustrated how, in 2009, the Family Protection Department received a total of 6,416 cases of abuse against children and women of which 82.8% were cases of sexual abuse and 15.4% related to physical abuse.⁵⁸

⁵¹ J18

⁵² Fourth and fifth report on the implementation of the Convention on the Rights of the Child. CRC/C/JOR/4-5, 1st March 2013

⁵³ 53

⁵⁴ J32

⁵⁵ J10

⁵⁶ J30

⁵⁷ J1

⁵⁸ J30

In 2018, it was reported⁵⁹ that violence against children and domestic violence continued to prevail in Jordan. Of known data, the 2018 report⁶⁰ provides evidence from a household survey of 2012 that identified 66% of children aged 2 to 14 years old had been subjected to at least one form of physical punishment by their parents or another adult in their household within the previous month. The survey also revealed that 89% of children had been subject to some form of violent discipline of whom 20%, had been subjected to severe physical punishment.⁶¹

Gender based violence (GBV) is also recognized as a prevalent issue in Jordan. A UNICEF presentation in 2018⁶² revealed how in 2016, the government Family Protection Department had responded to 1,224 cases of sexual violence and 2,383 cases of other forms of physical violence. The presentation also revealed how UNICEF has been supporting the department, which had closed an accumulated 50,000 cases of violence.

Other studies illustrate how sex outside of marriage, even if forced, is seen as a violation to cultural norms.⁶³ Girls that experience violence and abuse in the home are placed in GBV or child protection residential care centres to protect them from their original abuser, or from family members who are fearful of the shame associated with such abuse. They are also placed there to protect them from becoming victims of 'honour crimes' that may also be perpetrated by their families.

Children who have experienced violence are also at risk of being placed in Juvenile Detention and Rehabilitation Centres where they are held supposedly in 'protective custody.' This is confirmed in a 2019 report from Amnesty International⁶⁴ that also explains how girls are detained in police custody and placed in juvenile detention centres (within the juvenile justice system) because they had run away from their families to escape abuse. It is also reported that many come from poor rural areas and families with a history of violence or crime. As with cases of other young people held in juvenile detention, when family reunification is not possible, upon 'release' these girls can also be sent to a residential care setting or a GBV shelter⁶⁵

Statistics have revealed the probable underreporting of cases⁶⁶. In terms of who is reporting and referring cases of violence, a presentation by Dr. Dima Rushdi indicated that, 1% of child abuse cases were being reported by doctors, as compared to 75% by police, 10% by relatives, 9% by government ministries and 5% by schools.⁶⁷

Children born outside of marriage

Babies can be removed from women at birth and placed in alternative care if they are born outside of marriage.⁶⁸ A report issued by Amnesty International in 2019 noted how unmarried women face 'face the forcible removal of their new-born child' and how these children were referred to as 'illegal babies'.⁶⁹ It was also claimed that women had reported having their children taken from them by staff of the Family Protection Department after which they were taken to 'Ministry of Social Development child care institutions'.⁷⁰ The report goes on to say that, the Government claimed this is only ever done if there is a risk, however, lawyers, women's rights activists and journalists say that this is done regardless of any risk assessment.⁷¹

Furthermore, women and girls in GBV shelters who became pregnant when not married before entering the shelter, also may have their babies forcibly removed. In some cases, they are allowed to keep the children with them whilst they remain in the shelter though it remains unclear what happens to their babies when they leave shelter care.⁷²

A newspaper article published in 2018,⁷³ reporting on data from Government records, shows a total of 69 children were officially recorded as having been born out of wedlock in 2010, 70 in 2011, 71 in 2012, and 73 in 2013. The number decreased slightly to 68 children in 2014.

⁵⁹ J10

⁶⁰ *ibid.*

⁶¹ *ibid.*

⁶² J24

⁶³ J15

⁶⁴ *ibid.*

⁶⁵ Report of the Hashemite Kingdom of Jordan to the Committee on the Rights of the Child (2017)

⁶⁶ J10

⁶⁷ J30

⁶⁸ J15

⁶⁹ *ibid.*

⁷⁰ *ibid.*

⁷¹ *ibid.*

⁷² *ibid.*

⁷³ J32

Domestic violence

It is understood that domestic violence remains widely accepted, with male-dominated exercise of power and disciplinary actions.⁷⁴

Poverty

It is believed that poverty may be a significant trigger for placement in residential care, and particularly amongst children from refugee communities. This relates to ways in which poverty can result in parent's ability to cope and other risks related to social exclusion and discrimination. A connection between poverty and violence is illustrated within data in a 2017 situational analysis⁷⁵ which shows in 2012, children in the lowest wealth quintile were more likely to be subjected to psychological and physical punishment at home (70.5%) than children in the wealthiest quintile (51.6%).

Breakdown of family unity

Family breakdown and loss of a parent is attributed to reasons children enter alternative care. This includes a number of different circumstances as for example, if a parent is imprisoned, falls seriously ill, or emigrates for work. Divorce and separation can also result in placement in care.

Children with disabilities

A 2017 UNICEF study⁷⁶ provided data from the 2015 Census which showed 1.3% of children aged 5-17 years old had severe functional difficulties while 6.1% had 'simple to severe functional difficulties'.⁷⁷ It is also suggested that many parents of children living with disabilities have limited information on community resources, which delays detection and care seeking, leading to developmental delays and the deterioration of their abilities and there is a general lack of support services.⁷⁸

It has been difficult to find data in the literature sourced for this study that identifies the exact number of children in alternative care as a direct consequence of disability. However, in 2019 the Government issued 'The National Strategy for the Deinstitutionalization of Persons with Disabilities in Jordan'⁷⁹ in which it was stated that Jordan has 34 residential institutions that care for children, youth and adults with disabilities and that 1,471 males and females (883 of whom were non-Jordanian) lived in these facilities. It also declared that the majority of institutions are privately-run, accounting for 27 of the total, whilst 5 of the remaining few are government-run and two are voluntary sector organizations.⁸⁰ It is not clear however, whether the institutions being referred to in this strategy document are specifically facilities for those with disabilities or, whether they are the same residential care settings mentioned in reports for all children in alternative care.

Furthermore, there is very little information on the processes and pathways that result in children with disabilities being in care. In an independent report offered to the UN Committee on the Rights of the Child⁸¹ however, the Equal Rights Trust confirmed that families had made the request for institutionalization of their children with disabilities, with some feeling institutionalization was the best option available to them.⁸²

A report issued in 2018⁸³ evaluating the use of an inter-agency case management system with specific data on reported child protection cases of refugee children with disabilities, found they had been exposed to severe forms of risk, 'such as violence, abuse and neglect, child labour and SGBV'.⁸⁴

⁷⁴ J15 and J25

⁷⁵ J25

⁷⁶ J25

⁷⁷ *ibid.*

⁷⁸ *ibid.*

⁷⁹ *ibid.*

⁸⁰ J38

⁸¹ J37

⁸² J15

⁸³ J21

⁸⁴ *ibid.*

Child Labour

There are serious concerns regarding child labour in Jordan.⁸⁵ As illustrated in Figure 5, research conducted in partnership with the ILO in 2016, reported 76,000 working children (predominantly boys) of which almost 45,000 were engaged in hazardous forms of labour.⁸⁶

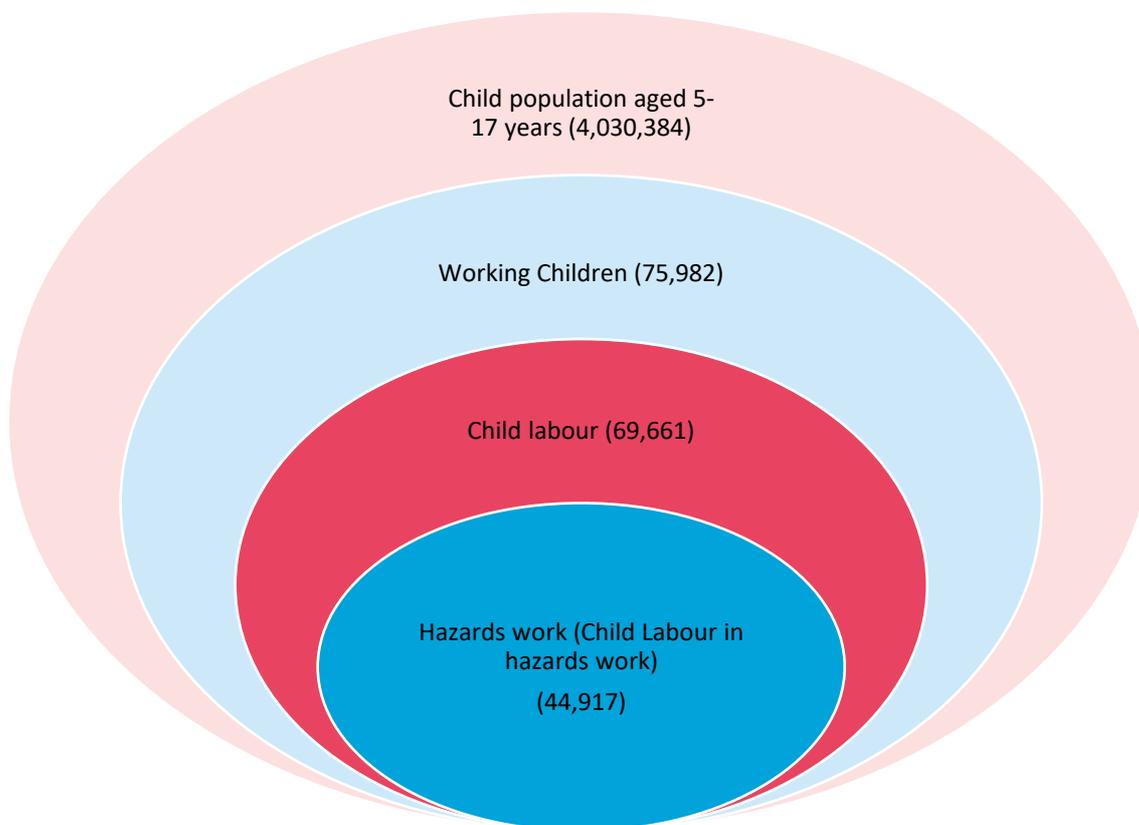


Figure 5. Child Labour in Jordan 2016⁸⁷

By age group, the highest percentage (57.3%) were aged between 15-17 years in comparison to 27.1% of 12-14 year olds and 15.5% of those aged 5-11 years.⁸⁸

⁸⁹ Street connected children

Concerns have been raised that street-connected children and those who have been trafficked are amongst children being placed in Centres for Juvenile Rehabilitation.⁹⁰ In 2015, 1,738 children living and/or working in the streets were arrested, including 1,034 boys and 704 girls. During the same year, 1,200 of these children were placed under a court order in the 'Centre for Rehabilitation of Beggars'.⁹¹ A reported principal reason for these arrests is enforcement of Article 389 of the Penal Code, which criminalizes begging. Reasons children are working or begging on the streets in Jordan are believed to include poverty, family size and parental illiteracy.⁹²

⁸⁵ J25

⁸⁶ J41

⁸⁷ J41

⁸⁸ J41

⁸⁹ J25

⁹⁰ *ibid.*

⁹¹ *ibid.*

⁹² *ibid.*

Child marriage

⁹³In 2017, UNICEF reported that, according to the 2015 census, 3.7% of 13-17 year old girls were married. ⁹⁴It was also noted that the Syrian crisis had exacerbated the prevalence of early marriage and heightened the potential for exploitation of girls as among Syrian refugees. According to unpublished data provided to UNICEF by the Sharia courts, in 2016 approximately 36% of all registered marriages of Syrian refugees involved a minor.

The issue of polygynous unions is also noted as a possible risk factor. A study published in 2016 ⁹⁵noted that 5% of married women were in polygynous unions. ⁹⁶

Refugee and migrant children - including unaccompanied and separated children

A 2017 UNICEF report⁹⁷, acknowledged Jordan as having the highest number of registered refugees in the world including 2.2 million Palestinians, 660,000 Syrians and 63,000 Iraqis.⁹⁸ In the same year there had been 4,848 Syrian children registered as being unaccompanied and separated children some of whom had been placed in alternative care.⁹⁹ A study in 2018 ¹⁰⁰ also noted numbers registered unaccompanied and separated children in Jordan, ranging from 1,657 in 2013, to 2,506 in 2014, to 1,129 in 2017.¹⁰¹

A further report published in 2018¹⁰² identified how, 'Syrian children in Jordan face particular vulnerabilities, including large numbers of children in labour, married children, children experiencing violence in homes and schools, children with disabilities, and children in conflict with the law'.¹⁰³

An inter-agency working group report of 2019¹⁰⁴, also identifies refugee children as being particularly vulnerable. This study revealed how the implementation of a newly developed child protection case management system was able to identify reasons the cases of 6,746 refugee children had been brought to the attention of child protection workers as illustrated in Figures 6. and 7.

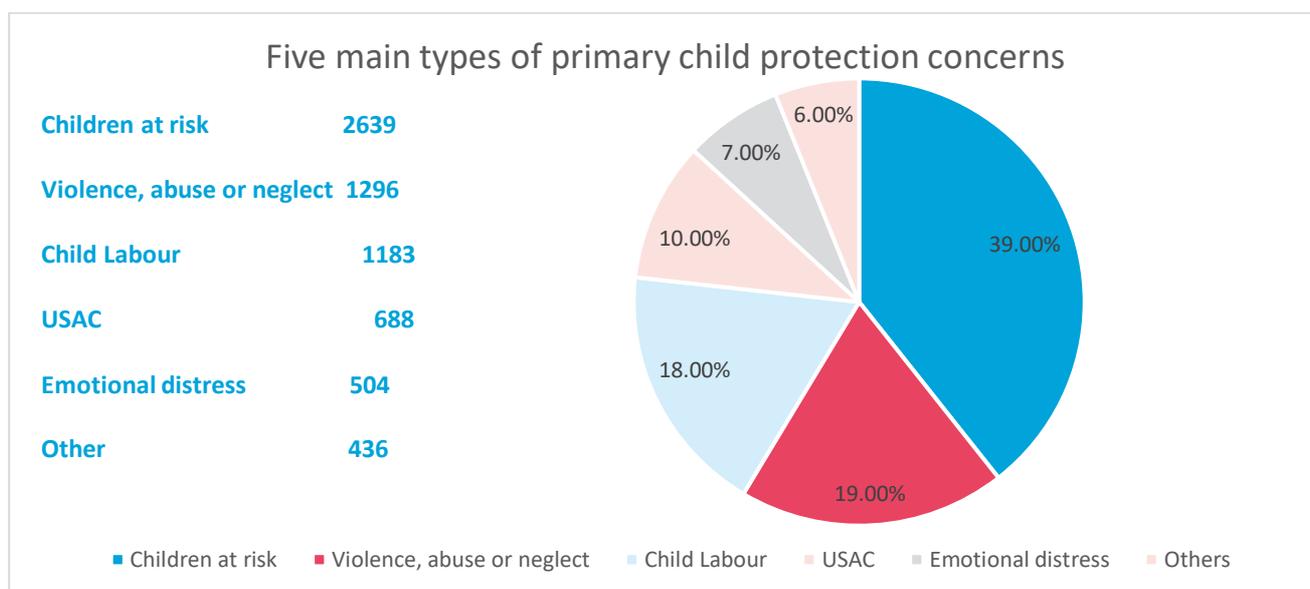


Figure 6. Primary child protection concerns amongst the child refugee population¹⁰⁵

⁹³ *ibid.*

⁹⁴ *ibid.*

⁹⁵ J36

⁹⁶ *ibid.*

⁹⁷ J25

⁹⁸ *ibid.*

⁹⁹ *ibid.*

¹⁰⁰ J10

¹⁰¹ *ibid.*

¹⁰² J21

¹⁰³ *ibid.*

¹⁰⁴ J43

¹⁰⁵ J43

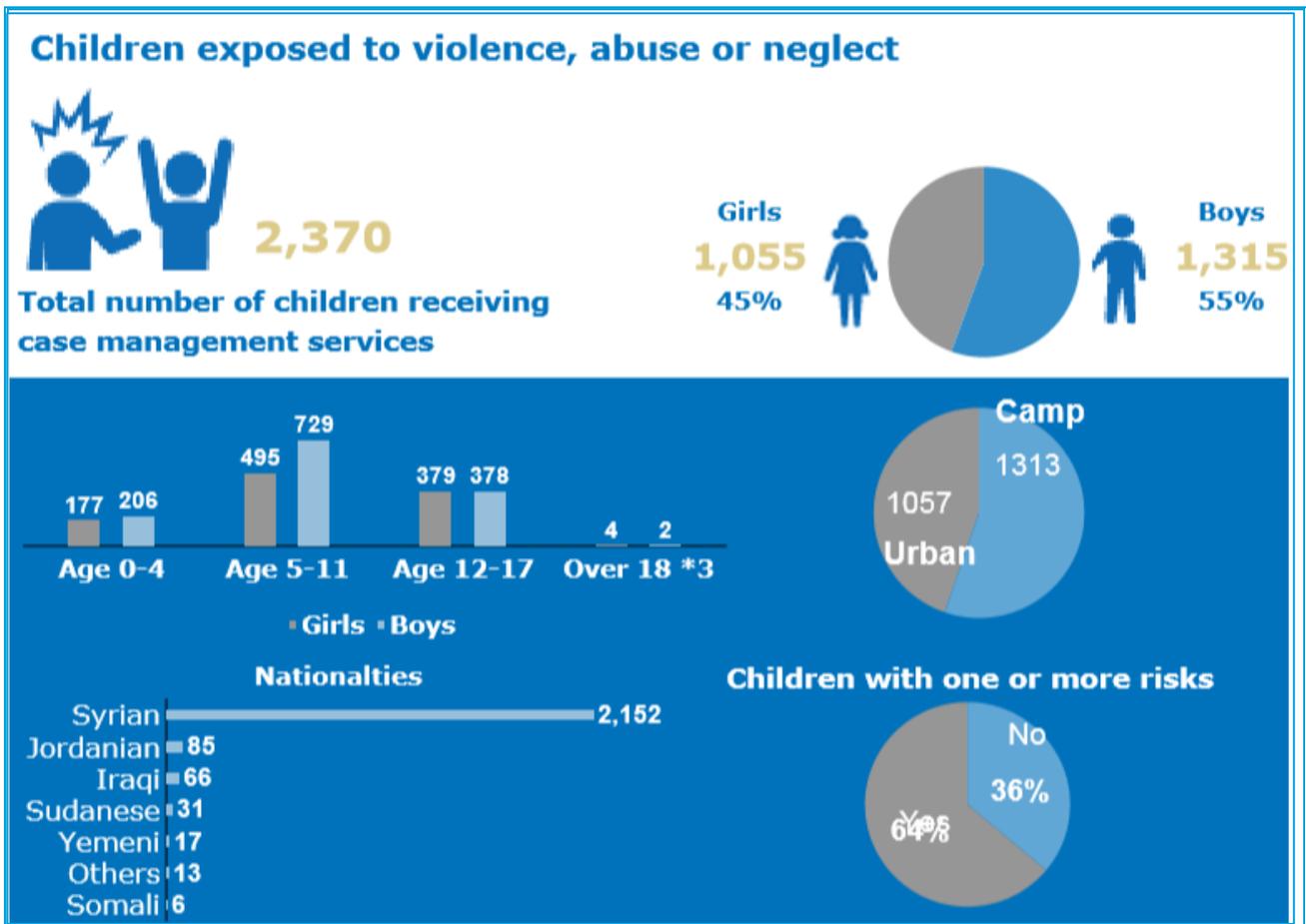


Figure 7. Refugee children exposed to violence, abuse and neglect supported with case management services in 2018¹⁰⁶

Children and young people at risk of association with groups that promote the use of violence

In 2017 UNICEF reported¹⁰⁷ concerns of the Government of Jordan regarding the, 'lure of non-state armed groups that have support both inside and outside the Kingdom'. In 2015, the number of Jordanian fighters in Syria was estimated to be from 2,000 to 2,500 with studies indicating drivers that lead to their engagement including social, economic and political marginalization of young people. It has been noted that young Syrians, males (aged 12-24), and especially those out of education and away from traditional support networks, are vulnerable to recruitment by armed groups.¹⁰⁸

¹⁰⁶ J21

¹⁰⁷ J25

¹⁰⁸ *ibid.*

6. Prevention of family separation

The United Nations General Assembly resolution¹⁰⁹ on the 'Promotion and Protection of the Rights of the Child' recognizes the importance of children being raised in a 'family environment'. Furthermore, the resolution calls on the State to offer families all the support necessary whilst expressing concern,

that millions of children worldwide continue to grow up deprived of parental care, separated from their families for many reasons, including but not limited to poverty, discrimination, violence, abuse, neglect, trafficking in persons, humanitarian emergencies, armed conflict, natural disaster, climate change, migration, death or illness of a parent and lack of access to education, health and other family-support services

The Resolution also recognizes that,

financial and material poverty, or conditions directly and uniquely imputable to such poverty, should never be the only justification for the removal of a child from the care of his or her parents or primary caregivers and legal guardians, for receiving a child into alternative care or for preventing his or her reintegration, but should be seen as a signal for the need to provide appropriate support to their family, benefiting the child directly.

In this respect, it is incumbent on States to invest in combatting the multi-faceted factors that can lead to loss of parental care and making certain that everything possible is done to maintain children with their families in a safe and caring environment. This requires addressing issues of material poverty and lack of access to basic services, including social security, health and education, housing and employment. It also means combatting the discrimination and marginalization that families face on the basis of ethnicity, gender, disability and birth status. If these factors are not recognized and tackled, many children will enter the alternative care system unnecessarily. This approach is grounded not only in the fundamental spirit of the CRC but also in many specific CRC provisions, such as a right to health (Article 24), education (Article 28), support for the role of parents (Article 18), conditions for separating a child from parents (Article 9), right to social security (Article 25) and protection from discrimination (Article 2).

The author of this report acknowledges the need for this wide ranging multi-sectoral approach however, the topic of prevention, could in itself, necessitate an entire report on the different social welfare, education, health and other sector programmes needed, developed and implemented across Jordan. However, as the literature search for this report was specifically focused on the child protection and alternative care system. It is to be noted therefore, that whilst there are many relevant programmes being delivered in Jordan by other sectors, this study has only taken into consideration the literature relevant to the particular research remit.

It was noted in a 2015 presentation¹¹⁰ on child protection, how most prevention interventions in Jordan, whilst valuable, tend to focus on response services only, 'and therefore do not sufficiently address the underlying root causes of violence to stop it before it occurs.' Dr. Rushdi, author of the presentation, called for more efforts that would 'change attitudes, behaviors and discriminatory social norms that tolerate gender-based violence or justify violence as an acceptable way to resolve conflicts and to discipline a child.'¹¹¹

In 2016, the National Framework for Family Protection Against Violence¹¹² came into force spearheaded by the National Council for Family Affairs. The Framework recognizes that the 'family constitutes the natural environment for growth and development for all its members, particularly children' and how, 'the importance of preserving the family as an entity and providing it with safe living are all enshrined in national legislation and documents'. Furthermore, the Framework has put an emphasis on prevention of violence and defines three levels of prevention as:

1. Primary level of prevention (awareness programmes): focuses on raising public awareness about the dimensions of family violence and the risks it poses on the family and the individual.

¹⁰⁹ United Nations General Assembly Resolution 'Promotion and Protection of the Rights of the Child', December 2019 'A/74/395

¹¹⁰ E30

¹¹¹ E30

¹¹² J23

2. Secondary level of prevention (prevention through intervention programmes): is about providing integrated and comprehensive services to the survivor.
3. Tertiary level of prevention (prevention through aftercare): is about providing services for reintegrating the survivor into society and for rehabilitating his/her family and the perpetrator(s).

However, on close inspection, it would appear the Framework is actually lacking a real focus on prevention. Very few of the objectives outlined in the are specifically aimed at preventing violence, and therefore, the possible consequence of children being separated from their family. In the Framework, primary level actions do include the development of policies and strategies to reduce family violence through improved access to health, education and economic programmes as well as enhancing 'quality of life by finding solutions to socioeconomic problems such as poverty, unemployment, and crime, provide education for all' that contribute to 'an environment that rejects violence within the family.'¹¹³ The other two 'prevention' levels outlined in the Framework however are more focused on response mechanisms once violence has occurred.

In 2019, the Government also issued 'The National Strategy for the Deinstitutionalization of Persons with Disabilities in Jordan'¹¹⁴, which includes the aim of developing systems and services to prevent separation of persons with disabilities from their families. It is planned to support families to better care for children with disabilities including improvements in access to healthcare, inclusive education and vocational training. It is unclear whether this deinstitutionalization strategy applies only to children at risk of institutionalization due to disability as there are many references in the document that appear to refer to 'institutions' in general.

¹¹³ *ibid.*

¹¹⁴ J38

7. A national child protection system and alternative care

Alternative care should be an integral component of a national child protection system. Within the sphere of national and international programming, the desire to ensure a more comprehensive approach to the reform of national child protection systems has increased across the world across recent years. This includes working towards a multi-sectoral and holistic approach to protect children from all forms of violence and neglect. It also means shifting to a more systematic approach when building a child protection system and addressing all components simultaneously. Years of trying to fix just parts of the system has proven ineffective. It also requires a holistic view of childhood, understanding and mitigating all factors that place children at risk, and working in partnership with the State, children, families, communities, and NGOs to build a protective environment.

A child protection system is comprised of differing components as outlined in Table 1. Below.

COMPONENTS OF A NATIONAL CHILD PROTECTION SYSTEM	
Normative Framework	<ul style="list-style-type: none"> ▪ Legislation and Policy ▪ Strategic Plans ▪ Statutory Guidance ▪ Regulations and Standards ▪ Inspection Framework ▪ Monitoring and Evaluation Framework
Data collection and management information systems	<ul style="list-style-type: none"> ▪ Systems of rigorous quantitative and qualitative data collection and analysis upon which inform planning and programming ▪ Data to inform monitoring and evaluation systems
Structures for system delivery, coordination and oversight	<p>Structures at national, regional, local and community level for delivery of child protection and alternative care system:</p> <ul style="list-style-type: none"> ▪ Structures/departments of staff and resources defined and managed by Government for the functioning of protection care system and services within MOSA and other relevant government bodies ▪ Roles and responsibilities of national and local government departments ▪ Budget allocation and resource management to ensure all elements of the system is adequately staffed and resourced ▪ Contracting of non-governmental agencies and services ▪ Roles and responsibilities of national and local non-governmental/community bodies ▪ Interaction with international bodies ▪ Monitoring and evaluation ▪ Coordination across governmental and non-governmental agencies and service providers i.e. social services, education, health, justice, social protection and finance ▪ Coordination at and between national and local level ▪ Coordination between formal and informal systems ▪ Accountability for the development, quality, delivery and monitoring of child protection and alternative care system
Gatekeeping tools, and child protection case management	<p>Case management tools and mechanisms including:</p> <ul style="list-style-type: none"> ▪ Early detection and early intervention plans for children at risk of family separation ▪ Referral mechanisms and processes ▪ Care and protection assessments for well-informed participatory decision making ▪ Decision making, inter-sectoral case planning and individual case management and monitoring ▪ Case monitoring and review
Continuum of protection and	<ul style="list-style-type: none"> ▪ Promotion of community-based family support services

suitable care services	<ul style="list-style-type: none"> ▪ Provision of a range of suitable family and community based alternative care options ▪ Reintegration services ▪ Leaving care services ▪ Adoption services ▪ Deinstitutionalization as per UN Guidelines as per UN Guidelines- deinstitutionalization strategy, with precise goals and objectives, which will allow for their 'progressive elimination'
Skilled workforce	<ul style="list-style-type: none"> ▪ Sustainable systems of education, training and skill capacity building of social service workforce and all relevant sector workforce including access to: <ul style="list-style-type: none"> • Higher Education and professional qualifications • In-service training ▪ Supervision and care of workforce ▪ Optimal number of skilled workforce employed to meet needs of the children and families
Attitudes and awareness raising - building a protective environment	<ul style="list-style-type: none"> ▪ Challenges to attitudes that place children at risk and endorse institutionalization ▪ Evidence of building on positive attitudes and actions to create a protective and caring environment for children

Table 1 . Components of a national child protection system

This report aims to provide information found in the sourced literature, covering each of these components of the national child protection system and alternative care provision as it applies to Jordan.

8. The Normative Framework

The normative framework of a country comprises the legislation, regulations, decrees and statutory guidance and standards that mandate and direct the work of both government and non-governmental bodies. It is important for any organization offering support to children, to gain a full understanding of the provisions in the law and other statutory guidance that governs programming for child protection and alternative care.

Convention	Year ratified
CAT - Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment	1991
Convention on the Rights of the Child	1991
CEDAW - Convention on the Elimination of All Forms of Discrimination against Women	1992
CCPR - International Covenant on Civil and Political Rights	1995
United Nations Convention on the Rights of the Child (UNCRC)	
CRC-OP-SC - Optional Protocol to the Convention on the Rights of the Child on the sale of children child prostitution and child pornography	2006
CRC-OP-AC - Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict	2007
CRPD - Convention on the Rights of Persons with Disabilities	2008

Table 2 lists a number of international conventions and treaties ratified by the Government of Jordan.

Table 2. International Conventions and Treaties

Legislation for child protection is not contained within a single law in Jordan. In 2014, the Committee on the Rights of the Child noted the manner in which Jordan had not yet enacted a comprehensive child rights law that enshrines all the rights and principles in the Convention on the Rights of the Child, rather they are dispersed across several pieces of legislation.¹¹⁵ It is clear that in recent years, the Government of Jordan has invested in the development of a number of strategic plans, regulations, statutory guidance and standards related to child protection and alternative care some of which are captured in Table 3. below.

Legislation, regulations, statutory guidance etc.	Year
Jordanian Constitution (and amendments 2011). Article (1. stipulates that all Jordanians are equal before the law. Article 4/6 stipulates that the family is the foundation of society based on religion, morality and patriotism. The law preserves the family as a legal entity and strengthens its ties and values)	2011
The National Charter (1990) (emphasizes the need for the State to provide the family with the means for decent living)	1990
Regulation No.34 (1972) Child Care System issued in accordance with Article 4 of the Ministry of Social Affairs and Labor Law and its amendments No. 14 of 1956	1972
Personal Status Law Number 61 (1976)	1976
Penal Code No. 16 (criminalizes violence against children)	1960

¹¹⁵ J25

Family Protection Law No. 6 (2008) lays out guidelines for procedures in domestic violence cases for medical practitioners and police officers. It also includes penalties for perpetrators, including detention of perpetrators for up to 24 hours, and protection orders, but does not criminalize domestic violence	2008
Law on Domestic Violence	
The Interim Personal Status Code Act No. 36 (2010)	2010
The Interagency Standard Operating Procedures for the Prevention of and Response to Gender-based Violence, and Exploitation, Neglect, and Abuse against Children in Jordan (2011) 2011	2011
'Foster Care instructions for the year 2013 (also known as the Ihtidan Instructions)	2013
Juvenile Law No. 32 (2014)	2014
Accreditation and Quality Control Standards for Services Provided to cases of Family Violence	2014
Quality standards for children without parental care (2015) (please note there is reporting that these standards have been published but it has not been possible to source a copy)	2015
Accreditation and Quality Control Standards for Services Provided to cases of Family Violence (2014).	2014
The National Framework for Family Protection against Violence (2016) (second edition)	2016
Decision No. 44 (3 March 2016), approving the action plan for the implementation of reforms relating to deinstitutionalization (authors note: Is in not possible to ascertain whether this action plan is only for institutions for Persons with Disabilities)	2016
The Law on the Rights of Persons with Disabilities Number 20 (2017)	2017

Table 3. National Normative Framework

Jordanian laws are based on the French civil code and Islamic law (Sharia). Both civil and religious courts are part of the judicial system. The Sharia courts have jurisdiction over matters related to marriage, divorce and inheritance (e.g. the personal status law - or family law). For religious minorities, the communities' own religious standards are applied in matters related to personal status. This means there is no unified personal status law in Jordan.¹¹⁶

Juvenile Law No. 32 (2014)

The Juvenile Law is predominantly a law governing the process of sentencing and detention of children in conflict with the law. However, there are a number of articles that also relate to children in need of protection. Article 33 for example, lists the circumstances considered to warrant the protection of a child. These include: (translated from Arabic):

- If he/ is under the care of a person who is not qualified because that person is a habitual criminal, or an alcohol, drugs or psychotic substances addict, or morally corrupt, or if he has been convicted of an indecent offense against any of his sons, daughters or those under his care.
- If he/she undertakes acts related to prostitution, lechery, corrupting conduct or gambling, or any illegal acts serving those who undertake these acts; if he/she mingles with those known for their misbehaviour, or has been abused by any of these people, including begging or soliciting alms on the streets.

¹¹⁶ J50

- If he/she has no settled residence or sleeps in the streets
- If he/she does not have a lawful means of living, or has no trusted provider and both or either of his/her parents are dead, imprisoned or absent
- If he/she is of bad conduct and is not under the authority of his/her father, guardian, custodian or mother; or if the guardian is dead or ineligible.
- If he/she solicits in the streets, even though he/she conceals such soliciting by any means
- If he/she is a vendor or garbage scavenger
- If he/she has been exposed to intentional mischief by one of his/her parents in a manner that exceeds the disciplinary kinds permissible by law and general custom.
- If he/she is at great risk if he/she remains with his/her family.
- If he/she has not completed twelve years of age and has committed a misdemeanor or felony.
- If he/she is a working juvenile contrary to valid legislation.

If the child meets the criteria in the aforementioned categories, Article 34. of the Law provides for a process whereby a Judge, based on a report from a 'Probation Officer' (the equivalent of a social worker), can rule a child is in need of care and protection and refer that child to a 'Juvenile Welfare Institution'

A judge can also take a referral of concern from the child themselves or his/her parents, his/her guardian, custodian or care-giver, or the judicial police. In these instances, the Law also allows the judge to request a report on the child's circumstances to be submitted by a Probation Officer. The Law also stipulates that before making a decision, the Court shall listen to the child themselves, and his/her parents, guardian, custodian or care-giver.

The Law requires, a Probation Officer, or anyone else 'involved in the health, education and social areas' of a child's life, who, in the course of exercising their job, finds a child in any of the situations indicated in Article 33, to report the case to the Juvenile Police or the nearest police station. If in the interest of the child, the Court can decide to keep them in a 'Juvenile Welfare Institution' until a court decision has been made.

The Court can adopt the following measures:

- Order the child's father, guardian or custodian to provide his/her with adequate protection and care and to sign a written guarantee to provide the said care.
- Refer the child to a Juvenile Welfare Institution, or to any similar accredited institution for a period not exceeding two years, provided the institution agrees. The Probation Officer must submit quarterly detailed reports to the Judge for the purpose of revising this decision.
- Place the child under the protection of a suitable person or family for a period of time to be decided by the Court, provided the person or the family agrees thereto.
- Place the child in need of protection or care under the supervision of the Probation Officer for a period of not less than one year and no more than five years, whether this decision is linked to adopting any of the measures listed in the present article.

The Law also allows for the Judge to extend the period of alternative care if it is deemed the child remains at risk and/or until the child attains their 18th birthday when:

- Either, of the child's parents, his/her guardian, custodian or protector is habituated to alcoholic drunkenness, degeneration, moral corruption or crime.
- If there is nobody to provide the child with adequate care or if the child is incapable of taking care of himself/herself.

The Judge may allow a young person to remain in the care of the institution if they are still in full-time education and until they reach their 20th birthday if the young person agrees.

Article 38. of the Law requires the Director of a residential institution to allow the child to go and stay with their family during religious and public holidays and can obligate carers to contribute to care costs. Furthermore, under the Law, a care leaver should be provided with support in order 'to guarantee his/her re-integration into the society and protect him/her from delinquency'.

Family Protection Law No. 6 (2008)

The Family Protection Law specifically refers to the responsibilities of the Ministry of Social Development in taking actions in cases of domestic violence. Article 5. of the Law defines violence in the family as 'any offence not classified as felony, which is committed by a family member against another'. It denotes family membership

as a wife and husband under a legitimate marriage contract, their children and grandchildren, step-children, and spouse's children from another legitimate marriage, a spouse's parent, siblings of a spouse and a child under the age of 18 years in the custody of a 'foster' family (the term in the law translates from Arabic into English as 'foster'- please see the section below on alternative care for further explanation).

The Family Protection Law provides a mandate for the existence of Family Reconciliation Committees in coordination with Family Protection Departments, and their role in receiving notifications in relation to cases of domestic violence. The Law requires all governmental and non-governmental personnel working in health, education and social care, to report cases of domestic violence, which should then be investigated by law enforcement officers. The Law permits the Director of the Family Protection Department, or the Head of the Family Protection Section, to either take a guarantee from the perpetrator that they will refrain from violence or, the ability to remove the perpetrator for up to 48 hours. The Law also describes responsibilities of the Family Protection Department in referring cases to court and measures a court can take.

Personal Status Law 1976

The Personal Status Law is of particular importance to children of unknown lineage because it determines the ways that they can substantiate their lineage¹¹⁷

The Interim Personal Status Code - Act No. 36/2010

The Interim Personal Status Code states that a biological mother has a primary right to retain the care of her children, whether she is still married or has separated from her husband. If the mother is not able to provide care, preference is then given to the maternal grandmother, the paternal grandmother and the father, in that order. A court may decide to have a child placed with a more distant relative, if it is presented with evidence that such an arrangement is in the child's interests. However, in case of divorce, Article 173 of the Code grants the mother custody of her children only until they reach 15 years old and until 7 years old only if the mother is non-Muslim. The Code does not allow legal recognition of children born of a marriage between a Muslim woman and a non-Muslim man thus preventing them from enjoying all their rights in an equal manner to other children.

Of general note is the use and definition of terminology. Guardianship is termed as 'Wilayat' and custody as 'Hidhanat'. Custody means physical or material possession of the children, whereas its Arabic equivalent Hidhanat literally means 'training' or 'upbringing of the child'. The term guardianship means the constructive possession of the child which deals with care of his or her person as well as property and its Arabic equivalent 'Wilayat' literally means to 'protect' or to defend.

Public Health Act

Jordanian law allows for the involuntary institutionalization of persons with disabilities. Under Article 14(a) of the Public Health Act, the State can involuntarily institutionalize individuals suffering from mental illness in a number of cases:

1. Where treatment can only be provided in hospitals and specialized wards
2. Where the individual "may harm themselves or others, 'physically or morally'
3. Where a court order was issued for medical purposes¹¹⁸

The Law on the Rights of Persons with Disabilities Number 20 (2017) obligated relevant governmental entities to develop a national comprehensive action plan within a year of the Law entering force, and for the plan to be implemented within 10 years. The plan to include actions that will enable the re-integration of persons with disabilities into family-based settings and community-based environments. In 2019, the Government issued '**The National Strategy for the Deinstitutionalization of Persons with Disabilities in Jordan**'.¹¹⁹ The Strategy claims that 'Jordan has the opportunity become a

¹¹⁷ J11

¹¹⁸ J37

¹¹⁹ J38

champion of deinstitutionalization and that to achieve this, there is a comprehensive plan to move away from a reliance on institutional care. (Further details of the Strategy are provided later in this report).

Child Care System Regulation No. 34 (1972) issued in accordance with Article 4 of the Ministry of Social Affairs and Labor Law and its amendments No. 14 of 1956

This Regulation describes family-based and residential care. A surrogate family or 'foster' family is any suitable family other than the birth family entrusted by the Minister (of Social Affairs) or the Court for a limited or unlimited period to order the maintenance and care of any child under eighteen years of age who needs care and protection, whether temporary or permanent. An 'institution' is described as any residential setting to which the Minister or the Court entrusts the social, psychological, health, professional and educational care of children under the age of eighteen due to their need for such services.

Under the regulation what is described as a 'surrogate' family must be of the same religion as the child placed in their care, and in the event that the religion and sect of the child in need of care or custody is not confirmed, he or she is considered a Muslim.

No alternative care setting can accept a child without a 'social' assessment first being made, and a placement decision being made by the Minister or a Court. The regulation also describes different costings in relation to the child's care. It also allows for the Minister or a Court to order the return of a child to their family if the original circumstances that resulted in the separation have changed, including consideration of returning the child at the request of the father, guardian or 'breadwinner'. (Further information on the procedures related to placement of children in alternative care can be found in Section 12)

The National Framework for Family Protection against Violence (2016) (second edition)

The National Framework for Family Protection against Violence has been noted as being, 'one of the foundations in Jordan on service delivery and protection and serves as a point of reference in family protection.'¹²⁰ The introduction to the Framework, outlines how, within the remit of the National Council for Family Affairs role to contribute to the development of policies and plans pertaining to family, the Council has prepared this edition of the National Framework for Family Protection against Violence in cooperation and partnership with Council's Board of Trustees, the National Task Force for Family Protection against Violence, and a number of UN agencies (UNICEF, UNFPA, UNHCR).¹²¹

This Framework identifies different types of violence (physical, emotional, psychological, sexual, socioeconomic) and outlines the roles and responsibilities of various stakeholders in responding to cases of family violence. It sets out definitions of key concepts and defines roles and responsibilities in relation to support for prevention, protection and response to those affected by violence which it is noted, are predominantly children and women.¹²² The Framework is founded on a number of principles including respecting the rights and wishes of victims, informed consent, confidentiality, safety, non-discrimination, and a multi-sector/ multidisciplinary approach.¹²³

One of the principal aims of the Framework is to prevent and protect against family violence including awareness raising, psychosocial support, economic empowerment, legal assistance, health care, and after care support including family reunification. It therefore highlights the interconnection between prevention and protection and outlines a range of multi-sectoral interventions in different services including psychosocial, health, education, police, judicial, legal and administrative services.¹²⁴

The Framework also purports that case management methods and tools that should be used including assessments for determining appropriate support services, case planning, monitoring, follow-up and case closure. Furthermore, it outlines measures for supervision of, and technical support for, the implementation of the strategy through coordination, supervision and monitoring the response of different agencies.¹²⁵

The Framework specifically takes into consideration the following:

¹²⁰ J10

¹²¹ J23

¹²² *ibid.*

¹²³ *ibid.*

¹²⁴ *ibid.*

¹²⁵ J23

- Care and reintegration programmes: that should take into account the importance of the ‘survivor’s’ specific circumstances and individual needs to ensure a more effective provision of services and to mitigate the psychosocial harm they have experienced. The Framework states how, given the fact that care and reintegration can take many years, it is important to continue providing support and needed assistance to ensure ‘full recovery’.
- Safe accommodation, which includes the establishment of shelters providing emergency protection and comprehensive services to ‘survivors’. ‘Such shelters play a significant role in receiving and caring for survivors to help them overcome the effects of violence, reintegrate them into society, make them aware of the various service providers that provide the services they need, and open doors of opportunity for them to live a normal life by providing them with integrated services.’¹²⁶

The Ministry of Social Development Strategy (2017-2021)

Specific goals in the Strategy include the protection of families and persons facing vulnerabilities in their lives and provision of alternative care services. The Strategy also outlines a set of sectoral goals that relate to the Sustainable Development Goals (SDGs) including the aims of alleviating poverty, eliminating hunger, promoting gender equality, and reducing inequality.¹²⁷

Quality standards for residential care

In 2014, the Committee on the Rights of the Child welcomed the Government of Jordan’s adoption of Regulation No. 49 of 2009 on the licensing and management of children’s homes outlining the roles and responsibilities of residential care settings.¹²⁸

Additionally, the National Council for Family Affairs has developed Accreditation and Quality Assurance Standards for Shelter Home Services with the aim of improving and professionalizing services in residential care settings. (More information on standards can be found in the Section 12).

The Interagency Standard Operating Procedures for the Prevention of and Response to Gender-based Violence, and Exploitation, Neglect, and Abuse against Children in Jordan (2011) (National Council for Family Affairs)¹²⁹

In partnership with governmental and non-governmental organizations and UN agencies (UNICEF, UNFPA and UNHCR) the National Council for Family Affairs spearheaded the development of the Standard Operating Procedures (SOPs) for the Prevention of and Response to Cases of Violence in Jordan (GBV, FV, and CP). The SOPs were developed under the supervision of the National Team for Family Protection against Violence, which includes members of governmental and non-governmental organizations and in partnership with the Child Protection Gender Based Violence sub-working groups.¹³⁰

The introduction to the Procedures explains how they ‘consolidate references for public, private and international organizations concerned with protection against violence to be used when dealing with cases of violence against Jordanians and all who reside in the Hashemite Kingdom of Jordan including refugees.’¹³¹ (Please refer to the Section 11 for more detail)

Policies and Guiding Principles for the prevention of and Response to Violence in Jordan (Gender-Based Violence, Family Violence, and Child Protection) (2018)

The Standard Operating Procedures for the Prevention of and Response to Cases of Violence in Jordan are accompanied by two practical guides for their implementation. The first being the Policies and Guiding Principles for the prevention of and Response to Violence in Jordan (Gender-Based Violence, Family Violence, and Child Protection).¹³² This document describes the policies, guiding principles, procedures, and

¹²⁶ J23

¹²⁷ *ibid.*

¹²⁸ J4 and J25

¹²⁹ J9

¹³⁰ F9

¹³¹ *ibid.*

¹³² J19

responsibilities pertaining to the prevention of, and response to, cases of violence as covered in the Standing Operating Procedures.

Procedural Guide for the Management of Family Violence Cases: (National Standard Operating Procedures for the Prevention of and Response to Cases of Violence in Jordan (Gender-based Violence, Family Violence, and Child Protection) (2018)

The second document developed to accompany the Standard Operating Procedures for the Prevention of and Response to Cases of Violence in Jordan is the Procedural Guide.¹³³ This Guide maps out frameworks, policies, guiding principles, and work methodologies for responding to cases of violence as also outlined in the 'Policies and Guiding Principles for the Prevention of and Response to Cases of Violence in Jordan'. It offers detailed procedures that require a multidisciplinary response and detailed and sequential actions to be undertaken. The Guide states that these procedures should reflect a 'survivor-centered' approach based on the rights, wishes, and needs of those experiencing family violence. The Guide also defines the roles and responsibilities of agencies that deal with cases of family violence across different sectors with the aim of enhancing cooperation, coordination and ongoing follow-up.

The Guide is designed to facilitate all case management procedures from case referral through to case closure. e way through to case file closure. Work procedures also include timeframes for the various intervention phases and information and data that should be documented in a manner that promotes a comprehensive and integrated response to survivors' needs. The principle of responsibility and accountability is also reinforced for all agencies providing services to cases of FV, which is achieved through the supervision, follow-up and inspection framework. The Procedural Guide will also be reviewed periodically to ensure information is updated and reflects national and international best practices in the field.¹³⁴ (Please refer to the Section 11 for further details)

Accreditation and Quality Control Standards for Services provided to cases of Family Violence (2014).

It has been possible to source a copy of these standards but because of the format, it has not been possible to translate the entire document. However, the topics addressed in these standards are understood to include:

- Terminology
- A mechanism for evaluating institutions' implementation of standards
- A mechanism for analyzing the institutions' evaluation results
- A diagram of control standards levels
- Quality of services provided to cases of domestic violence
- Institutional approach
- Data management
- Service providers
- Case management at the level of a multi-institutional (participatory) approach
- Psychological and social services
- Educational services
- Health Services
- The services are
- Police services
- A code of professional conduct for service providers in cases of domestic violence

Foster Care Instructions 2013 (also known as the Ihtidan Instructions) (Please see section on 12 for further details)

Foster care -circular (2000)

There is reference to this circular in the literature sourced for this study but it has not been possible to retrieve a copy It is reported that this Circular identified the three categories of children for whom 'foster' care is available which are children of unknown parentage, children conceived as a result of sexual intercourse between individuals who are close blood relations, and illegitimate children whose mothers' identity is known,

¹³³ J20

¹³⁴ J20

but the child was conceived as a result of 'illicit sexual relations where on or both of the parties has been sanctioned by a court for their conduct'.¹³⁵

In summary, Jordan has a complex normative framework comprised of a significant number of laws and statutory guidance. However, this legislation is still lacking in terms of protection for children's placement in alternative care. Furthermore, there is duplication in laws and gaps in protection legislation. Legislation also continues to contribute to acceptance of certain harmful norms. For example, corporal punishment, although illegal in schools and care settings is still widely used in these contexts as well as in home. In legislation, certain children are identified as orphans even though they have living parents with subsequent consequences ranging from forcible removal from a mother's care, to being denied their family name and other rights. A presentation by UNICEF in 2018 also noted the need to amend legislation including the Penal Code including which requires tougher sentences for so-called honour crimes, defining of key terms such as rape and sexual assault, and forbidding parents to discipline children in accordance with local custom.¹³⁶

¹³⁵ J4

¹³⁶ J25

9. Data collection and management information systems

The UN Guidelines for the Alternative Care of Children¹³⁷ advise that,

It is a responsibility of the State or appropriate level of government to ensure the development and implementation of coordinated policies regarding formal and informal care for all children who are without parental care. Such policies should be based on sound information and statistical data. They should define a process for determining who has responsibility for a child, taking into account the role of the child's parents or principal caregivers in his/her protection, care and development. Presumptive responsibility, unless shown to be otherwise, is with the child's parents or principal caregivers.

The necessity of accurate and systematic data collection for information on characteristics and trends of child protection and alternative child care is crucial for the development and application of appropriate and evidence-based policy and practice.¹³⁸

Quantitative and qualitative data related to protection and alternative care has been found within various documents examined for this study. However, there is no one document or centralized database that has provided a comprehensive overview of data - including disaggregated and/or longitudinal data - for child protection or alternative care. Much of the data and information that has been sourced, has been found in reports issued by UN and non-governmental organizations. In particular, Child Protection Working Groups led by international NGOs, along with UNICEF, appear to be the most active in promoting efforts to develop data management information systems.¹³⁹ It is most noticeable how these systems have been specifically developed in relation to the protection of refugee children.

This fact is evidenced by the work of the Child Protection Information Management System Task Force and the initial development of a case management system - that also allowed for data collection - specifically in response to the Syrian refugee crisis. The piloting and development of a case management system, notably from 2013 onwards, was expanded with the support of UNICEF and NGOs so that it could also be piloted for use by the Family Protection Department, The National Council for Family Affairs, and the ministries of Social Development, Health and Education.¹⁴⁰

However, an evaluation in 2018¹⁴¹ found that different web-based data systems for recording child protection cases were being used alongside paper systems within government departments. Furthermore, the extent to which systems were being actually operationalized, differed across agencies. It was also noted that the government was also piloting a National Family Violence Tracking System but at that time the system was only operational in the English language and not enough staff had been trained to use it. In addition, different ministries were continuing to use their own individual electronic data systems.

The 2018 evaluation¹⁴² did acknowledge achievements made particularly by child protection working groups and taskforces to develop information systems relating to the work with refugee children. This included recognition that the participating organizations had 'greatly contributed to the strengthening of the Information Management System (IMS) used across agencies involved in case management.'¹⁴³ At this time, the International Rescue Committee and International Medical Corps were notably using the Child Protection IMS (CPIMS) system, supported by UNICEF, 'which evolved into the CPIMS plus/PRIMERO¹⁴⁴ platform'.¹⁴⁵

¹³⁷ UN General Assembly, Guidelines for the Alternative Care of Children : resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142, available at: <https://www.refworld.org/docid/4c3acd162.html>

¹³⁸ AlEissa, M.A. et al. (2009) A commentary on national child maltreatment surveillance systems: Examples of progress. *Child Abuse and Neglect*, 33, pp. 809-814; Boothby, N. and Stark, L. (2011) Data surveillance in child protection systems development: An Indonesian case study. *Child Abuse and Neglect*, 35, pp.933-1001.

¹³⁹ <https://reliefweb.int/report/jordan/child-protection-information-management-system-2018-child-protection-case-management>

¹⁴⁰ J21

¹⁴¹ *ibid.*

¹⁴² J21

¹⁴³ J10

¹⁴⁴ sourced at: <https://www.primero.org/>

¹⁴⁵ J10

UNHCR, Jordan River Foundation and Noor Al-Husseini Foundation Institute for Family Health were utilizing the CPIMS/RAIS¹⁴⁶ case management system.

¹⁴⁶ sourced at: https://www.nolostgeneration.org/sites/default/files/webform/contribute_a_resource_to_nlg/84/rais-cpims-ia-cpims-isp-151015-final.pdf

10. Structures for system delivery, coordination and oversight

The UN Guidelines for the Alternative Care of Children¹⁴⁷ urge that,

All State entities involved in the referral of, and assistance to, children without parental care, in cooperation with civil society, should adopt policies and procedures, which favor information sharing and networking between agencies and individuals in order to ensure effective care, aftercare and protection for these children. The location and/or design of the agency responsible for the oversight of alternative care should be established so as to maximize its accessibility to those who require the services provided.

10.1 The role of State departments

National Council for Family Affairs (NCFA)

The National Council for Family Affairs, founded by Royal Decree in 2001 and headed by Her Majesty Queen Rania Al-Abdullah, is one of the principle bodies responsible for policy development, coordination and facilitation of family protection work in Jordan.¹⁴⁸ The Council is managed by a Board of Trustees comprising a number of ministers, directors of relevant institutions, and others acting in within their professional expert capacity.¹⁴⁹ The role of the Council, as stipulated in Article 4 of Law Number 27 (2001), and as explained on it's website, is to promote the status of the Jordanian family and its protection by strengthening the national protection system through development of legislation, policies and programmes that take a multidisciplinary approach and bring together governmental and non-governmental organizations. In particular, the Council aims to combat all forms of violence, in particular, gender-based violence (GBV), family violence (FV) and protect children against violence, exploitation, neglect, and abuse.¹⁵⁰

The **Family Protection Project** was launched in 2000 under the umbrella of the Council, alongside the formation of the **National Team for Family Protection against Violence**.¹⁵¹ Members of the National Team included representatives of different governmental and non-governmental agencies. A working document prepared in 2009 the National Team outlines their role in promoting a national approach to formulating policies, developing coordinated national programmes on family protection, and following-up and measuring impact of the team's work.¹⁵²

Amongst the work of the Council, in partnership with the National Team, is the development of the 2016 National Framework for Family Protection against Violence (2016) and the Accreditation and Quality Assurance Standards for Shelter Home Services'.¹⁵³

The Ministry of Social Development

The Ministry of Social Development is the principle ministry responsible for social work and alternative care.¹⁵⁴ This role is implemented through different directorates and units within the Ministry situated at central and at local level. (an organizational chart is available in Arabic and can be found at: <http://www.mosd.gov.jo/UI/Arabic/ShowContent.aspx?ContentId=24>)

¹⁴⁷ UN General Assembly, Guidelines for the Alternative Care of Children : resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142, available at: <https://www.refworld.org/docid/4c3acd162.html>

¹⁴⁸ J10 and J23

¹⁴⁹ J23

¹⁵⁰ J6 and J23

¹⁵¹ J23

¹⁵² *ibid.*

¹⁵³ J5 and J23 and J35

¹⁵⁴ J10

Family and Childhood Directorate

According to website of the Ministry of Social Development¹⁵⁵, the Family and Childhood Directorate aims to preserve Jordanian family cohesion and protect it from 'disintegration and delinquency' through a continuous process of awareness, preventive and 'curative' programs. This includes providing basic social services and supporting the 'proper' social upbringing of Jordanian children. The Directorate works towards providing and improving child services, 'providing the opportunities children to express himself/herself, show his/her capabilities, satisfy his/her needs and utilize his/her energies to the maximum, in addition to caring for children of broken families.' The Directorate includes the following Sections:

1. Childhood Institutions Section
2. Nurseries Section
3. Guidance and Family Protection Section
4. Health Insurance Studies Section

Family Inclusion Unit

The MOSD maintains a Family Inclusion Unit, which supports alternative care. However, it has not been possible to find additional detailed information on the work of this unit. This unit although referred to in literature, is not defined on the Ministry of Social Development website.

Post Care Unit

A Post-Care Unit has been established within the Ministry of Social Development. However, following interviews with stakeholders in Jordan it is understood this Unit is barely active.

Social Defense Department

According to the Ministry of Social Development website, the aims and objectives of this Department are based on working to protect society from the dangers of crime and delinquency by means of cooperation and coordination with the concerned authorities. The Directorate includes the following Sections:

1. Conduct Observation Section
2. Social Defense Institutions Section
3. Control of Mendacity and Homelessness Section
4. Social Protection Section.

The Ministry of Social Development also has Departments for Disability Affairs, Local Societies Development, and Poverty Monitoring and Social Security.

The Ministry of Awqaf and Islamic Affairs

This Ministry plays a role in the facilitation of Islamic 'fostering' arrangements, using different criteria from those of the Ministry of Social Development

10.2 The role of the judiciary

There is little information within the literature sourced for this study providing a detailed account regarding the role of the judiciary apart from the information outlining the legal mandate guiding their actions of the judiciary

¹⁵⁵ sourced at:

https://portal.jordan.gov.jo/wps/portal/Home/GovernmentEntities/Ministries/Ministry/Ministry%20of%20Social%20Development!/ut/p/z0/04_Sj9CPykyssy0xPLMnMz0vMAfljo8ziHU1cQ0wN3B09A42CTAwcfcyXd19grwCg4z0g1Pz9L30o_ArAppiVOTr7JuuH1WQWJKhm5mXlq8f4ZuZl1cUJSpkJ-mEJyfnJmYo-CSWpaak1-Qm5pXol-Q7R4OAJlmw4c!

as reported above in Section 8 above. It is recognized however, that judges play a prominent role in final decision making relating to whether or not children are placed in alternative care.

10.3 The role of the Ministry of Interior and the police

Ministry of Interior: Public Security Directorate: Family Protection Department

Details of the work of the Family Protection Department can be found on their website.¹⁵⁶ The Department was established within the Public Security Directorate in 1997¹⁵⁷. It has a remit under the Family Protection Law to protect families which includes responsibility to investigate and respond to reports of physical abuse and neglect of children from within the family, and sexual abuse for all other victims regardless of the age or sex of the victims, whether or not the abuse is from inside or outside the family.¹⁵⁸

The Department has offices in different parts of the country and is comprised of teams of specialized police working with social workers seconded from the Ministry of Social Development. The Department also works with the Ministry of Health who provides the services of psychiatrists who offer support to victims of violence.¹⁵⁹ The Department also receives support from UNICEF and NGOs including the River Jordan Foundation and Save the Children.

The Department is responsible for coordinating the response to, and case management of, children affected by violence. This includes investigation of cases, which, according to the Directorate's website, aim to protect victims and obtain information and evidence necessary to prosecute the perpetrator.¹⁶⁰ The law gives officers the power of precautionary protection measures towards offenders including being able to keep offenders in custody for up to 24 hours and to take quasi-judicial decisions and actions that need special judicial supervision.¹⁶¹ The Department also provides support services including, psychological, social and therapeutic counselling, and legal services.¹⁶² The Process undertaken in the Department includes the following¹⁶³:

- A receptionist takes basic information about the case.
- Children in need of immediate medical treatment are referred for medical treatment prior to being interviewed.
- Staff take statements related to the case, including interviews with the child, family members, other witnesses, and the alleged perpetrator, when appropriate. Interviews are conducted in a child-friendly manner, taking into consideration the age and level of maturity of the child. Interviews with child survivors of violence are videotaped as appropriate and according to the legislation in force.
- All cases are handled with confidentiality and the informed consent of the child's caregiver is obtained when this is deemed in the best interests of the child.
- The child, and where necessary, the alleged perpetrator, are referred to the forensic medicine unit for evidence collection. (child friendly procedures have been adopted including use of child friendly spaces and videoing a child's testimony)
- The Department liaises with the relevant security departments in accordance with case requirements.
- The Department can refer the case to the judiciary when appropriate
- The Department follows-up on the safety of the child, ensuring access to social care services, medical, forensic and psychological services.
- Social workers can conduct family visits/case studies and can also provide psychosocial services and family mediation for the child and the family when appropriate.
- The Department can refer the case to the competent governor to take necessary administrative measures, such as to have the alleged perpetrator sign a pledge to not harm the child again.
- When required for the safety of the child, the Department can remove the child from the family and place him/her in alternative care arrangements. This should be done by court order, which is based on recommendations from the case management team, the best interests of the child and legislation in force.

¹⁵⁶ sourced at: <https://www.psd.gov.jo/index.php/en/2016-08-24-07-07-42/family-protection-department>

¹⁵⁷ J34

¹⁵⁸ *ibid.*

¹⁵⁹ *ibid.*

¹⁶⁰ J10

¹⁶¹ J34

¹⁶² J10

¹⁶³ J11

There is a Child Protection Training Centre that has been established within the Department is a Family. This Unit provides training for those working the field of family and child protection including those who offer social work services, police interviews, and investigation and strengthen abilities of local and regional organizations that provide services for vulnerable.¹⁶⁴ It is reported that the Training Centre ‘has trained hundreds of police officers, social workers, psychologists, prosecutors and judges.’¹⁶⁵

Juvenile Police Department

The Juvenile Police Department was established in 2011 and has a mandate to provide services for young people in conflict with the law as well as categories of children in need of protection and care. Their remit includes making sure children stay away from crime and to help facilitate their rehabilitation and social reintegration.¹⁶⁶

10.4 The role of non-governmental organisations

There is an active NGO sector in Jordan comprised of local civil society organizations, national NGOs, UN bodies and international NGOs. This includes agencies that specialize in child protection, including a sizeable humanitarian programme in response to the large refugee population in Jordan.

As noted in other sections of this study, non-governmental organizations have been particularly instrumental in the development of a case management approach to child protection in Jordan. NGOs and private organizations are active in the provision of residential care. For example, it is estimated that of the 32 registered alternative care residential settings in Jordan, only 5 are directly run by government departments. (please see Section 12 for further details)

The presence of international organizations has also prompted the facilitation of child protection working groups and taskforces. Once again, this seems to have been very much the initiative of humanitarian organizations in the first instance with the formation of an **Inter-Agency Protection Working Group**. Details of the work of this group including regular reports on the situation of children can be found at: <https://data2.unhcr.org/en/working-group/50>

This working group has a **Child Protection Sub-Sector** (please see Figure 8.) co-chaired by UNHCR and UNICEF. The group contributes to the strengthening of the child protection response in Jordan through the development of coordination mechanisms and the sharing of good practices and global child protection standards.¹⁶⁷ The Sub-Sector has identified a number of priority areas - particularly related to the protection of refugee children but also supporting development of national child protection systems and work on issues related to unaccompanied and separated children; child labour; children associated with armed forces and armed groups; violence against children; children in conflict with the law; and children with disabilities.¹⁶⁸

Strategic priorities of this Sub-Sector working group include capacity building and mainstreaming of child protection concerns into the humanitarian response and national child protection systems and government services, increased prevention and outreach activities, improving opportunities for safe and confidential disclosure through effective referrals to expanded and improved multi-sectoral and gender-sensitive response services. This also includes work on alternative care procedures and strengthening the capacity of the Ministry of Social Development and the Courts to identify and formalize alternative care arrangements.¹⁶⁹

UNHCR also co-chairs the national Child Protection Information Management System (CP IMS) Taskforce also attended by child protection agencies using that collect and store information and data relating to child protection case management services.¹⁷⁰

¹⁶⁴ J34

¹⁶⁵ J34

¹⁶⁶ J10

¹⁶⁷ J29

¹⁶⁸ sourced at: <https://data2.unhcr.org/en/working-group/71>

¹⁶⁹ sourced at: <https://data2.unhcr.org/en/working-group/71>

¹⁷⁰ J29

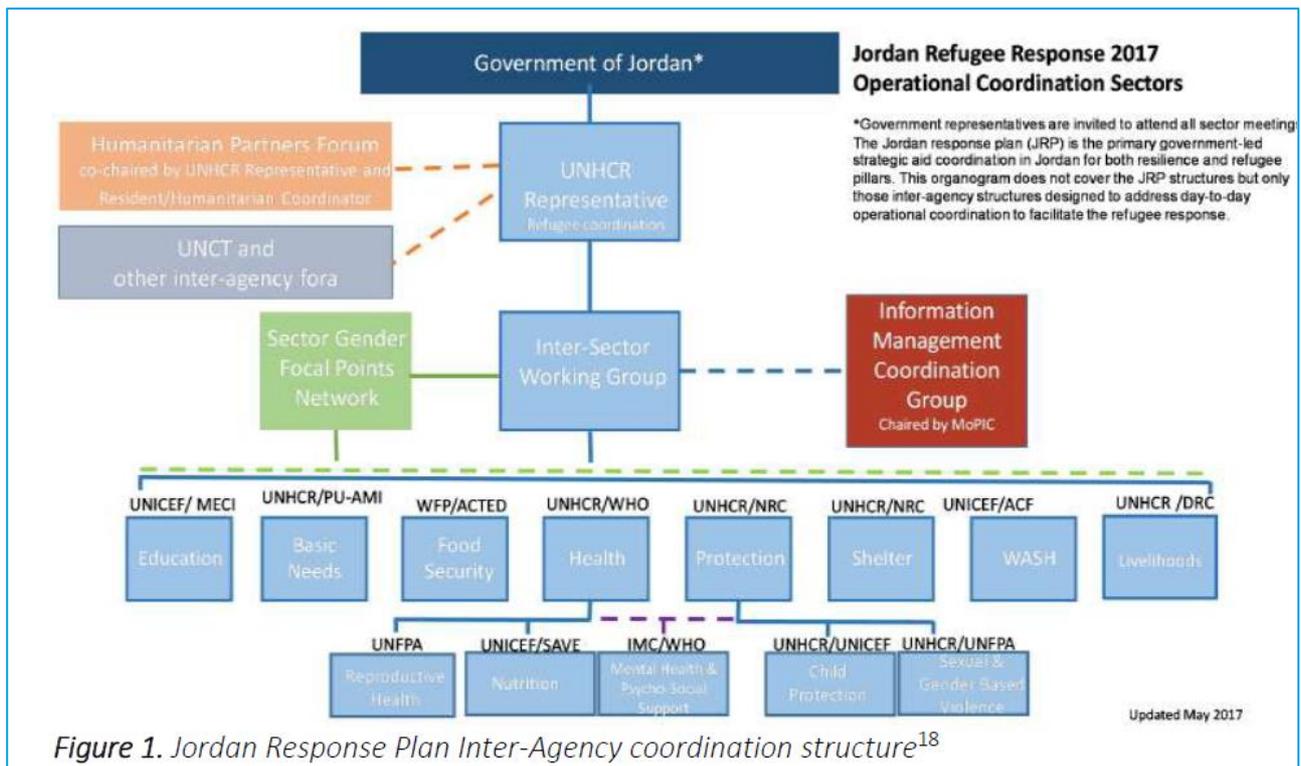


Figure 1. Jordan Response Plan Inter-Agency coordination structure¹⁸

Figure 8. Jordan Inter-Agency Refugee Response Coordination Structure¹⁷¹

Child Protection Committee Amman

This Child Protection Committee was established in East Amman in 2012.¹⁷² The Committee is a network with 11 members. It aims at supporting children who are victims of neglect, violence, and discrimination as well as children with disabilities. The Child Protection Committee also works with children to help them to protect themselves from the risks.

¹⁷¹ J10

¹⁷² J10

11. Gatekeeping and child protection case management

Gatekeeping is an essential component of a national child protection and alternative care system.¹⁷³ It involves a systematic process that employs the use of tools and procedures enabling those involved in the protection and care of children to make choices that are in the best interests of each child and meets their individual needs, circumstances and wishes.¹⁷⁴ Shared gatekeeping tools and processes enable multi-sectoral teams working together on case management should ensure:

- careful identification and referral of children and families at risk
- comprehensive and rigorous multi-sectoral assessments of circumstances and needs and wishes
- decision making procedures taken in consideration of the best interests of each child with full and meaningful participation of children, families and involvement of other relevant stakeholders
- development of child and/or family Support Plans that identify the community based support services to be provided in a timely manner. If alternative care is necessary, each child should have an individual Care Plan.
- oversight and delivery of support services and/or alternative care.
- ongoing case monitoring and review of Support Plans/Care Plans and the changing situation of the child and their family
- procedures that facilitate and support family reunification or other permanent solutions for a child including adoption

It is important that all the above procedures respect a child's right to participate (see CRC Article 12) in decisions that affect their lives. This is a central premise to making effective and appropriate decisions about their protection and well-being. In addition, importance should be placed on the development of multi-sectoral assessments and other shared gatekeeping tools and mechanisms accompanied by joint training on these tools so that policy, practice and responsibility is owned by all relevant stakeholders and agencies (social welfare, education, health, judiciary, housing, employment etc.). This also helps create a holistic child-centred approach to child protection and alternative care.

In setting thresholds and parameters as part of assessment and decision-making processes, the 2019 UNGA Resolution on the Promotion and protection of the rights of children¹⁷⁵ clearly states that,

financial and material poverty, or conditions directly and uniquely imputable to such poverty, should never be the only justification for the removal of a child from the care of his or her parents or primary caregivers and legal guardians, for receiving a child into alternative care or for preventing his or her reintegration, but should be seen as a signal for the need to provide appropriate support to their family, benefiting the child directly.

In light of the above guidance, this desk review has considered gatekeeping in Jordan and the use of child protection case management processes and tools as illustrated in Figure 9. below.

173 Gale, C. & Csaky, C. (2014) (2015) Making Decisions for the Better Care of Children: The role of gatekeeping in strengthening family-based care and reforming alternative care systems. Better Care Network and United Nations Children's Fund (UNICEF)

174 Cantwell, N.; Davidson, J.; Elsley, S.; Milligan, I.; Quinn, N. (2012) Moving Forward: Implementing the Alternative Care Guidelines for Children. UK: CELCIS, University of Strathclyde

175 United Nations General Assembly (2019) 'Promotion and protection of the rights of children' adopted by the General Assembly at its 74th session, 19 November 2019, A/74/395

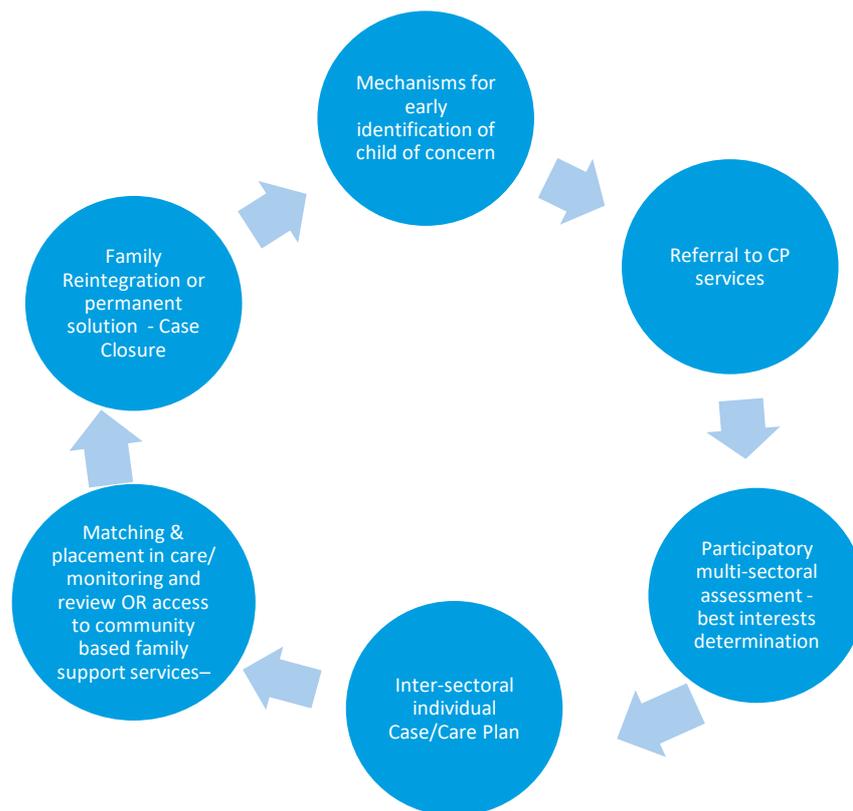


Figure 9 Steps of child protection case management

11.1 Referral, assessment and case/care planning procedures

The literature reviewed for this study suggests that over the past few years in particular, there has been considerable investment in the development of case management procedures and tools. This commitment by the Government of Jordan can be evidenced for example, in the **2011 National Framework for Family Protection against Violence** and the issuance of Standard Operating Procedures for case management. There are also indications that much of this work has been prompted by NGOs working in the humanitarian sector based on such procedures as UNHCR's Best Interest Determination (BID) process and the international Inter-Agency Standing Committee's work to promote case management tools and methodologies.

However, detailed guidance on the implementation of the Procedures was only issued in 2018, following a UNICEF commissioned evaluation of case management procedures in 2018¹⁷⁶. This is most probably the reason it has not been possible to find an in-depth evaluation on the implantation of child protection case management by relevant agencies across Jordan.

The issuance of detailed guidance for the use of child protection case management, and how tools and procedures that should be applied, can be found in a range of statutory documents released by the Government. These include:

The National Framework for Family Protection against Violence (2016) (second edition)

The Framework delineates two different levels of case management levels: those that require mandatory reporting to a legal authority and those that are not felonies and therefore do not require reporting. Case procedures, including - coordination between agencies include:

- Procedures and responsibilities for identification and reporting - including the receipt and verification of information

¹⁷⁶ J10

- Immediate response - to be undertaken within 24 hours - how to ensure the immediate protection of the survivor and the initial information that should be obtained
- Intervention phase - type of intervention needed including the holding of a case conference with representatives from all agencies dealing with the child , agreement on the provision of services/range of multi-sectoral interventions (the different PSS, equational, health, police, judicial, legal and administrative services)
- Follow-up and monitoring undertaken by the case management team to review actions, re-assess the situation and amend plans accordingly
- Case closure
- Measures for supervision and technical support in the implementation of the strategy (identifying, coordination, supervising and monitoring the response of different agencies) ¹⁷⁷

The Framework includes a detailed diagram for case management as illustrated in Figure 10.

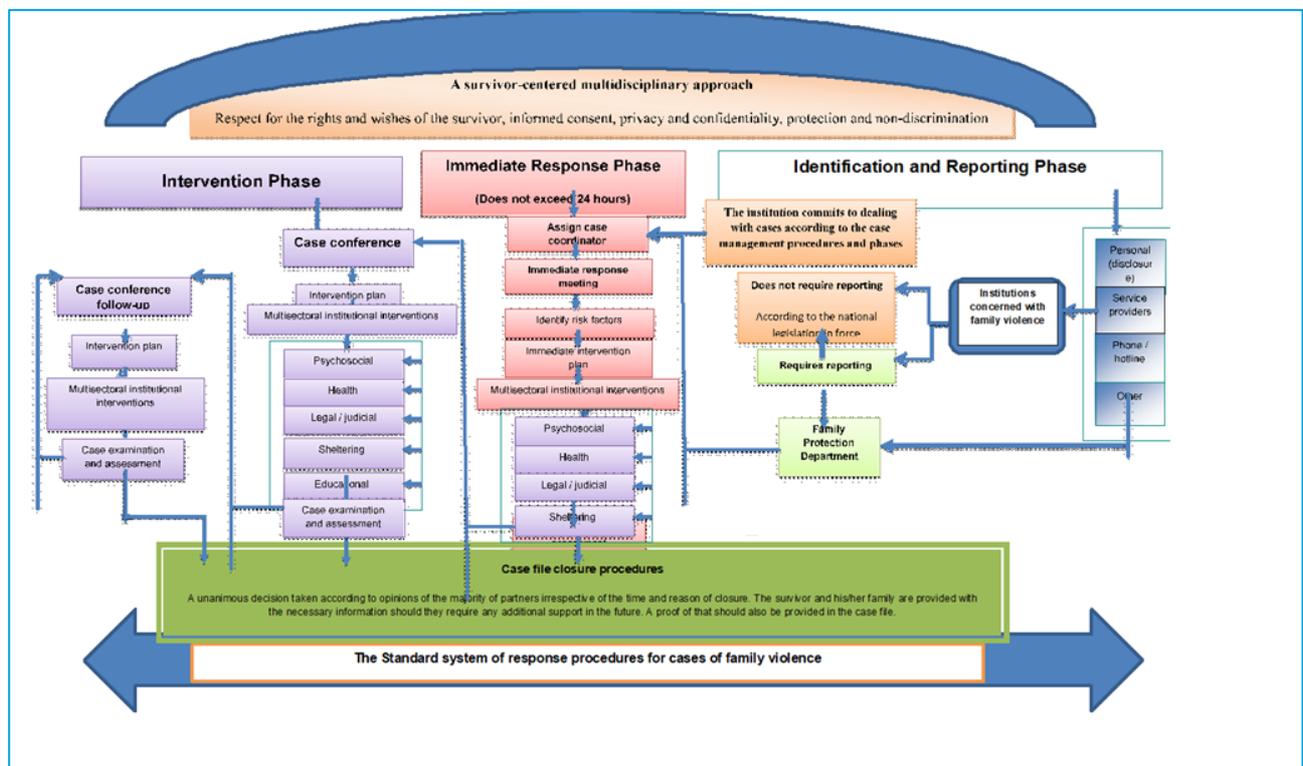


Figure 10. Illustration of Case Management process published within the National Framework for Family Protection against Violence ¹⁷⁸

National Standard Operating Procedures for the Prevention of and Response to Cases of Violence in Jordan

(Gender-based Violence, Family Violence, and Child Protection) were issued in 2011¹⁷⁹. These Procedures are accompanied two documents that provide detailed instructions on implementing the National Standard Operating Procedures for the Prevention of and Response to Cases of Violence in Jordan through a case management methodology. These are:

1. Policies and guiding principles for the prevention of and response to violence in Jordan (gender based violence, family violence and child protection) (2018) ¹⁸⁰

¹⁷⁷ J23

¹⁷⁸ J23

¹⁷⁹ J20

¹⁸⁰ J19

This Guide was developed following the issuance of the Standard Operating Procedures (SOPs) for the Prevention of and Response to Cases of Violence in Jordan (GBV, Family Violence, and Child Protection). The document describes policies, guiding principles, procedures, and responsibilities pertaining to the prevention of and response to cases of violence in Jordan. It begins by providing guiding principles for all actions including:

- Cooperation between actors and multi-sectoral interventions
- Equal participation of men, women girls and boys in assessment and case plans
- Integration and mainstreaming of GBV, Family Violence and Child Protection interventions into all programme and sectors
- Ensuring accountability at all levels
- Understanding and ensuring adherence to the code of conduct by all workers concerned

The guiding principles set out in the document in relation to working with children include:

- Avoid further exposure to harm
- Set up and adhere to child safeguarding protocols
- All children have access to assistance (avoid discrimination)
- Protect children from abuse
- Assist children to claim their rights, access available remedies and recover from the effects of abuse/violence
- Promote CP systems (including avoiding parallel systems)
- Strengthen children's resilience and skills
- Ensure safely, confidentiality, respecting of wishes, choices and rights
- Ensure non-discrimination

Chapter 2 of the Guide details a case management approach including reporting and referral mechanisms. It explains a collaborative and multi-disciplinary process with a focus on ensuring those with complex and multiple needs can gain access services from a range of service providers. The Guide also outlines regulations for partnership working on case management including different roles and responsibilities e.g. sending a person who is technically qualified; briefing the case management team etc. The Guide defines two case management pathways: those that require mandatory reporting to a legal authority and those that do not. It goes on to define the different stages and tools in the case management process including:

- Identification and reporting
- Cases assessment
- Case planning and preparation of intervention plans
- Case implementation
- Case follow-up

Chapter 4 outlines procedures for working with families and with cases of GBV through prevention and response programmes. It reiterates the three levels of prevention (primary, secondary and tertiary (note: tertiary prevention in the Guide refers to reintegration). It includes a number of procedures to be undertaken that span each of these levels including temporary placement in 'shelters' if it has not been possible to find strategies that enable 'survivors' to safely remain with their families. The Guide also refers to access of 'survivors' of violence to 'basic assistance in order to ensure their immediate welfare, safety and security. Material assistance, such as emergency food, food vouchers and non-food items (NFI), and assistance in documentation and registration can be provided through referrals. This chapter also outlines the different roles and responsibilities including those of the different courts including how 'survivors' can file a regular lawsuit in the civil court, and/ or a civil status lawsuit in the sharia court (or religious community courts for non-Muslim communities).

Chapter 5 has a focus on prevention and response programmes for child protection cases. This includes actions related to:

- Child protection services and procedures - Community based child protection, PSS and mental health services
- The role for community-based child protection mechanisms
- Access to child friendly spaces
- A range of community based psychosocial support activities and referral to psychosocial or mental health services where needed

- Support for child survivors of violence so they can safely remain with their family and an emphasis that removal is a measure of last resort (first option to explore should always be placing them with kin)

Chapter 6 focusses on prevention of violence and highlights the role of society and communities in prevention. Chapter 7 details the use of documentation and information management including the importance of creating case files, use of standardized forms, and safeguards for electronic information management systems. The Guide finishes with chapter 8 outlining issues of coordination.

2. Procedural Guide for the Management of Family Violence Cases (for the Standing Operating Procedures National Standard Operating Procedures for the Prevention of and Response to Cases of Violence in Jordan)

The Guide also maps out frameworks, policies, guiding principles, and work methodologies for cases of violence and repeats quite a lot of information contained within the aforementioned 'Policies and Guiding Principles' document. It further outlines case management procedures, and defines cooperation, roles and responsibilities of agencies that deal with cases of family violence. It also defines procedures for all service providers from case referral through to case closure. This includes a step by step process at each phase of detection and reporting, immediate response, comprehensive intervention and case closure. The document contains a detailed procedures flowchart and explanation of case management procedures for the Family Protection Department as well as for agencies dealing with cases that do not require mandatory reporting. The document also contains all the case management forms to be used by service providers.¹⁸¹

2018 Evaluation of protection case management

In 2018, UNICEF commissioned the Economic Policy Research Institute to conduct an evaluation of the use of protection case management used from 2013-2017 in refugee camps and in host communities. The evaluation¹⁸² reported on found the following findings:

- Standard Operating Procedures have been helpful in creating a more holistic approach and more clearly defining roles and responsibilities/ introducing quality assurance but could be improved - streamlining forms and making them more specific to the context
- Standard Operating Procedures have been adjusted from an emergency to developmental context and the specific needs of different beneficiary groups
- There are still quite different understandings of case management / different degrees of integration
- Case management not been fully integrated into the national system
- Different actors are using different information system platforms - room to further strengthen coordination
- Case management integration centred on child protection and GBV and limited engagement of other sectors and actors dealing with vulnerable children - including children in conflict with the law
- Partners follow the process as outlined in the Standard Operating Procedures but some challenges are still being encountered in case referral and follow-up
- Need to enhance capacity of case managers - needs a more systematic and continuous approach
- Case management did achieve positive results in the situation of children and their families - depending on geographic location - more positive results for refugee communities
- Case management is not reaching all groups for refugees e.g. those with disabilities and those in informal tented settlements
- Sustainability enhanced by strong role for national partners, linkages to national social work courses - but also issues around government and CBO capacity an high staff turnover in government - limited dedicated financing of case management activities result in a shortage of resources
- Need for a stronger link to prevention
- Helps to provide services more comprehensively and cost efficiency through an integrated system

In the past few years, UNWRA has also begun programmes for child protection for Palestinian refugees in Jordan, Lebanon, Syria and Palestine. The agency has developed a Child Protection Framework.¹⁸³ An evaluation of UNWRA's work indicates the need for further capacity development of those responsible for its implementation. The UNWRA Framework is comprised of three pillars as illustrated in Figure 11.

¹⁸¹ J20

¹⁸² J21

¹⁸³ J49

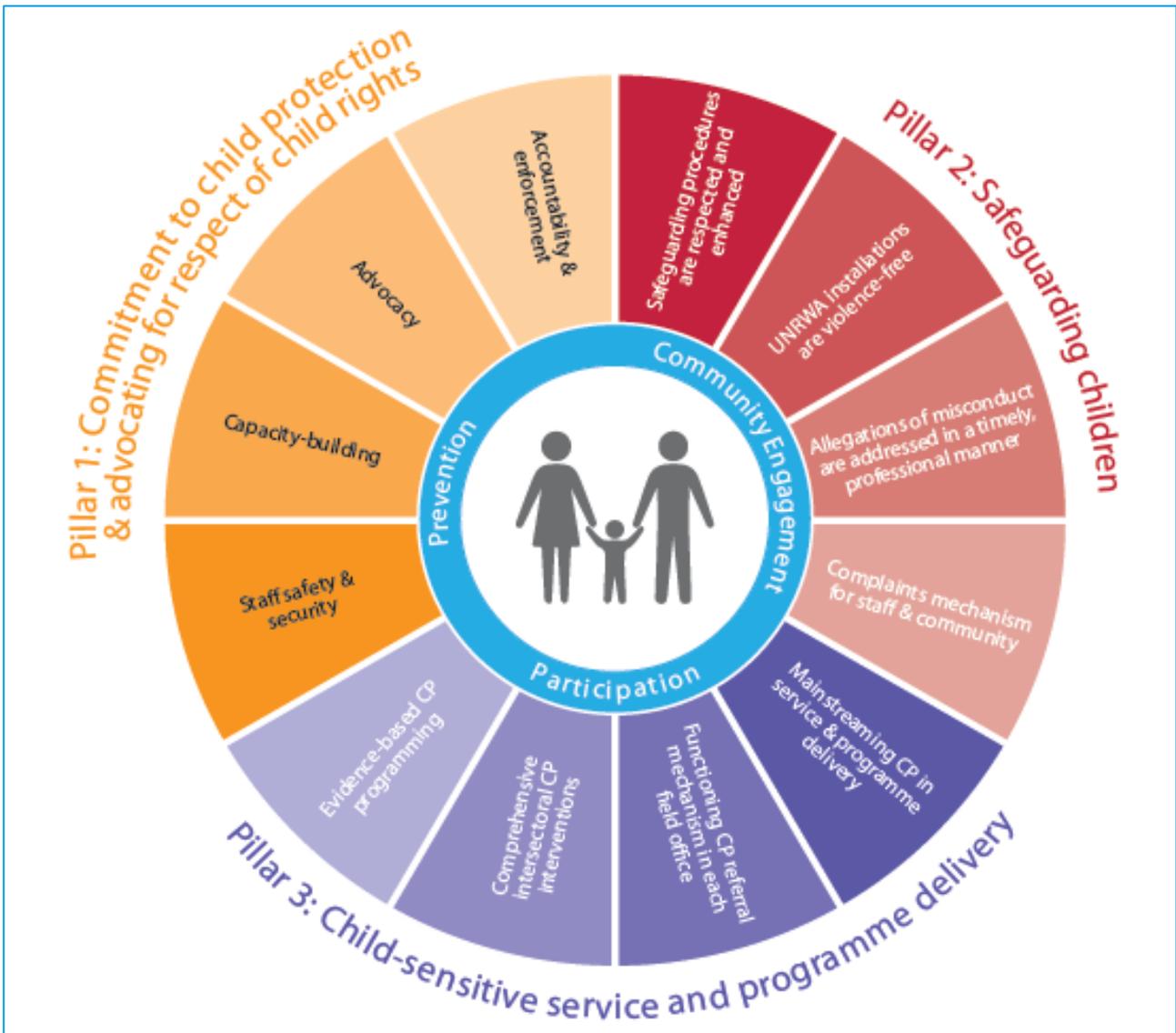
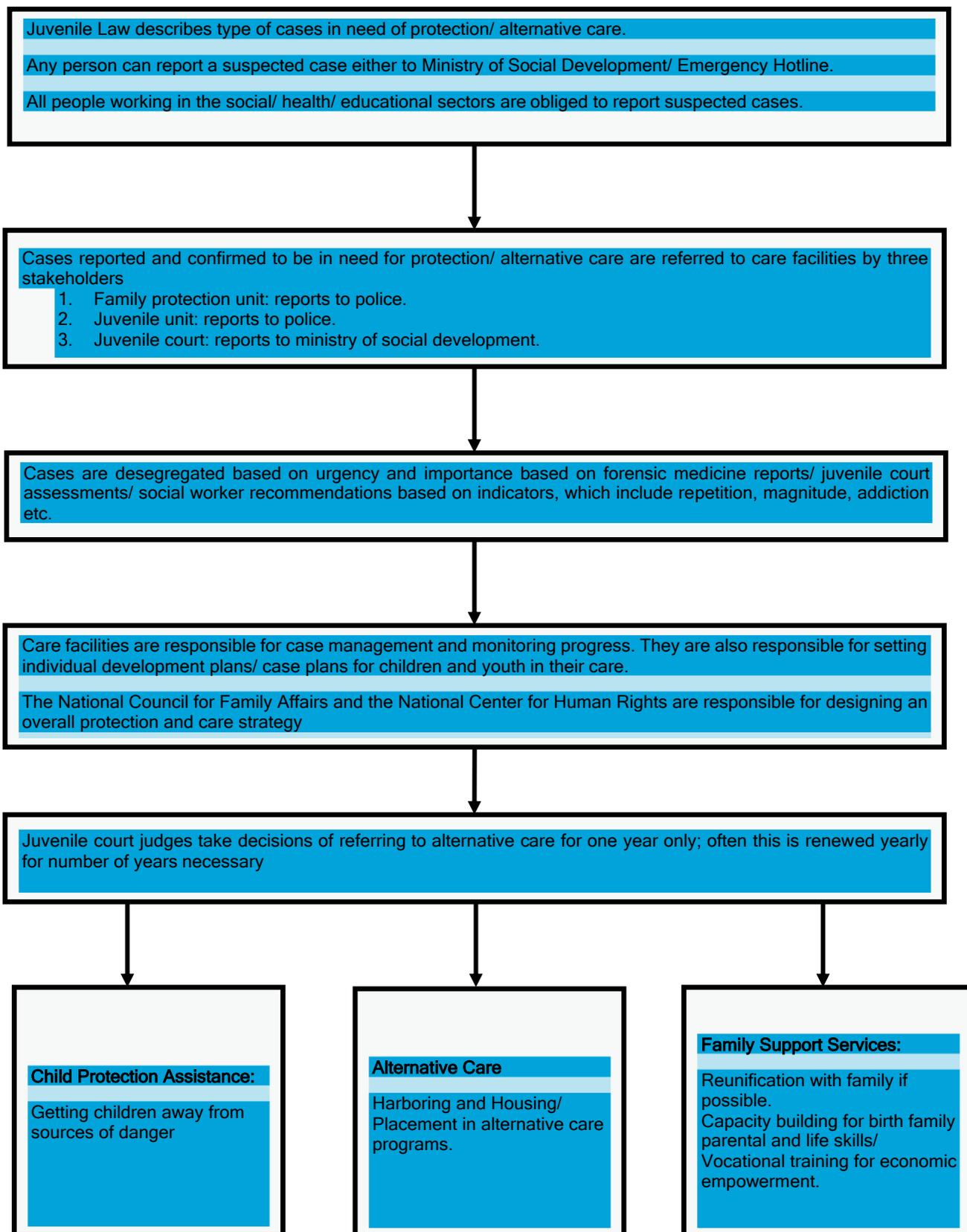


Figure 11. The three pillars of the UNRWA Child Protection Framework¹⁸⁴

¹⁸⁴ J49

The SOS team in Jordan kindly provided the diagram in Figure 12. Mapping child protection case management in Jordan.

Figure 12. Mapping of child protection case management in Jordan



12. Continuum of protection and suitable care services

12.1 Informal care

Informal Care as defined by the UN Guidelines for the Alternative Care of Children is a privately made arrangement when a 'child is looked after on an ongoing or indefinite basis by relatives or friends at the initiative of the child, his or her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body'.¹⁸⁵

The Guidelines describe kinship care as 'family-based care within the child's extended family or with close friends of the family known to the child'.¹⁸⁶ It may be formal or informal in nature (it is considered formal when it has been ordered by a competent administrative body or judicial authority.)

There is an absence of data on children living in informal care in Jordan, however, information drawn from interviews indicates that a significant number of children live in informally arranged extended family care, or in other households across Jordan.

According to a Better Care Network report¹⁸⁷ using data extracted from the 2012 Jordan Population and Family Health Survey (DHS) in the cohort engaged in the study, only 1% of children age 0-17 lived with neither biological parent although, of these, 77% have both living parents, and 16% have one. The majority of children living with neither biological parent (95%) were living in households headed by a relative. Only 2% were reported to be living in a household headed by someone other than a relative. Twice as many boys lived outside of family care than girls, and more children living outside of family care appeared to live in households located in rural settings.

¹⁸⁵ UN General Assembly. *Guidelines for the Alternative Care of Children (2010) resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142.*

¹⁸⁶ *ibid.*

¹⁸⁷ J36

12.2 Formal alternative care

Formal Care as defined by the UN Guidelines for the Alternative Care of Children is ‘all care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures’.

It is the responsibility of the Ministry of Social Development to oversee the provision of alternative care in Jordan.

12.2.1 Residential alternative care settings

It has been a challenge to find documents containing specific information directly related to provision and quality of residential care settings across the country, including details about the children living there. This corresponds to conclusions in a 2011 research paper,¹⁸⁸ that highlighted the need for more disaggregated data documenting the reasons children are being taken into care. It is also important to note terminology used in the documents sourced for this review as many refer to children in residential care as ‘orphans’ although they many have one or both living parents.

It has however, been possible to source some relevant information on Ministry of Social Development website providing details of 20 ‘social welfare institutions’ that offer residential care. It is attached as **Annex 1**. Although there are reportedly more than 20 residential settings in the country (32 is the number provided in some documents), the Ministry website does not provide any clarification why these particular settings are the ones being described. This information in this Annex is particularly interesting as it illustrates the children who are accepted into these residential settings.

According to law and statutory guidance, including the Family Protection Law (2016) and the Juvenile Law (2014), the decision to place children in residential care should be made by a panel of professionals (social workers, police and psychologists) and endorsed by a judge. Interviews conducted by the researcher with stakeholders prior to this desk review indicated that decision-making is often weak with a lack of proper assessment.

Research published in 2011¹⁸⁹ identified, ‘the most likely cause for institutionalization is abandonment or removal from the family for reasons including sexual abuse, incest, pre and extra-marital pregnancy, and single parenthood (caused by the other parent either being sent to prison, suffering mental illness, denying paternity, or disowning the child).’¹⁹⁰

In terms of management of residential care settings, it is understood that the vast majority are run by NGOs. For example, it was reported in 2017 that of 32 residential care settings licensed and monitored by the Ministry of Social Development, only 5 were directly run by government departments.¹⁹¹ The Ministry also co-funds and/or co-manages some facilities in partnership with NGOs but no further details as to exact numbers, amount of funding etc. has been found.

Residential settings segregate children according to their sex. Different settings also accept children of differing age ranges as indicated in Table 4 below.¹⁹² Data from a study undertaken in 2011 highlighted the issue that many children enter residential care during infancy. The study found that 89% of children in the study cohort had been admitted to residential care before the age 10 years old and that the mean time they remained there was 14 years.¹⁹³ The same author published an article in 2017 in which she reported that ‘children often move between shelters multiple times during their childhood.’¹⁹⁴ Of the 42 children interviewed for the research, on average children had moved placement 4 times.¹⁹⁵

The 2011 study¹⁹⁶ also suggested that residential care settings may also be defined by the background of children they accept, i.e. some settings only accept abandoned children with unknown parentage whilst other

¹⁸⁸ J1

¹⁸⁹ *ibid.*

¹⁹⁰ *ibid.*

¹⁹¹ J14

¹⁹² J14 and J1

¹⁹³ J1

¹⁹⁴ J14

¹⁹⁵ *ibid.*

¹⁹⁶ J1

accept children separated from parental care due to violence, poverty, disability etc. This has been difficult to confirm due to lack of available disaggregated data.

It is the responsibility of the Ministry of Social Development to have oversight of, and regulate and inspect, alternative care settings. In 2009¹⁹⁷ **Regulation on the licensing conditions and management of children's care homes** were issued (please note, the title of this regulation has been named differently in different documents including 'The License and management system for residential childcare homes'). The Regulation outlines different categories of children's residential care homes and the conditions under which children can be accepted into these settings.

The regulations allow for different forms of care including (translated from Arabic):

- a. Temporary care home: It is the home that receives the child who needs temporary care and for emergency reasons for a period not exceeding three months, renewed once by a decision of the Minister, and the child is returned after the reasons for care are removed to his original family
- b. Family homes: These are the homes that receive a child up to the age of 12 years, who has been deprived of the care of his original family or alternative family
- c. Adolescents' homes: They are the homes that receive a child from the age of 12 years, who has been deprived of the care of his original family or alternative family until he reaches the age of 18 years.
- d. Therapeutic home: It is the home that receives the abused child and the abused, so that it provides specialized treatment services for him
- e. Home for Children with Disabilities: It is the home that receives a child with a disability who has been deprived of the care of his family of origin or alternative family, provided that the provisions of laws, regulations and instructions regarding the care of persons with disabilities are observed

Circumstances under which a child can be received into these care settings include the need to use 'social care' services 'due to lack of any possibility of childcare by the original or an alternative family'. The child should be from one of the following categories:

- Orphans or children deprived of parental care
- A child whose family suffers from family breakdown
- A child exposed to abuse/violence
- A child of unknown parents

Other conditions include:

- The child's sex should be the same as others in the setting
- The child should have all necessary and suitable medical examinations according to their age, sex and the nature of the situation before they commence their placement
- The placement decision is made by the Minister or by the competent court according to their age group and 'social' assessment, and according to the capacity (physical and ability) of the setting
- The number of children in a 'family' home should not exceed nine children
- An assessment of the child's situation in relation to their sex, age, degree of maturity, circumstances, and any considerations determined by the Committee, should be taken into account when transferring a child from one place to another
- Siblings should be kept within the same care setting whenever possible
- Children should be prepared for each 'transition' at least 6 months prior to any movement and should take into account the academic status of the child
- The care setting should provide educational opportunities and job training for young people who are leaving care to help them achieve financial independence and total self-reliance

The Regulation also requires residential settings provide suitable conditions for the growth and development of the children in a safe 'family'¹⁹⁸ environment. They must also provide children with moral and material support including suitable living, social, health, education and psychological conditions that helps them

¹⁹⁷ J11

¹⁹⁸ J11

'become socially and emotionally able to learn', and ensure that children enjoy 'the rights established in the ratified national legislation and international conventions'.

The Regulation also contains articles relating to family-based care, which translates as 'foster care'¹⁹⁹. Although in this context it is suggested Article 12. of the Regulation appears to be speaking of small residential settings as it denotes a 'home' that can house up to 9 children which is different from other regulations for 'alternative family' care which states a couple can only 'foster' 2 children.

In addition, a **Regulation on childcare from birth until the age of eighteen years no. 34 of 1972** includes reference to alternative care indicating the terms of child placement in relevant settings for children under the age of 18 years old. According to a report issued in 2017,²⁰⁰ which analyzed the content of the Regulation, Article 3. states the responsibility of care settings (alternative/foster family/residential)²⁰¹ includes undertaking of duties of the 'natural family' under the supervision of the Ministry in terms of care for the child's health, safety and welfare and education. Furthermore, there is the 'right' to act as the child's parents for the period of time determined by the Minister or the court.

Table 4 contains information provided in 2020, relating to location and capacity of residential settings managed by NGOs. This data, provided directly to the author of this study, is unpublished and has not been verified. The data indicates how residential care settings are segregated by age and by sex. It is understood that where a facility accepts both boys and girls, they should be housed in physically separated units. Interestingly, the data also suggests that there is far more capacity than actual number of children in residential care at the time this data was provided. It also implies that, as residential care settings are situated in a few specific locations in Jordan, children may be being moved distances away from their original communities.

Governorate	Beneficiaries	Age group	Capacity	Total number
Amman	male	6-18 yrs	60	22
Amman	female	6-18 yrs	35	29
Amman	male	6-12 yrs	11	17
	female	6-18 yrs	6	
Amman	male	3-6 yrs	30	3
	female	3-18 yrs.		15
Amman	male	5-18 yrs.		19
	female	5-18 yrs	25	6
Amman	female	1 day-18	30	14
Amman	male	4-11 yrs	80	22
	female	4-18 yrs		22
Amman	male	1 day-14 yrs.		13
	female	1 day-14 yrs.	67	24
Amman		youth homes	27	
	female	14-18 yrs	6	6
	male	14-18 yrs	6	6
	male	14-18 yrs	10	10
	male	14-18 yrs	5	5
Amman	male	4-12 yrs	12	5
	female	4-18 yrs		5
Zarqa	female	5-18 yrs	15	17
Assalt	female	12-14 yrs.	20	12

¹⁹⁹ ibid.

²⁰⁰ ibid.

²⁰¹ ibid.

Ajloun	male	1 day-23 yrs	35	18
	female	1 day-23 yrs		30
Irbid	male	6-12 yrs	100	16
	female	6-18 yrs		
Irbid	male	1 day-14 yrs	100	21
	female	1 day-14 yrs		19
Irbid	male			8
Iqaba	male	1 day-14 yrs		9
	Female		63	26
		Youth home		7
		Youth home		7
	female	5-12 yrs.	50	14
	male	5-11 yrs		21
		TOTALS	793	468

Table 4. Details of registered residential care settings in Jordan (2020)²⁰²

Shelters for Victims of Gender Based Violence

Girls and women are placed together in GBV shelters. Girls tend to be aged between 14-17 years and are all placed in one facility (Al Khansa). This shelter provides care for girls who are victims of sexual abuse, or are considered as having broken cultural norms e.g. sex out of wedlock, and therefore placed there as protection from 'honour crimes'. GBV shelters are designed for short stays of 6-9 months, although some women and girls stay longer due to a lack of alternative options.

The girls that enter these shelters theoretically have a choice about whether or not to return home although, in reality, it is understood that many are pressurized by their families and husbands to return.²⁰³ Regional Governors are involved in decision making, getting husbands or other family members to sign a pledge that the girls will not be harmed however, it is believed that these pledges are often ineffective.²⁰⁴

A 2019 Amnesty International publication²⁰⁵ reported how girls aged 12 - 18 years old who, although victims of abuse and/or have felt it necessary to run away from home, are often placed in the Al Khansa shelter because they are denoted as having had sex outside marriage/ underage sex (the age of consent in Jordan is set at 18 years). At the time of publication, it was understood that the facility was hosting about 25 children, but had at one point housed 138.

12.2.2 Number of children in residential care

As it has not been possible to source disaggregated longitudinal data from one centralized child protection/alternative care data base in Jordan, Table 5. has been developed by extracting data from different documents sourced for this study.

This table highlights the difficulty in gaining an accurate understanding of longitudinal trends related to children in residential care in Jordan and whether the use of residential care had increased or decreased in recent years. It suggests that between 2005 and 2020, there were between 905 (2014) and 700 (2020) children documented as living in residential care. This indicates that overall, the number of children in residential care remains relatively low in Jordan as a percentage of the child population. The literature does not confirm the number of unregistered residential care settings in Jordan.

²⁰² Unpublished data

²⁰³ Evidence from interviews

²⁰⁴ Evidence from interviews

²⁰⁵ J15

Year of reported data/ year of publication	Age Group	Care setting as described in the literature'	Number of residential care settings	Number of children	Source
2005		'institutions'		766 : 421 girls/ 345 boys	206
2006		'institutions'		977 : 488 girls/ 489 boys	207
2007		'institutions'		886 : 441 girls/ 445 boys	208
2008		'institutions'		756 : 386 girls/ 370 boys	209
2009		'institutions'		738: 370 girls/ 368 boys	210
2010		'institutions'		870: 450 girls/ 420 boys	211
2011		'Care institutions'	28		212
2014		'Residential care'		905	213
2015		'Residential care'		856 (47% girls)	214
2016		'Residential care'		821 (44% girls)	215
2020		'Residential care homes and GBV shelters'	29 (5 run by government)	700	Unpublished report

Table 5. Data on children in residential care (extracted from a variety of sources)

Centers for Juvenile Rehabilitation

There are six Centres for Juvenile Rehabilitation, five for boys and one for girls. Although children are supposed to be in separate settings pre and post-trial, in reality, the two groups often get mixed up.²¹⁶ The vast majority of children in Centres for Juvenile Rehabilitation are boys and may be placed there not just because of misdemeanors but also due to behavioral difficulties. Concerns have been raised that street-connected children and those who have been trafficked are placed in Centres for Juvenile Rehabilitation.²¹⁷ Furthermore, children leaving Centres for Juvenile Rehabilitation who cannot be reintegrated back with families may be placed in child protection residential care on their release, and some girls in 'protective custody' are moved to GBV shelters.²¹⁸

²⁰⁶ J4

²⁰⁷ *ibid.*

²⁰⁸ *ibid.*

²⁰⁹ *ibid.*

²¹⁰ *ibid.*

²¹¹ *ibid.*

²¹² *ibid.*

²¹³ J3

²¹⁴ *ibid.*

²¹⁵ *ibid.*

²¹⁶ *ibid.*

²¹⁷ The Hashemite Kingdom of Jordan submission to the Committee on the Rights of the Child (2017)

²¹⁸ J15

12.2.3 Small residential care settings

There is reportedly no regulation or policy which distinguishes small group homes from large residential care institutions although the Regulation on the licensing conditions and management of children's care homes does identify a category of residential care as 'Family home' settings for up to nine children. These settings can receive children up to the age of 12 years old who have been deprived of their own family care. The data in Table 5. however, suggest that very few of the residential settings could be defined as small residential care settings.

12.2.4. Quality of residential care

As noted above in Section 8 of this study, the government has issued various regulations and statutory guidance on the formation and regulation of alternative care. This includes

In 2014, the Committee on the Rights of the Child in their concluding observations of 2014²¹⁹, welcomed the 2009 regulation on the licensing and management of children's homes.

It has not been possible to find any consolidated report that provides an in-depth evaluation of the quality of residential care in Jordan. However, an undated document has been provided by the SOS National Association in Jordan entitled (when translated from Arabic)- 'The most vulnerable children in care institutions in Jordan'. This document recognized that 'There are many social welfare institutions in Jordan, including shelter and private care centres...they are governmental centres or voluntary run.' The document explains how following a surprise visit by the King of Jordan to a residential care setting for those with disabilities, the King requested a Royal Commission be formed to evaluate the work of residential centres. The document also provides a summary of a report evaluating the conclusions of the Commission including identification of various deficiencies due a number of interrelated factors. These factors included:

- The absence of a comprehensive strategic perspective in approaching issues of social welfare problems
- Lack of legislation, outdated laws, regulations, and instructions, and their inconsistency with the spirit of the times and rapid development rapid in this area
- The absence of coordination and cooperation between governmental, civil and voluntary agencies, and resorting instead to evading responsibility and invoking a lack of resources
- Weakness of qualified staff either in administration or supervision at the central level in the ministry and its subsidiary offices in the governorates and at the level of care homes, but receiving twice the salary of the majority of workers in the homes
- The weakness of the values and work ethics among a large number of workers in the sector
- Weak or absent in-service qualifications and training to raise the competencies and skills of workers in the sector and to modify their values, attitudes, and renewal of their requests, especially since the rapid psychological burnout is a feature of work in this sensitive sector
- Inadequate supervision and inspection and its focus mostly on the physical environment of the centres without regard to level programs offered in education, training, character building, behavior modification, and aftercare and integration programs
- The absence of appropriate mechanisms to identify the needs and opinions of the beneficiaries in the services provided to them, and not to involve them in programme planning and implementation
- Weak formal education and vocational training programs in these centres, as well as weak aftercare programs and inclusion
- The critical shortage of psychological counselling and 'personality' building, behavior modification programmes, and pastoral care, and the absence of a developmental dimension of care based on studying the attitudes of children in care centres
- The weakness of the physical structure of a large number of centres and their lack of provision of some basic facilities and services and ability to provide its services appropriately
- Transfer of beneficiaries from one home to another without clear and specific criteria and without social studies (assessments) and sometimes as a punitive measure
- Social workers' studies being interrupted and inability to adapt to their new environments
- That the instructions for licensing these centres focus mainly on the physical environment and largely neglects the form and quality of programs on the one hand care, and overlooking the setting of standards, principles and methods
- Provision of services are often based on kindness and charity, and not according to a human rights-based approach

²¹⁹ J4

On the positive side, the report also recognized that the Jordanian private voluntary sector is mostly doing great work in the field of social care and services and their provision of better care services.

To improve the quality of care, the author of the report proposed a project that would incorporate the following:

- Standards within social care centres to improve their services and development that can be implemented and developed using international standards for human rights and global standards used in similar sectors of care.
- Creating an independent mechanism entrusted with the task of developing these standards and supervising and controlling these centres.
- Providing specialized programs aimed at raising the level and efficiency of workers in these centres and introducing them to these standards and methods for their implementation.
- Implementing laws related to children's rights and providing them with legal aid and follow-up at the official level and not limiting it to what the civil sector offers.
- Accelerate the adoption of laws related to the targeted groups of the most vulnerable children

In an unpublished report provided to the author of this literature review, there is information from interviews with stakeholders in Jordan. These interviewees also raised concerns regarding the conditions in for children in Centres for Juvenile Rehabilitation where some children are being held for their 'protection'. It was reported that the focus is on punishment rather than rehabilitation with a level and quality of services and support varying between centres that is not tailored to the individual needs of children. The report also recognized that the Ministry of Social Development is working with members of the NGO sector to improve service provision and introduce case management in these facilities. The report goes on to reveal how, in the GBV shelters, residential care homes and Centres for Juvenile Rehabilitation, children have limited contact with their families attributed to a combination of factors including families lack of resources to carry out visits, and the stigma associated with children's placement. It is understood that this situation has worsened during the recent COVID-19 lockdown.

Furthermore, it is understood that conditions in shelters and residential care vary greatly with a concern that generally the focus is on meeting basic material needs rather than emotional care. With a few exceptions, caregivers work in shift systems, and children are not usually able to form a bond or attachment with a caregiver and shelters and care homes are also often understaffed.²²⁰

In 2012, a BBC news article²²¹ reported on abuse of children with disabilities in care homes. Furthermore, in 2014, a study²²² was undertaken to assess the mental health and behavioral problems of children in institutional placements in Jordan. The results indicated how within the group of children studied, there were high levels of clinical range social problems, affective disorder, pervasive developmental disorder, and conduct problems.' The researchers concluded that the findings demonstrate the negative effects of 'orphanage rearing', and highlight the importance of the association between behavioral problems and child-caregiver relationships.²²³

A further study published in 2015²²⁴ published results of research undertaken with 232 children in residential care and 201 children in juvenile detention centres. The results showed 'alarming rates of serious emotional and behavioral problems in this population, including suicidal ideation among older children and problems with behavior problems and deficits in emotional regulation for younger children, including infants.

In 2017, the Equal Rights Trust presented an alternative report²²⁵ to the 17th session of the Committee for the Rights of Persons containing evidence it had received that 'persons with mental disabilities, in particular children, have been subjected to physical and sexual abuse in institutions in Jordan'. This amounts to clear breaches of the obligations under Articles 15, 16 and 17 of the Convention of the Rights of Persons with Disabilities²²⁶. The Trust included information from interviews with two psychiatrists who said they had seen children "beaten and screamed at". During a focus group run by the Trust, a health-care practitioner also told of how she had heard of instances in a private care centre for children with Down syndrome, of children being "sexually abused". She also stated that "it's the sort of thing that is covered up". Another member of the focus group, also said, '*I saw ill treatment with my own eyes, especially against girls.*'²²⁷

²²⁰ J14

²²¹ Sourced at: <https://www.bbc.co.uk/news/world-middle-east-18073144>

²²² J39

²²³ *ibid.*

²²⁴ J8

²²⁵ J37

²²⁶ *ibid.*

²²⁷ J37

(Further information on outcomes for children that have been in alternative care can be found in the selection below on Leaving Care)

12.2.5 Deinstitutionalisation

In 2019, the Government issued '**The National Strategy for the Deinstitutionalization of Persons with Disabilities in Jordan**'.²²⁸ (Please see the Section 8 on 'Normative Framework' for further details). However, it is very unclear whether this strategy refers to all residential institutions - as occasionally alluded to in the Strategy - or whether it only applies to those that also care for children with disabilities.

²²⁸ J38

12.3 Family-based alternative care

The most commonly used international term for family-based alternative care is 'foster care'. Foster care, described in the UN Guidelines for the Alternative Care of Children as 'Situations whereby children are placed by a competent authority for the purposes of alternative care in the domestic environment of a family, other than children's own family, that has been selected, qualified, approved and supervised for providing such care.'²²⁹ The Handbook 'Moving Forward'²³⁰ produced as a tool to assist with implementation of the Guidelines, identifies the use of foster care as a form of short- or longer-term placement, depending on suitability and circumstances. In reality, the term 'foster care' used in different countries to describe a range of formal, and sometimes informal, care settings.

It has not been possible to source a reliable database that provides longitudinal records related to children in family-based alternative care.

A UNICEF report of 2017²³¹ optimistically indicated that the number of children in residential care was expected to continue to decrease as foster care programming expands. As reported above, between 2013 and 2020, the C-FIT programme has only been able to place 260 children in 'foster' care.

As noted above in this report, the **Regulation on childcare from birth until the age of eighteen years no. 34 of 1972** includes reference to alternative care indicating the terms of child placement in relevant settings for children under the age of 18 years old includes 'foster' care. The Regulation does not provide any further explanation of alternative family/foster care but does require a 'social study' [assessment] be conducted prior to placement. A report issued in 2017,²³² analyzed the content of the Regulation found no specification on which children can benefit from this particular form of care. Decision making is at the discretion of the Minister of Social Development or Juvenile Court.

Ihtidan (an 'Alternative-family program')

In a document published by UNICEF in 2018,²³³ Ihtidan was described as a long-term guardianship system implemented in Jordan since 1967 which only applies to children under the age of 2 years at time of placement if they have been abandoned or of unknown parenthood (in this case this means the father is unknown). Although Ihtidan has been likened to adoption, which is not permitted in Jordan, the system does not give children the legal protection including not having the right to take the name of the family or to inheritance.

A report issued by Save the Children in 2015,²³⁴ explains how, Islamic law does not allow adoption but allows what is called 'Kafalahor Ihtidan' as forms of care that permits children to be looked after and cared for by a family that are not blood relatives. The report also confirms that these children are without the rights given to other children child including the right to the name of the family, and its inheritance²³⁵. The report also identifies Ihtidan to be 'the legal terminology of Kafala, as reported by Sheikh from Iftaa department.' It is understood that children placed in this form of care are mostly children born that have been abandoned and/or born out of wedlock.²³⁶ This system is administered by the Ministry of Social Development. The Save the Children report identified that 858 children have been placed in Ihtidan families since 1967 including 61 children in 2011 and 55 children in 2012.²³⁷ This indicates a small number of children being placed in this form of alternative care.

The Ministry of Awqaf and Islamic Affairs also facilitates Islamic 'fostering' arrangements however, different criteria is used to that of the Ministry of Social Development.²³⁸

²²⁹ UN General Assembly. *Guidelines for the Alternative Care of Children (2010) resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142*

²³⁰ Cantwell, N., Davidson, J., Elsley, S., Milligan, I. & Quinn, N. (2012) *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*. UK: Centre for Excellence for Looked After Children in Scotland. Centre for Excellence for Looked After Children in Scotland, University of Strathclyde, Glasgow: Scotland.

²³¹ J3

²³² J11

²³³ J45

²³⁴ J50

²³⁵ J50

²³⁶ J50

²³⁷ J50

²³⁸ J50

In 2015 a statement issued in the press,²³⁹ a media spokesperson from the Ministry of Social Development (translated from Arabic for this study) confirmed the presence of the "Alternative Caring Families Programme." He said that in 2011, the year the Ministry has launched the programme, they had managed to place children into alternative families that "provide them with a family atmosphere instead of a care home". The spokesperson also stressed, "the Ministry's priority is to reintegrate the child with their biological family." He said "fostering currently applies only to children of unknown father and mother, or what are known as foundlings, "while the ministry has designated an alternative caring family programme for children from other groups, those who do not meet the conditions of fostering, specifically the category of children known to the mother and unknown father, and born outside of marriage." It was also stated that the project aims to reduce the entry of children in need of protection and care into residential institutions and reduce the length of their stay in it by providing an alternative family care service.²⁴⁰

In 2013, the Government issued '**Foster Care Instructions**' (also known as the Ihtidan Instructions). These Instructions lay out the terms and conditions of 'foster care' delivered under the oversight of the Family and Childhood Directorate in the Ministry of Social Development (at national and Governorate and District level). However, this care more akin to adoption, as it is a permanent placement but without the same legal protection including a right to take the family name. These Instructions provide for a form of alternative care however, that do not meet the criteria of 'foster' care as defined in the UN Guidelines for the Alternative Care of Children.

The Instructions define a 'fostered child' as a, 'child who meets the conditions for fostering in accordance with the provisions of the Child Care System'. A 'foster' family is defined as a, 'family that the Minister entrusts with fostering a child of unknown parentage, or the competent court to take care of the child as a foster family in accordance with the provisions contained in the Instructions.

The Instructions define fostering not as a temporary measure, but as commencing the day the child is received by the foster family and can continue indefinitely - 'continue for life' - unless reasons arise that prevent the continued stay of the fostered child within that family and agreed through a decision of the minister in consultation with the Foster Committee'. The Instructions mandate for the formation of this Foster Care Committee with the role of deciding which applications to accept from families wishing to foster.

The Foster Care Committee must consider an application (including a 'social' assessment report and specified accompanying documentation). The Committees recommendations must then be submitted to the Secretary-General who then passes them to the Minister for final decision making and sign off.

Conditions that must be met by a foster parent include:

1. The foster couple should be a married couple
2. They should be of the Islamic religion, or at least three years have passed since their conversion to Islam
3. There is an inability of one or both the married couple to have children.
4. That the husband's age is not less than (35) and not more than (55) years, and that the wife's age should not be less than (30) years and not more than (50) years.
5. The married couple must reside together in a common place of residence.
6. A period of no less than five years must have passed since the start of the marriage
7. The monthly income of the family must be not less than 500 dinars.
8. The age of the child to be fostered must not be less than five years if the wife is over (45) years old and for a husband who has exceeded (50) years.
9. The foster family must provide the child with all forms of care (educational, health, psychological, material and social), and that the spouses enjoy healthy, physical and psychological conditions that enable them to be able to properly raise the child.
10. The couple have not been convicted of a felony or misdemeanor violating public morals
11. Family relationship between the spouses is characterized by affection, bonding and harmony.
12. The family must submit a fostering application signed by both spouses.

A family with a foster child can apply to foster a second child, provided that two years have passed since the first child was fostered and that both children are of the same sex. The foster family must go back on the waiting list. They cannot foster a third child.

To 'foster' a child, the prospective family should submit a written request to the Directorate of Social Development. The Directorate must then undertake an assessment - 'a social study' - and if the family meet the necessary criteria, their application will be submitted to the Ministry. After issuing a written approval, the Directorate must:

²³⁹ <https://alghad.com/>

²⁴⁰ J10

- Inform the family wishing to foster of the approval decision and inform them of their position on the waiting list. Once they have reached the point on the waiting list where they can foster, the couple are called and informed to complete the incubation procedures. (this is the same for families living outside the country)
- Refer the couple to a 'Social Welfare Institution' to choose a child and the transfer process is in undertaken in accordance with the administrative principles followed in the institution. The family has the right to view the child's health file in the institution through the institution's doctor, who supervises the child, and the family has the right to present the child who has been chosen to a private doctor at its own expense accompanied by the institution's nurse or whoever takes its place.
- Refer the couple to the Civil Status and Passports Department to proceed with the procedures for obtaining the birth certificate, the family book, the passport of the fostered child. The foster family must then provide the Directorate with a copy of the birth certificate issued for the child, which includes the Civil Status and Passports Department, in order for the child to be handed over by the institution. A foster family residing outside Jordan also has the right to obtain official books to facilitate the matter for the fostered child to obtain a travel visa and to facilitate the procedures for leaving the country.
- Once the procedure is complete, the couple must sign a written pledge issued by the ministry.

The Instructions also lay out the responsibilities of the foster carers including providing the child with a family upbringing and ensuring their care including their health and education. This care should be 'studied' and verified on an annual bases or, 'when needed'. The foster carers should prepare the to 'deal with different conditions of life' and be prepared for independence.

It is possible to terminate the foster care through a decision made to the Minister or court if there is proof:

1. Of the fostered child's paternity according to a decision issued by the competent court.
2. If it is proven that the husband or wife, or both, have become physically or mentally ill or corrupt in character, in a manner that is deemed inappropriate for them to continue fostering the child.
3. Evidence of abuse or abandonment of the fostered child
4. The death of one or both of the spouses. In this case, a relative of the foster family may apply for a new custody according to the rules.
5. Abandonment or renunciation of Islam by one or both spouses

In cases of divorce between the fostering couple, one of them has the right to keep the fostered child if they so wish through a new social study should be made. Also, a relative of the foster family may apply for to be the foster carer. The foster family can also foster another child in the event that the fostered child dies a natural death and proven through a forensic report, was not due to negligence. The foster family can also apply to return the child - and foster another - if it is proven, the child has a specific disability or chronic disease. The foster family can also apply to return a child under the age of 18 years old based on other reasons, which must be approved by the Minister.

What is concerning is that under these Instructions, families that meet the conditions, but live outside Jordan, can also apply to 'foster' a child.

Community Family Integration Program (C-FIT)

In 2012, the Ministry of Social Development with the support of UNICEF, and in partnership with Columbia University Middle East Research Centre in Amman launched a project entitled the Community-Family Integration Team (C-FIT) programme. The aim of the programme was to ensure a community-based approach to child care and the prevention of institutional placement of children through provision of foster care. The University is no longer involved in the development, implementation and evaluation of this project.²⁴¹

Initially family-based alternative care had only been available to children whose parents had died or children of on unknown parentage. However, in 2017, the Ministry of Social Development expanded eligibility to include children under the age of 6 years in residential care who were of known parentage but whose parents were unable or unwilling, to care for them. This meant children who did not qualify for Ihtidan were able to benefit from this foster care programme. In 2017, an article ²⁴²announced that the C-FIT programme had found homes for nearly 150 children but that there were more than 600 children still on the waiting list.²⁴³

²⁴¹ J8

²⁴² sourced at: <https://reliefweb.int/report/jordan/mosd-unicef-convenes-experts-meeting-national-strategy-foster-care-children-without>

²⁴³ J42

In relation to the C-FIT programme, The Ministry of Social Development published guidance entitled **the program for integrating children into alternative caring families**²⁴⁴. The preamble to these instructions explains the aim of the Ministry in improving the lives of children in need of protection and care, including limiting the number of children entering residential care, by means of strengthening cooperation between the public sector, the voluntary sector and 'specialized' courts. There are specific provisions within the 'Program' that allows for partner agencies to undertake assessment of alternative families and oversee and monitor placements through signed agreements with the 'Housewives Association (translation from Arabic) in the Zarqa Governorate, Jordan River Foundation in the Governorate of Amman and the Family Protection Association in Irbid District.

The goal of the programme is to offer 'alternative families' for children in need of care and the opportunity to live in the community in a family environment. The programme allows for the following:

1. That the child lives with his biological or kinship family, which provides an opportunity for these children to grow up within their extended kinship family and the community to which they belong.
2. In cases of children in which it is not possible to find a suitable kin family to take care of them, an appropriate alternative foster family is chosen

The 'Program' instructions explain this provision is in addition to the existing Ministry family alternative care programme and extends the opportunity for children not eligible for 'foster care' [meaning Ithiad care]. The care is for an unspecified temporary period until their birth families are able to address the factors that led to separation. This goal should be based on the best interest of the child, and according to a court decision. The child must be under 6 years old, in need of care and protection, and free from 'contagious or communicable diseases'.

The alternative family should be visited weekly for the first four months with the aim of providing psychological and social support and facilitating the integration of the child with the family. The family should then be visited on a monthly basis. Priority is given to married couples within the extended family. The 'alternative' family must meet the following conditions:

- The carers need to be socially and psychologically stable, and have the ability and competence to meet all the needs of the child.
- Their health and physical condition is adequate according to medical reports
- There is a stable source of income that covers the subsistence needs of the family
- Family members do not have a criminal record
- The place of family residence is appropriate, and meets health and safety conditions
- Agreement is made in writing to the commitment to attend training sessions and apply interventions and activities that are agreed upon by the programme team
- There is an obligation to facilitate visits and follow-up, according to the conditions of the juvenile court judge
- The carer signs the undertaking form approved by the programme that includes commitment to the terms of the programme, cooperating with the child's biological family, facilitating his or her return to their biological family, and maintaining a connection with between the child and their biological family if the court decides this is in the child's best interest

An article published in the Lancet in 2020²⁴⁵ highlighted how this programme had been approved by the religious Ifta Council. The article goes on to say that the programme was originally piloted in one city, and later expanded to three, serving by which time there were 260 foster placements. Challenges in rolling out the programme included, the 'nascent stage of the professionalization of social work and limited governmental capacities (both logistic and human resources).'²⁴⁶ To address this issue, the Government has reportedly outsourced the majority of the service to non-governmental organizations.

The programme incorporates an assessment of each child so that the appropriate support for the foster families themselves can be provided before a placement starts. Foster care manuals have been developed with step-by-step guides on the selected interventions and a 20-hour training module was developed to enable para-social work practitioners to implement the programme in adherence with set of Standard Operating Procedures. The programme is reportedly continuing to face challenges due to budget cuts and a high turnover of previously trained para-professionals. Furthermore, 19 children have returned to residential institutions due to inadequate financial and psychosocial support.²⁴⁷

²⁴⁴ Sourced at: <http://www.mosd.gov.jo/UI/Arabic/ShowContent.aspx?ContentId=491>

²⁴⁵ J42

²⁴⁶ J42

²⁴⁷ J42

13. Reintegration and ageing out of care and adoption

13.1 Reintegration

Global best practice on reintegration is articulated in the Guidelines for the Reintegration of Children,²⁴⁸ endorsed by international and national organizations. The guidelines state that reintegration should be seen as a process, involving: assessment, preparation, gradual reconnection with families, and post-reunification follow-up support. The guidelines indicate that reintegrating children require a full package of support, covering: efforts to address stigma and discrimination; child protection measures to counter abuse and violence; support accessing health and education services and with catch-up schooling; and household economic strengthening. Each child has differing needs and support should be tailored accordingly. Children often need support for many months and sometimes years after they have returned home.

There is little data on the number of children that are successfully reunified with their families and return home from a care placement in Jordan. There is evidence of some progress having been made in relation to over recent years. This includes:

- The National Framework for Family Protection Against Violence²⁴⁹, which includes a section of ‘tertiary prevention’ relating to reintegration and the avoidance of re-separation. This highlights the importance of support that should be adapted to meet the specific needs of each child or young person.
- The National Standard Operating Procedures for the Prevention of and Response to Cases of Violence in Jordan²⁵⁰ accompanied by ‘Policies and guiding principles for the prevention and response to violence’²⁵¹ that reiterate the importance of ‘tertiary prevention’ including reintegration. This document outlines the importance of several provisions for reintegration including community participation and mobilization; services, livelihoods support, and cross-sectoral support.
- The Model Law on Juvenile Justice states that children leaving detention centers which also includes children who have been placed there for their ‘protection, should be supported to return to their family or provided with accommodation if this is not possible. These children should also be assisted with education, livelihoods, transportation home and counselling if necessary.’²⁵²
- The Ministry of Social Development Aftercare Unit carries out follow-up once children or women leave shelters. It is understood however, that this Unit is not particularly active
- Some shelters and residential care settings have specific projects to support reintegration²⁵³
- Children who have been kept in juvenile detention centers for purposed of ‘protection’, are covered by regulations that include the following procedures for a reintegration plan that must be prepared at least 3 months before a child is due to leave and includes²⁵⁴:
 - Development of a reintegration plan together with the child and the child’s family
 - Offering rehabilitative activities
 - Offering educational and psychosocial support to prepare the child for release
 - Cooperating with services and agencies responsible for the child’s supervision after release
 - Considering permitting the child to make short visits home
 - Considering permitting the child to be placed in a semi-open institution in preparation for release
 - Providing information to the child in a manner which he/she can understand on how he/she can gain access to support and assistance upon their release

²⁴⁸ Delap, E> & Wedge, J. (2016) *Guidelines of Children’s Reintegration*. Inter-agency Group on Children’s Reintegration

²⁴⁹ J23

²⁵⁰ J9

²⁵¹ J19

²⁵² J13

²⁵³ Mizan is cited in J11 as an example of promising practice. In its report to the Committee on the Rights of the Child, the MOSD also cite Jordan River Foundation’s Dar al-Aman center as providing an example of good practice in recovery of victims of abuse.

²⁵⁴ J13

13.2 Ageing out of care

Global guidance on support for care leavers is also articulated in the Guidelines for the Alternative Care of Children²⁵⁵ and the UN General Assembly resolution 'Promotion and protection of the rights of children'.²⁵⁶ These highlight the importance of a multi-sectoral response covering life skills; education and training, and access to services. The transition process should be supported by 'a specialized person' and undertaken in a participatory manner, considering difference in age, gender and experiences before or during separation.

The UN Guidelines for the Alternative Care of Children²⁵⁷ call on:

Agencies and facilities should have a clear policy and should carry out agreed procedures relating to the planned and unplanned conclusion of their work with children to ensure appropriate aftercare and/or follow-up. Throughout the period of care, they should systematically aim at preparing children to assume self-reliance and to integrate fully in the community, notably through the acquisition of social and life skills, which are fostered by participation in the life of the local community.

The UN Guidelines also urge that all efforts should be made to ensure a participatory process in planning the pathway and transition from care to independent living should begin well before a young person is leaving care. In particular the UN Guidelines call attention to provision of a 'specialized person' who can be there to support young ageing out of care as well as a focus on additional support for those with special needs including a disability. There should also be access to ongoing education and vocational training opportunities.

Likewise, the 2019 UNGA Resolution on the Promotion and protection of the rights of children²⁵⁸ requires States to ensure,

adolescents and young people leaving alternative care receive appropriate support in preparing for the transition to independent living, including support in gaining access to employment, education, training, housing and psychological support, participating in rehabilitation with their families where that is in their best interest, and gaining access to after-care services consistent with the Guidelines for the Alternative Care of Children.

All young people must leave their alternative care placement in Jordan when they reach 18 years, regardless or not of whether they feel ready to leave.²⁵⁹ It reported however, that some exceptions are made if for example a young person is deemed to have learning disabilities and are in vocational or other educational programmes and can therefore be granted additional time in the care placement.²⁶⁰ Pathways for children ageing out of care in Jordan include²⁶¹:

- Returning to their family (both immediate and extended family)
- Moving to independent living
- Marriage - an option more common for females where their marriage is arranged while in care
- Homelessness when care leavers have no place to move to

Some shelters and residential care settings have specific projects to provide young people with support in preparing to leave care. S have specific projects on reintegration. Efforts have also been made to advocate for care leavers rights and provide education and vocational training for these young people. For example, an evaluation undertaken in 2017²⁶², particularly cites the programmes of SOS Children's Villages and the Aman Foundation.

²⁵⁵ United Nations General Assembly. (2009). Guidelines for the Alternative Care of Children. Resolution A/RES/64/142.

²⁵⁶ United Nations General Assembly (2019) 'Promotion and protection of the rights of children' adopted by the General Assembly at its 74th session, 19 November 2019, A/74/395

²⁵⁷ UN General Assembly, Guidelines for the Alternative Care of Children: resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142, available at: <https://www.refworld.org/docid/4c3acd162.html>

²⁵⁸ United Nations General Assembly (2019) 'Promotion and protection of the rights of children' adopted by the General Assembly at its 74th session, 19 November 2019, A/74/395

²⁵⁹ J14

²⁶⁰ J11

²⁶¹ j11

²⁶² J11

Young people are also forming their own networks of support. Research undertaken with care leavers²⁶³ shows that young people often support one another with employment, accommodation and friendship and care leavers also often marry one another.

The literature reviewed for this study indicates that family reintegration, support for leaving care and after care practices in are not sufficient. Multiple challenges to children and young people leaving care include:

- Legislation and protocols: the need for reintegration and aftercare supports for children is not always fully articulated/ mandated for in legislation and existing legislation is not always enforced. Furthermore, protocols that do stipulate support for reintegration, as for example in the National Standard Operating Procedures on Violence, lack clear explanation and actions
- Staff capacity: Frontline workers lack the skills, time and resources to properly support reintegration.²⁶⁴ This includes social workers, 'behavior monitors' who support children leaving detention facilities, and those in the Family Protection Department and the Ministry of Social Development Aftercare unit.
- Lack of preparation for leaving care and support after care: Support is shown to be lacking both for children and families during any process of reintegration.
- Children, who have been kept in juvenile detention centres for purposes of 'protection', are covered by procedures for a reintegration plan. However, there is no systematic implementation of this mandated for support when they leave. As with other residential setting, this support varies according to staff abilities and resources available.²⁶⁵ Lack of contact between children and their families whilst children in care is also detrimental to successful reunification
- Stigma and discrimination: This is a very significant issue in Jordan. Both children reunified from care settings as well as those ageing out of care face extensive stigma and discrimination. This is linked to the fact of being placed in care, especially for those of unknown parentage and those that have experienced sexual violence or other forms of abuse.²⁶⁶ Children who have been abandoned for example, are given ambiguous family names, so it is easy for people to realize they do not have a family. In addition, beliefs around collective responsibility for wellbeing extend to collective honour i.e. if one family member does something it can affect the honour of the whole family.
- Lack of family: Having a family name and family connections are essential in Jordan for such reasons as gaining access to employment or securing a marriage.²⁶⁷ Parents are expected to play a role in children's lives long into adulthood. ²⁶⁸ Studies²⁶⁹ have shown just how crucial these family networks are and, without them, care leavers can become extremely vulnerable to exploitation. Low income and lack of job security result in a low quality of life, where care leavers live from month to month, struggling to pay for their accommodation, daily needs, or medical emergencies. ²⁷⁰
- Isolation and mental health: The stigma experienced by many children returning to their communities means families may keep them isolated from the wider community. Stigma can also result in children and young people experiencing loneliness and depression.²⁷¹ Young people are often very fearful of leaving care and struggle to adjust.²⁷²
- Access to Education: Children often miss out on a robust education experience whilst in residential care.²⁷³ This coupled with other impacts on their emotional, physical and social wellbeing due being institutionalized means that it is hard for children if they return to school upon leaving care.
- Exposure to violence: Girls often have to return home to their abuser. Reasons include family pressure and lack of other options. Young women who leave shelters or care homes upon reaching 18 years are also highly vulnerable to violence in the community - linked to widespread acceptance of violence against women. It has also been noted how children leaving detention centres may also be exposed to threats of violence in their community if they return and therefore may be placed into residential care once their 'sentence' has ended.²⁷⁴

²⁶³ J1 and J2

²⁶⁴ J13

²⁶⁵ J14

²⁶⁶ J14 and J15

²⁶⁷ J14 and J15

²⁶⁸²⁶⁸ J14

²⁶⁹ J14

²⁷⁰ J11

²⁷¹ J11 and J14

²⁷² J14

²⁷³ J12 and J14

²⁷⁴ J13

13.3 Adoption

Under Jordanian law, it is not permitted to adopt a child. There are no reports of Christian families adopting children in Jordan but this requires more clarification than is available in the documents sourced for this study.

14. A skilled workforce

The 2019 UNGA Resolution on the Promotion and protection of the rights of children²⁷⁵ requires States to ensure,

adequate and systematic training in the rights of the child, including by encouraging States to take the Guidelines for the Alternative Care of Children into account for professional groups working with and for children, including with children without parental care, including specialized judges, law enforcement officials, lawyers, social workers, medical doctors, care professionals, health professionals and teachers, and coordination among various governmental bodies involved in the promotion and protection of the rights of the child

and to,

Ensuring adequate and systematic training in the rights of the child, including by encouraging States to take the Guidelines for the Alternative Care of Children into account for professional groups working with and for children, including with children without parental care, including specialized judges, law enforcement officials, lawyers, social workers, medical doctors, care professionals, health professionals and teachers, and coordination among various governmental bodies involved in the promotion and protection of the rights of the child

14.1. Professional capacity of the social service workforce

Law No. 9/2017 specifically identifies certain official positions among those working in the field of social services, namely, investigation officers, operations officers, social researchers and behavior observers

Findings in the literature suggest there is an awareness for the need to improve the capacity of social workers in Jordan. For example, aims and objectives to build the capacity of social workers can be found in various government strategic plans. This includes the **National Framework for Family Protection against Violence** which contains an objective for workforce professional development including training programmes for family protection workers on standards and procedures; indicators of violence; and foundations and mechanisms of monitoring and evaluation.

A comprehensive study of the social service workforce was undertaken by UNICEF, the Global Social Service Workforce Alliance and Maestral International in 2019²⁷⁶ although this was not specifically an evaluation of the quality of the workforce. This study along with others²⁷⁷ reflects on the need to improve social work and social work education. The authors of the study highlighted the fact that the fact of the 313 respondents, 249 (79.6%) worked for the government compared to 15.0% working for international organizations in Jordan. In this manner, they felt the findings mostly represented the government sector and not the workforce as a whole. Almost one quarter or 24.2%, of respondents identified themselves as working with persons with disabilities followed those working in child protection (16.2%), family protection (15%), support for families affected by poverty and social care (8.9%) and protection from gender-based violence (GBV) (7.5%). It was also reported that the largest concentration of the social service workforce is to be found in Amman and Irbid.

Only 49.2% respondents indicated they had received training in social work, 29% had received training in the field of child care and 2.4% were trained in social assistance. Approximately 6% had no training. Only a small number responded that they were members of a professional association. A Code of Ethics for Jordanian Social Workers exists however, it unclear whether it has been adopted by the Society of Social Workers.

²⁷⁵ United Nations General Assembly (2019) 'Promotion and protection of the rights of children' adopted by the General Assembly at its 74th session, 19 November 2019, A/74/395

²⁷⁶ J46

²⁷⁷ J47 and J48

In terms of numbers of social workers, there is an average of 140 social workers per 100,000 children.²⁷⁸ Table 6. shows the estimated ratio of social service workers per 100,000 children across the country showing a notable inequality across the regions.²⁷⁹

Governorate	Absolute population Size End of 2016	Relative Share of Population in the Total Population	Estimated Child Population (0-17 years)	Number of workers				Relative Share of SSW in the Total Number of SSW in the Country	Social Service Workers Per 100,000 Children
				MOE	MOI	MOSD	Total		
Amman	4,119,500	42.0	1,647,820	495	-	193	688	24.8	41.75
Al Balqa'a	505,400	5.2	202,160	139	-	8	147	5.3	72.71
Al Zarqa	1,403,000	14.3	561,200	202	-	93	295	10.6	52.6
Mad'ba	194,500	2.0	77,800	66	-	69	135	4.8	173.5
Irbid	1,819,600	18.6	727,840	438	-	128	566	20.4	77.8
Al Mafraq	565,300	5.8	226,120	196	-	12	208	7.5	92
Jarash	243,700	2.5	97,480	78	-	4	82	2.9	84
Ajloun	181,000	1.8	72,400	72	-	2	74	2.7	102
Al Karak	325,500	3.3	130,200	164	-	30	193	6.9	148
Al Tafielia	99,000	1.0	39,600	60	-	6	66	2.4	167
Ma'an	148,100	1.5	59,240	58	-	4	62	2.2	104
Aqaba	193,400	2.0	77,360	53	-	2	57	2.0	73.7
Total	9,798,000	100	2,919,220	2021	-	551	2772	100	140

Table 6. Absolute and relative distribution of the population of Jordan by Governorate, Child population 0-17 years of age, number of SSW per Governorate and ministry relative share of the SSW per Governorate and workers per 100,000 children (approximation)²⁸⁰

The findings identified several challenges for the SSW in Jordan as reflected in Figure 13.

²⁷⁸ J46

²⁷⁹ *ibid.*

²⁸⁰ *ibid.*

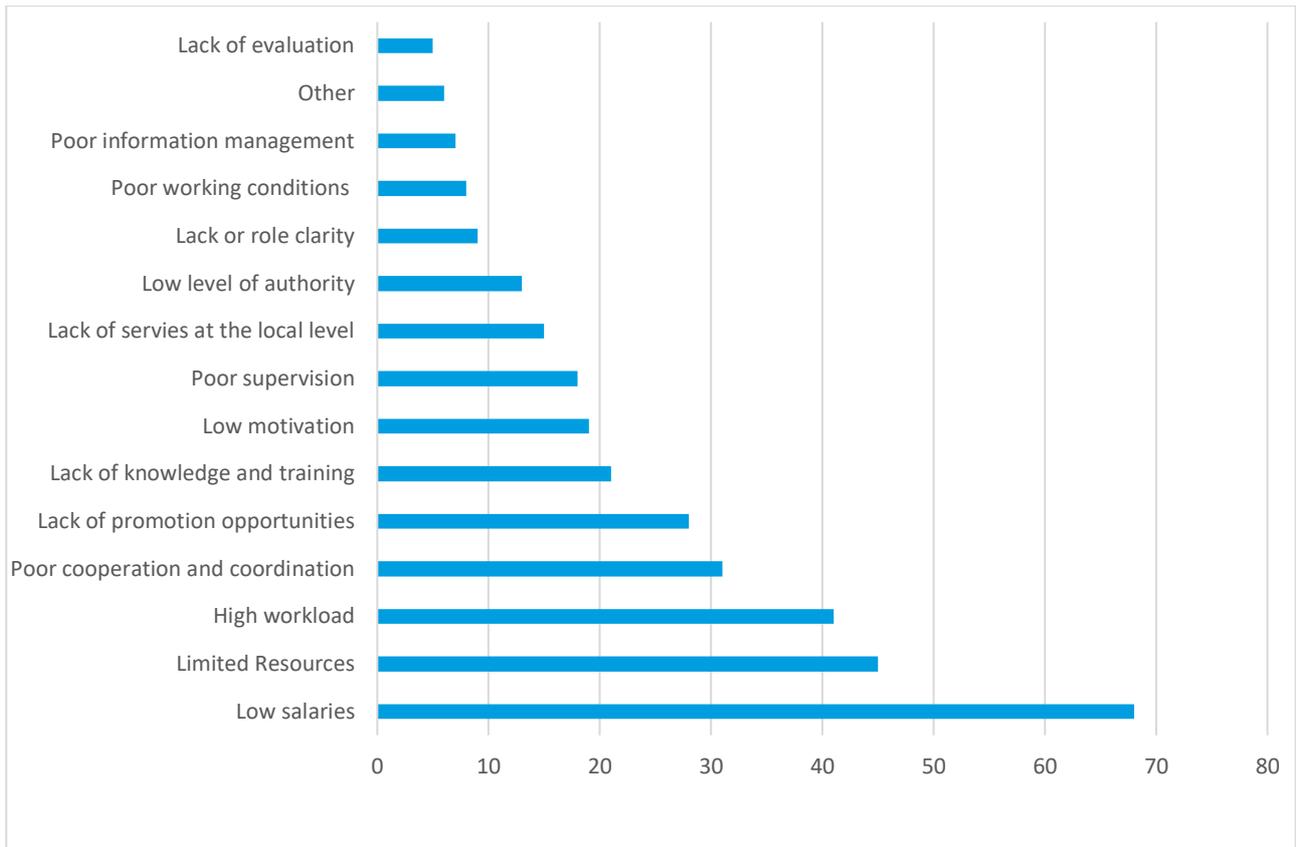


Figure 123. Main challenges that confront the social services workforce at work²⁸¹

14.2. Professional capacity of residential care workers

It has not been possible to find any specific evaluation of the professional capacity of residential care workers.

14.3. Professional capacity of judiciary and police

Information sourced on the role and capacity of judiciary and police is contained within previous sections of this study. However, no specific evaluation of the roles of judges and police, in relation to their role in protection and alternative care, has been found during this literature review.

²⁸¹ J46

15. Attitudes and awareness raising

Cultural attitudes and practices can both enhance the protective environment for children. However, they can also contribute to the perpetuation of harmful social norms that practices that place children at risk.

Jordan is a family orientated society with a strong sense of community. However, there are some societal norms and attitudes that may be detrimental to the protection of children as well as the perpetuation of placement in alternative care. For example, Jordan remains a patriarchal society with violence against females and domestic violence remaining widely acceptable.^{282 283} This is witnessed in one study explaining how violence by fathers was being replicated by older, male children against their siblings.²⁸⁴ The results of a further survey²⁸⁵ also revealed how 70% of women believe a husband has the right to beat his wife.

Sexual violence has been found to be culturally accepted when directed against some, as for example when used in honour crimes, and a huge shame when directed against boys. Child marriage is also accepted by some, especially when they believe there to be compelling circumstances as for example, financial stress on the household.²⁸⁶

Attitudes against women were also explained in a study published by Amnesty International in 2019.²⁸⁷ This includes social ostracisation, stigma and discrimination experiences by women who have sex outside of marriage and can be forcibly separated from their children (who are placed in government residential care), or placed under pressure to put their children up for adoption.²⁸⁸

A 2013 study²⁸⁹ conducted with Syrian refugees living in urban settings in Jordan found that sexual violence is significantly under-reported because of stigma and fear of retaliation by family and community members. Verbal harassment is common, resulting in a high number of female refugees not being allowed to leave their shelters unaccompanied. One-fifth of households reported that Syrian women and girls in urban settings never leave their shelter.²⁹⁰

As noted in different sections of this study, stigmatization of children who have experienced alternative care, most especially those that have been abandoned, born out of wedlock, and suffered sexual abuse, can seriously affect the trajectory of these children's lives. This stigma continues once they have left care, with experience of discrimination affecting different aspects of their life including finding employment, accommodation, marriage opportunities, and in relationships, where disclosure of their care history and family background (or lack of it) can result in rejection and exploitation - particularly for females.²⁹¹ In the 2017 Concluding Remarks²⁹², the Committee on the Rights of the Child noted their concern regarding the stigmatization against children in care.

²⁸² J25

²⁸³ J24

²⁸⁴ J25

²⁸⁵ J24

²⁸⁶ *ibid.*

²⁸⁷ J15

²⁸⁸ *ibid.*

²⁸⁹ J25

²⁹⁰ J25

²⁹¹ J1 and J18

²⁹² J18

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Annex 1.

Social welfare institutions / governmental and non-governmental children's homes

(Downloaded from the Ministry of Social Development website and translated from Arabic)

An introduction : The Family and Protection Directorate is concerned with protecting and caring for the family and children who are victims of social problems It works to secure an adequate standard of life that meets their developmental and educational needs, and the directorate works to meet the needs of families who are unable to have children by facilitating the incubation process that simultaneously meets the need of children in need of family care and their right to live in a safe environment. The directorate is also concerned with preserving the dignity of the elderly people in need of social services.

1. Dar Al Barr in Buds Al-Bariah

Introduction: Children were transferred from the Al-Hussein Social Foundation to the Dar Al-Barr for Al-Bara'em Al-Bara'a in 1997, with His Majesty a sublime Royal Court from His Majesty King Hussein bin Talal, may God have mercy on him, as it was under the supervision of the Royal Court, until 2013, when it became under the supervision of the Ministry of Development. Meeting Services are provided to children in need of protection and care, and they are:

Target group and age:

- Foundlings (of unknown parentage)
- Of unknown parentage (mother is known from unknown father)
- Children of broken families (who suffer from harsh social conditions) .

Conditions and approved age, which is accepted in the house:

- Females, from 16-18 years old.
- Males from 16-18 years old.
- And the number of children currently in the institution is (42) beneficiaries.
- Knowing that the absorptive capacity of the institution (150) benefits.

The most important services provided by Dar Al-Berb in Al-Bara'em Al-Baraa ':

1. It provides shelter, health, academic educational services, psychological counseling services, family counseling services, preventive counseling services, recreational and recreational services, intellectual, cultural and religious services, and the system approved in the home.
2. Accommodation services including accommodation and subsistence services
3. Social services, especially for children from the family disintegration category, where social studies are prepared for children and their families with the aim of handing them over to their families in the event their family conditions are stabilized.
4. Work to amend the child's attitudes towards himself, others and the society to which academic education belongs, as two agreements were signed between the ministry and private schools.
5. 5. Psychological treatment, as the Ministry concluded an agreement with the Royal Medical Services, at a value of (20) thousand dinars, for the beneficiaries of the services of residential homes, including the Children's Home / Amman.
6. Lectures for awareness, preaching and religious guidance, as an agreement was concluded with the Forum for Charitable Activities at a value of (16,500) sixteen thousand five hundred dinars for the purpose of carrying out the lectures in the homes and institutions of protection and care, including the children's home.
7. Courses in behavior modification methods (practical, not theoretical).
8. Courses in modern education methods.
9. Awareness sessions on the developmental stages of the beneficiaries and their needs.
10. Psychological discharge courses for the staff working in the home.
11. Specialized courses for the home workers to introduce the new juvenile law.
12. Computer specialized courses.

2. Al Hussein Social Foundation

An introduction: The Hussein Social Foundation is considered one of the oldest institutions of the Ministry of Social Development, as it was established in 1953 with a building area estimated at (7 dunams). The work was based on the departmental system and included: Childhood home within the age group of one to three years, Princess Alia's foundation included from the age of 3 years To 6 years old, Princess Basma's foundation from the age of 7 to the age of 18, and in order to achieve family stability for children, the departments were merged in 1972, and then restructured in 1997 under the directives of His Majesty the late King Hussein, may God rest his soul. In the year 2000 AD, family homes were opened under the patronage of Her Majesty Queen Rania Al Abdullah so that full care is provided for children within a safe family environment and under the sublime directives of His Majesty King Abdullah II the Ministry of Social Development has strived and is still activating programs through which it seeks to secure a future Children such as: the volunteering program, the orphan sponsorship program, the foster care program and alternative families

Target group and age:

Orphan children whose circumstances require joining the institution.

1. Children of family breakdown
2. Children are protected from abuse.
3. Of unknown parentage (the mother is known to be of unknown parentage) and of unknown parentage.

Conditions and approved age, which is accepted in the house:

1. The child's age must be within the category that the institution takes care of, and it is from the age (one day - 10 years old males) and from the age (one day - 12 years old females).
2. A letter from the competent official authorities (the referring party) such as the Ministry of Social Development, the Public Security Directorate, or the Family Protection Department.
3. Admission is during official working hours, except in emergency cases.
4. An integrated social study is provided for legal children, including / a medical report / a disease certificate / identification papers for the child / a vaccination card.
5. Regarding children transferred from public security directorates, no child will be accepted without a medical report of his health condition.

Foundation goals and services:

1. Providing integrated care for children with special social conditions.
2. Providing a suitable family atmosphere for children within the family home system.
3. Ensuring their proper upbringing until their social conditions improve in preparation for their return to their families.
4. Enabling them to enjoy all of their rights stipulated in legislation.
5. Inclusion of children in the community through their participation in community institutions and curricular activities.
6. Providing an observation hall that achieves psychological safety for children during their meeting with parents.
7. Rehabilitation and training of caregivers to provide excellent care for children within scientific and educational foundations.
8. Work to achieve social solidarity between the local community and the Al Hussein Social Foundation.
9. The Foundation, with direct support from the Ministry of Social Development, provides public accommodation services, including the following:
 - Food, clothing and medical care.
 - Psychological and social treatment.
 - Religious education and socialization.
 - Education and extracurricular activities.
 - Entertainment.
 - Public services.

Work system in the institution:

The Foundation adopts two systems to provide integrated care for children:

1. Neonatal system: a department that deals with newborn babies from the age of (day - year) and by the period of periods (morning, evening, and night) and takes care of them by qualified nannies to work with this age group.
2. Family homes system: a system concerned with providing an environment similar to the environment of the family home in the local community, where a qualified surrogate mother cares for children from the age of (1 year - 10 years male) and (1 year - 12 years female) within this system at a rate of (9) children at home the one.

3. Child Care Home / Amman

An introduction: The Child Welfare Home / Amman was established in 2008 in Wadi Al-Seer in the name of (Anas Ibn Malik Centre), then the centre was transferred to the Al-Hashemi North district - on 3/18/2010, which is one of the government offices of the Ministry of Social Development, which deals with the protection and care of male children within The age group of (10-15) years, where children in need of protection and care are deposited according to the decision of the judge implementing the juvenile court ruling or the child transfer decision issued by the Minister of Social Development.

Target group:

This house deals with children from the category of orphans, victims of family disintegration, and children victims of abuse and violence of all kinds. The capacity of this house is (54) children distributed into five family homes at a rate of (9) children in each family home, while the number of beneficiaries currently in the house is (42) Children distributed in public schools.

Goals and services for the house:

1. Providing protection and care for children referred by the family protection departments and through juvenile courts.
2. Providing all kinds of protection and care for children to advance the child's level in all social, educational, intellectual, psychological, and cultural and health aspects, with the aim of compensating him for the deprivation he missed during the period of an obstacle or defect in his normal family life until his conditions improve.
3. Modifying the child's attitudes towards himself, his family, and the society to which he belongs.
4. Modify the attitudes of parents and members of the local community towards this group of our children and how to deal with them.
5. Inclusion of children in all systematic and extracurricular programs, activities and events in the local community in an attempt to achieve psychological stability for him and develop his sense of self.
6. Refining the child's personality and modifying his behaviors by providing various programs and psychological and social counseling programs.

4. Boys Protection and Care Home / Shafa Badran

Introduction: In fulfilment of the ministry's vision, a distinguished ministry that supports a secure and stable society, the Deanship of the Family in achieving social justice, the Shafa Badran Boys Care and Protection Home was established in 2010 to care for male children in need of protection and care from the age of (16-18) years, and it is an extension of the Social Education House Amman / Martyr Wasfi Al-Tal Which was established in 1963 AD, the home is considered one of the residential care homes affiliated to the Ministry of Social Development and the number is (5) homes, as these homes provide services to children in need of protection and care from the age of one day to the age of 18 years, and children are admitted to residential homes according to the decision of a court judge Juveniles according to a decision from the Minister of Social Development based on the Juvenile Law No. (32) of 2014.

Target group and age:

Services are provided to children in need of protection and care from the age of (16-18) years, and they are:

- Orphans (orphans of the mother, father, or both).
- Cases of family disintegration.
- Of unknown parentage.
- Any child in need of protection and care in accordance with the decision of the juvenile judge.

And that is by providing them with all the requirements of a decent life, including food, drink, clothing, housing, and following them up from the educational and professional point of view to reach a safe future that enables them to be self-reliant in social and economic terms

The most important services provided by the Boys Care and Protection Home / Shafa Badran:

1. Securing the appropriate environment for the growth and care of the beneficiary and providing shelter services such as accommodation and basic life services
2. Providing social services, especially for the beneficiaries of the family disintegration category, and following up on them as social studies are prepared for them and their families for the purpose of handing them over to their families in the event that their family conditions are stabilized.
3. Implementation of programs and activities aimed at modifying the beneficiary's attitudes towards himself, others and the society to which he belongs.

4. Registration and enrollment of beneficiaries (who are not enrolled in schools) in the vocational training programs implemented by the Vocational Training Corporation, the National Training Company or other training institutions and centers.
5. Providing academic education services to the beneficiaries by enrolling students in government schools affiliated with the Ministry of Education or private schools affiliated with them by concluding agreements with them.
6. Psychological treatment, by presenting the beneficiaries in need of such services to a psychiatrist for examination, treatment, and participation in the development and implementation of treatment plans.
7. Holding and implementing awareness-raising lectures, preaching and religious guidance.
8. Implementing extracurricular activities and programs such as sports competitions, scouting camps, visits and recreational trips, in addition to participating in public celebrations on national holidays, which aim to sharpen the beneficiaries' skills and integrate them into society.
9. Health services, which include taking immediate measures related to transferring beneficiaries to health centers and government hospitals to receive treatment in cases of illness and follow-up and health review, in addition to following up on the home's beneficiaries obtaining free health insurance.
10. Monthly gratuity disbursement, which is a personal expense for the beneficiaries.
11. Cash assistance, which aims to facilitate the movement of beneficiaries from the home to their workplaces, in coordination with the Ministry and in light of the availability of capabilities and allocations.

5. Dar Al-Hanan / Irbid

An introduction: The home was established in 1980 to not harbor and care for orphans, victims of family disintegration, of unknown parentage, and convicted persons, to protect and care for / for all children without family support. The new building of Dar Al Jinan was inaugurated on 16/8/2011 after moving from an area of Al-Barhah / Irbid under the patronage of His Majesty King Abdullah II Ibn Al Hussein.

Target group and age:

This home deals with the care and protection of orphans, victims of family disintegration, of unknown parentage, and the convicted to protect and care for / for all children who have lost family support for the age group (12-18) years.

The most important services provided by Dar Al Hanan:

1. Housing and providing a sound social upbringing, as it requires formal education in schools, social care and all the basic needs of children, as well as health, psychological and physical aspects.
2. Pay attention to their behavioral, psychological and social development.
3. Integrating them with the community through artistic activities, visits, and participation in religious, national and national events
4. Curricular programs teach children the curriculum prepared by the Ministry of Education within the curriculum of the Ministry of Education in public schools close to the institution (regular - non-formal), vocational training (beautification, sewing, handicrafts), noting that all the beneficiaries on the school bench except one of the beneficiaries are enrolled The Vocational Training Centre has a cosmetic course to secure her future and integrate it into the local community, and (9) beneficiaries have been secured in various fields according to the personal preferences of the beneficiary through grants from the Al-Aman Fund for Orphan Care (2016).
5. Extracurricular programs include developing skills, practicing hobbies, behavioral and religious awareness programs, trips, and participation in national and national events.
6. Enhancing communication between the beneficiary and her family through visits to the institution, phone calls and exchange of visits between brothers in different institutions.

6. Mubarra Umm Al-Hussein

An introduction: Mabarar Umm Al-Hussein Association was established in 1958, with the aim of serving orphans and children in need of care and protection, and on 1/11/1965 Her Majesty Queen Zain Al-Sharaf, may God bless her soul, accepted the honorary presidency of the association, and the association is currently presided over by Royal Highness Princess Basma bint Talal.

Target group and age:

Services are provided to children in need of protection and care for males between the ages of 6-18 years, and they are

- Orphans (orphans of the mother, father, or both).
- Children of family breakdown (who suffer from harsh social conditions) and from most of the kingdom's governorates.

The most important services provided by Al-Mabarah:

1. Providing integrated social services for children, including accommodation, food, clothing and health follow-ups
2. Providing curricular and extracurricular educational services for children.
3. Providing psychological, social and legal counseling services to children, their families, and members of the local community.
4. Providing humanitarian, material, in-kind, indicative and training assistance to families of children and members of the local community
5. Building and developing children's knowledge and capabilities in the social, cultural, health, aesthetic and creative fields.
6. Following up the teaching of graduate students from Al-Mabarah in Jordanian colleges and universities.
7. Continuous contact with old graduates, following up on their conditions, and contributing to their employment.
8. Providing training and preparation opportunities for human cadres of Jordanian university students.

7. Amza Bin Abdul Muttalib Islamic Cultural Association

An introduction: It is a voluntary association that was inaugurated in 1/1/1984 and aims to help girls who are in need of help, either because they lose their parents or have left them for any reason, as it aims to create an atmosphere closer to the family atmosphere.

Target group, age and conditions:

Services are provided to female children aged 6-18 years who need protection and care, and they are:

1. Orphans (orphans of the mother, father, or both).
2. Children of broken families (who suffer from harsh social conditions).
3. That the child is orphan parents or one of them.
4. The home only accepts female orphans from the age of 6 to 10 years.
5. The orphan is undergoing comprehensive study so that she is in dire need of assistance.
6. It looks at cases of family disintegration, such as divorce, imprisonment, and other matters.
7. The orphan must be free from communicable and contagious diseases.

The most important services provided by:

All accommodation services, which include:

1. Providing nutritional health care.
2. Academic education through Ministry of Education schools.
3. Psychological and social treatment.
4. In addition to extracurricular activities that would enhance the personality of girls.

8. Jordan Orphan Care Society

An introduction: It is a voluntary association that was inaugurated in 2/70/1968 and aims to help beneficiaries who are in need of help, either because they lose their parents or have left them for any reason. It also aims to create an atmosphere closer to the family atmosphere.

Target group, age and conditions:

Services are provided to male children from 6 to 12 years old who need protection and care, and they are:

1. Orphans (orphans of the mother or father, or both)
2. Children of broken families (who suffer from harsh social conditions)
3. Students are accepted in the school from the age of (6-12) years.
4. To be an orphan of the mother or father, or both
5. To be a child of broken families.
6. To be free from communicable and contagious diseases and not to be disabled.
7. The association receives students from all over the Kingdom.

8. The association receives students from neighboring regions to be students in the external department, with the aim of integrating orphan students with students from the local community to acquire specific skills that help them in the ability of future giving.
9. The association receives students transferred from other public and private schools, on condition that they bring their own file from the duly transferred school.

The most important services provided by:

1. Taking care of orphans by securing the requirements of a decent life for them.
2. Providing residential, educational and rehabilitative care for orphans through the school in the association.
3. Providing care for the children of dysfunctional families, just like orphans.
4. Providing nutritional health care
5. Academic education through Ministry of Education schools
6. Psychological and social treatment
7. In addition to the extracurricular activities that would enhance the character of children.
8. It also provides material and moral support to the poor and needy families in the region.

9. The Jordanian Women's Development Association

An introduction: It is a voluntary association founded in 1955 and officially registered in 1995 under the honorary presidency of Her Royal Highness Princess Taghreed Muhammad, which aims to help girls who are in need of help either because they lost their parents or have left them for any reason. It also aims to create an atmosphere closer to Family atmosphere.

Target group, age and conditions:

Services are provided for female children aged 6-18 years who need protection and care, and they are:

1. Orphans (orphans of the mother, father, or both).
2. Of unknown parentage.
3. Children of broken families (who suffer from harsh social conditions).

The most important services provided by:

1. Providing health, social and psychological care for orphan and homeless girls with limited income.
2. Effective participation in the healthy, psychological and social upbringing to create a balanced and distinguished personality for girls.
3. 3. Providing the initial requirements of food, clothing, sleeping and daily expenses
4. Providing scholastic seats in the schools of the Ministry of Education and in Jordanian institutes and colleges and universities.
5. All accommodation services, which include:
 - Providing nutritional health care.
 - Cultural services through the establishment of a computer-training hall that contains laptops dedicated to printing and teaching computer skills.
 - Sports and recreational services.
 - Academic education through Ministry of Education schools.
 - Psychological and social treatment.
 - In addition to extracurricular activities that would enhance the personality of girls.

10. Mar Mansour Charitable Society

An introduction: It is a voluntary association that was opened in 1957 and Mr. Samir Moasher represents the president of the association. As for the Children's House, established in 1977 on a plot of 4,000 square meters, the association's children are supervised by nuns who specialize in raising and educating children. The association provides children with adequate housing services, education, health, social and psychological care. After the age of six, females join the Nuns School / Saint Joseph and stay in the house until they graduate from high school. As for the males, after six, they join the Tudor Vocational School for residency and study. They have.

Target group, age and conditions:

Services are provided for female children (3-18) years old and males (3-6 years old) who need protection and care, and they are:

1. Orphans.
2. Children of broken families (who suffer from harsh social conditions).

The most important services provided by:

1. Helping the poor and educating their children
2. Visiting and helping patients.
3. Providing material and in-kind assistance to blind families.
4. Create investment projects.

11. It is the home of faith for orphans

An introduction: It is a social home for the care and accommodation of orphans, established on 3/1/1994 in Bayader Wadi Al-Seer in the Capital Governorate, which aims to help children who need care and who have lost family care for any reason. The Turk.

Target group, age and conditions:

Services are provided for female children aged 5-7 years. Males 5-18 years old in need of protection and care, and they are:

1. Orphans (orphans of the mother, father, or both).
2. Children of broken families (who suffer from harsh social conditions).
3. Children of unknown parentage and foundlings.
4. The beneficiary must be free of communicable diseases.
5. The beneficiary must be free from any health, mental or psychological disability.
6. He must be of Jordanian nationality.
7. Al Mathaba has the right to accept beneficiaries from abroad in urgent humanitarian situations, in coordination with the Ministry.

The most important services provided by:

1. Providing accommodation and integrated care for male and female orphans who are mentally and physically healthy for the beneficiaries whose ages range from (5-18 years) and females (5-7 years), provided that males are separated from females and provide their services free of charge.
2. Establishing productive projects to spend from their proceeds on their activities.
3. Inclusion of beneficiaries of Mathaba services with a free health insurance system.
4. Aftercare insurance for beneficiaries of rewarding services in the fields of academic or vocational education to secure their future.
5. Whatever objectives the Management Committee deems necessary in line with the general orientation of Mathaba.
6. Al Mathaba has the right to sponsor male and female orphans by providing them with financial and in-kind support while staying with their families.

12. Dar Al-Kadhim innocent buds

An introduction: Founded by Mr. Muhammad Amin Muhammad Siddiq Al-Kadhim, a citizen of the United Arab Emirates, on 2/22/1998 AD, so that the foundation's management center is in Amman and its business area is the Hashemite Kingdom of Jordan.

Target group, age and conditions:

Services are provided to female children aged 7 months - 18 years who need protection and care, and they are:

1. Orphans (orphans of the mother, father, or both).
2. Children of unknown parentage.
3. To be free from communicable diseases.
4. He must be free from any health, mental or psychological disability.
5. To pass the psychological test.
6. To pass a medical examination in a private or government hospital or a certified home doctor, if any.

The most important services provided by:

1. Providing free accommodation and integrated care to orphans who are mentally and physically healthy, whose ages range between (7 months - 18 years).
2. Providing health, educational, social and rehabilitative care for female beneficiaries, each according to their needs, to secure their future.
3. Any goals that achieve the general objectives of the institution.
4. All accommodation services, which include:
 - Academic education through Ministry of Education schools.
 - Psychological, social, health and religious treatment.
 - In addition to the extracurricular activities that would improve the personality of children.
 - It also provides material and moral support to the poor and needy families in the region.

13. Orphan Care Charitable Society

An introduction: The Orphan Care Charitable Association was established on 1/1/1978 and it is a voluntary association under the supervision of the Ministry of Social Development to take care of children who are in need of assistance and social care for their loss of family bond, and aims to create an atmosphere closer to the family atmosphere.

Target group, age and conditions:

Services are provided to female children from the age of (4-18) years and males from the age of (3-11) years who need protection and care, and they are:

1. Orphans (orphans of the mother, father, or both)
2. Children of broken families (who suffer from harsh social conditions)
3. That the child is an orphan or one of the parents and is in dire need of full social care.
4. Male orphans between the ages of four and twelve are accepted.
5. Female orphans are accepted from the age of four to eighteen.
6. The child must be free of communicable and contagious diseases according to an official document.
7. The child must be free of mental and mental illnesses, according to an official certificate.

The most important services provided by:

1. Providing financial and moral support to the families of widows, orphans, and needy families.
2. Follow-up of outstanding orphans in completing their studies.
3. Taking care of orphan children with difficult social conditions who do not have families.
4. All accommodation services, which include:
 - Providing nutritional health care.
 - Academic education through Ministry of Education schools.
 - Psychological and social treatment.

14. Jordan Children's Villages Association SOS

An introduction: children's Villages was established in Jordan in 1983, when an agreement was signed with the Ministry of Social Development to establish it in Jordan to help children who are in need of help, by providing permanent housing for children in small families similar to a natural family known as SOS families. It helps them guide their lives, define their future, and participate in the development of their communities.

Target group, age and conditions:

The association is currently caring for 250 children from the age of one day to 14 years, distributed as follows:

- SOS Children's Village Amman
- SOS Children's Village Hitch
- SOS Children's Village Irbid "The Village of the Gold Jubilee."
 - Official opening: On May 7, 1987 the village consisted of 12 family homes, the maximum in the village was to accommodate 108 children
 - Official inauguration: On April 30, 1992, the village consisted of 9 family homes. The maximum capacity of the village was 81
 - Official opening: November 23, 1999 the village consists of 12 family homes. The maximum capacity of the village is 108 children
- SOS hostels
- Site Youth Hostels
- Homes for young women

- Amman
- Hostel (1) 10 youth
- 10 (2) youth hostel
- Youth hostel (3) 8
- House of young women in Amman (1) 8 young women
- Irbid
- Irbid youth hostel (1) 6 youths
- Irbid youth hostel (2) 8 youths
- Irbid house for 10 young women (1)
- Hitch
- Aqaba Youth Hostel (1) 12 young people

Association goals and services:

1. Establishing families that embrace needy children and help them direct their lives, define their futures, and participate in the development of their societies.
2. Forming families to embrace needy children (by providing opportunities to build long-term relationships within their original families, relying on the foundations of every child who needs a mother to grow up in a normal family atmosphere with brothers and sisters in their family home in the village.
3. Helping them direct their lives and define their futures.
4. Helping them to develop and develop their talents and tendencies to ensure that they receive the academic education and training necessary to become productive and effective members of their community.
5. Their participation in the development of their societies (through the establishment of means and programs aimed at empowering families and stopping the abandonment of children through cooperation with individuals from the local community to provide educational opportunities, care and response to emergencies.

15. Sakher House for Orphan Care

An introduction: It is a private association established in 1999 in the Capital Governorate, which aims to help children who are in need of care and who have lost family care from the category of orphans and family disintegration, and aims to create an atmosphere closer to the family atmosphere.

Target group, age and conditions:

Orphans (orphans from the father or the mother, or both) and children, from the age of (3-9) years, males and (5-17) females.

1. To be an orphan of parents.
2. To be an orphan father.
3. To be an orphan mother.
4. The house has the right to accept beneficiaries from outside the Kingdom in urgent humanitarian situations with the approval of the Minister.
5. The house concludes an agreement with the ministry to transfer some cases to it according to its capabilities and conditions, or transfer cases from them to similar institutions affiliated with the ministry.

Association goals and services:

1. An internal home for the care and accommodation of orphans and children in need of care from family disintegration and orphans.
2. Providing accommodation and integrated care for orphans and children of poor, broken families.
3. Providing material support to the poor, indigent and needy families.
4. Establishing productive projects to spend from its proceeds on its activities.
5. Providing care for the beneficiaries in the fields of academic or vocational education, free of charge, to secure their future.

16. Omar Bin Al Khattab Association

An introduction: It is affiliated with the Omar Bin Al-Khattab Voluntary Association, which was established in 1982 in the city of Zarqa, which aims to help children who need care and who have lost family care for any reason, and aims to create an atmosphere that is closer to the family atmosphere.

Target group, age and conditions:

This home deals with children from the category of orphans, victims of family disintegration and of unknown parentage, males within the age group of (5-11) years, and for females within the age group of (5-12) years, that there is a necessity requiring the use of institutional social care services due to the lack of any The possibility of original or alternative family care, and the child should be one of the following groups

1. An orphan child or without parental care.
2. A child whose family suffers from family disintegration.
3. A child exposed to cases of abuse or violence.
4. Child of unknown parentage.
5. To carry out all necessary medical examinations that are proportional to his age, sex and the nature of the case upon entering the home
6. The Minister shall issue a decision to enroll him in the home.

The most important services provided by:

1. Providing adequate housing for full residency and providing an adequate standard of living for children in a way that guarantees them a decent life.
2. Meeting all health, nutritional, educational, psychological and social needs of children and respecting their desires, opinions and privacy while providing support, guidance and advice to equip them with positive behaviors that are acceptable to society.
3. Creating an appropriate social environment and family environment that ensures these children obtain their legitimate rights.
4. Providing methods for protecting children from delinquency and the dangers to which they are exposed, supporting their proper behavior, and providing them with social safety for a sound social upbringing.
5. Developing children's physical, psychological, linguistic, mental and social capabilities and preparing them to face normal life in accordance with society's goals and values.
6. Enhancing the self-confidence of children in order to build a positive outlook towards themselves and help them to depend on themselves in order to make them active in society.
7. Utilizing the individual and group abilities of children to carry out the activities that are qualified for them in the home to sense responsibility and feel that the house is their home.
8. Helping students who have graduated from the home to enroll in shelter centers affiliated with the Ministry of Social Development.
9. Nutrition and food preparation (by providing an integrated diet that takes into account the conditions of healthy meals for children and in accordance with the instructions of the Ministry of Health and setting up a monitoring system prepared by the management of the house to supervise this.
10. Health care by providing health conditions at the home and using a doctor to conduct periodic examination of children and establish a system for dispensing medicines.
11. Educational care by enrolling beneficiaries in government schools according to their age, and by providing specialized teachers to follow up on children's lessons and teach them and improve their academic level.
12. Activities are represented by sports, cultural, artistic, environmental, social, educational and professional activities.

17. Islamic Culture Charitable Association

An introduction: It is a voluntary association founded on April 23, 1944, as for the association's home, which was established on the date of its establishment, which aims to assist orphan girls, who have been disassociated from their families, and their advancement and holding their hands with high quality and professionalism to produce scientifically and religiously educated girls who are able to serve the community like their peers from other girls.

Target group, age and conditions:

Services are provided to female children aged 5-13 years who need protection and care, and they are:

1. Orphans (orphans of the mother, father, or both).
2. Children of broken families (who suffer from harsh social conditions).

The most important services provided by:

1. The services provided by the association are all housing services, which include:
 - Providing nutritional health care
 - Academic education through the schools of the Ministry of Education
 - Psychological and social treatment
 - In addition to extracurricular activities that would enhance the personality of girls
2. Creating a private educational institution in the name of (Schools of the Islamic Scientific College) and the association is the legal and legitimate representative of the schools.
3. Inculcating faith in God and the pillars of the Islamic faith by means that rely on reason, senses and conscience together, and adherence to the rulings of Islam.
4. Realizing the humanitarian goals of Islam in a way that achieves reassurance and peace for the whole world.
5. Understanding scientific and technological developments and following up on their continuous developments in building the changing human society.
6. Instilling a spirit of tolerance in the psyche of the individual Muslim and emphasizing respect for other monotheistic religions.
7. Taking care of the healthy growth of the student's mind and body and its social, emotional and spiritual growth.
8. That the student learn basic skills to a level that makes him able to use his own language and to equip the student with the social and natural sciences with what enables him to understand himself.
9. That the student learns at least one foreign language that will be of help to him in his studies in the later educational stages.
10. That the student reaches a level in which his personality is integrated and has a sense of respect for himself and his value in society and a sense of his dignity and preservation.

18. King Abdullah II Bin Al Hussein Foundation for Orphans

An introduction: this institution is affiliated with the King Hussein Charitable Society, which was inaugurated in the year 1/1/1966 and aims to assist the beneficiaries who are in need of help either because they lost their parents or were abandoned for any reason. It also aims to create an atmosphere closer to the family atmosphere.

Target group, age and conditions:

Services are provided to male children from 4 to 12 years old, girls from 4-18 years old, who need protection and care, and they are:

Orphans (orphans of the mother, father, or both).

Children of broken families (who suffer from harsh social conditions).

1. The child must be free of communicable diseases.
2. The beneficiary must be free from any health, mental or psychological impairment (integrity of mind and body).
3. That the child is aware of the cash assistance for orphans in their homes.

The most important services provided by:

All accommodation services, which include:

- Providing nutritional health care.
- Academic education through Ministry of Education schools.
- Psychological and social treatment.
- In addition to the extracurricular activities that would improve the personality of children.
- It also provides material and moral support to the poor and needy families in the region.

19. House of Virgin Mary, mother of hope for children

An introduction: It is a boarding house for care and accommodation that was established in 2006 and obtained the license as a home for childcare on 2/3/2014 AD. The house is owned by the Latin Patriarchate / Latin Church, Anjara town.

Target group, age and conditions:

Services are provided to children, males and females of the age (one month - 18 years) who need protection and care, and they are:

Orphans (orphans of the mother, father, or both).

Children of broken families (who suffer from harsh social conditions).

1. At the request of the ecclesiastical court.
2. At the request of the Latin Archdiocese or the parish priests for emergency cases.
3. A decision from the head of the monastery, Our Lady of the Mountain, Anjara / Ajloun.

The most important services provided by:

1. Securing shelter for children in need of care from family disintegration and orphans.
2. All accommodation services, which include:
 - Acceptance of orphans and bereaved families inside the home.
 - Providing them with all their food, drink and clothing needs.
 - You enroll them in schools according to their respective grades.
 - Enrolling them in universities to complete their higher studies.
 - Securing them with tutors to improve their educational attainment.

20. King Hussein Charitable Foundation

An introduction: This institution is affiliated with the King Hussein Charitable Society, which was inaugurated in 1/1/1956, and aims to assist the beneficiaries who are in need of assistance, either because they lost their parents or were abandoned for any reason, as it aims to create an atmosphere closer to the family atmosphere.

Target group, age and conditions:

Providing services to male children from 4 to 12 years old. Female from 4-18 years old who need protection and care

Orphans (orphans of the mother, father, or both).

Children of broken families (who suffer from harsh social conditions).

1. That the child is an orphan or lacks parental care or a child in his family suffers from family disintegration.
2. The child must be free of communicable diseases.
3. The beneficiary must be free from any health, mental or psychological impairment (integrity of mind and body).
4. That the child is aware of the cash assistance for orphans in their homes.

Services provided:

All accommodation services, which include:

1. Providing nutritional health care.
2. Academic education through Ministry of Education schools.
3. Psychological and social treatment.
4. In addition to the extracurricular activities that would enhance the character of children.
5. It also provides material and moral support to the poor and needy families in the region.



**SOS CHILDREN'S
VILLAGES**

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