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Research on Policy Planning and Evaluation

International Comparative Research on the Development of
Social Services in Child Protection:
Analyzing Issues and Context of Development Process Cycle

II. FY2017 Study Report

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Purpose

The purpose of this study is to identify social demands, needs, and issues in Japan regarding child protection services and the development of an alternative care system. This will be done by international comparison that focuses on how other countries have addressed similar social demands, needs, and issues.

Countries and states to be surveyed (10)

- England
- France
- Sweden
- Denmark
- Washington (WA), United States of America
- Illinois (IL), United States of America
- British Columbia, Canada
- Korea
- Thailand
- Republic of the Philippines

Abstract

Previous research utilizing international comparisons has typically focused on effective systems in other countries and how they can be adapted to Japan. However, this poses a problem, since it lacks contextual discussion regarding the formation of such policies in other countries. This leads to fragmentation when applied to Japanese society. That is one of the reasons why such programs from other countries have not been successfully adopted in Japan. By contrast, our research will focus on understanding the context of how such service provision systems in other countries were developed. The context will be understood as the process what issues these countries faced, how they learned from and resolved these. This process will be understood as cycle.

We hypothesize that child protection and alternative care systems have developed through a cyclical process that involves four critical phases (Figure 1). These phases are: 1) the social discovery phase, 2) the precursor phase, 3) the achievement phase, and 4) the review phase. These phases will be used as a framework that guides our analysis. This approach will unravel lessons and strategies encountered during the development of social services (Figure 2). As a result of our analysis, we will discuss the encountered social demands, needs, issues, and options and identify what is required to resolve similar social problems in Japan. This will be the first such project to create adaptable and feasible social services in Japan using this method. The hypothesized phases are thought to be critical in a cyclical process similar to the PDCA (plan-do-check-act) cycle (Figure1).

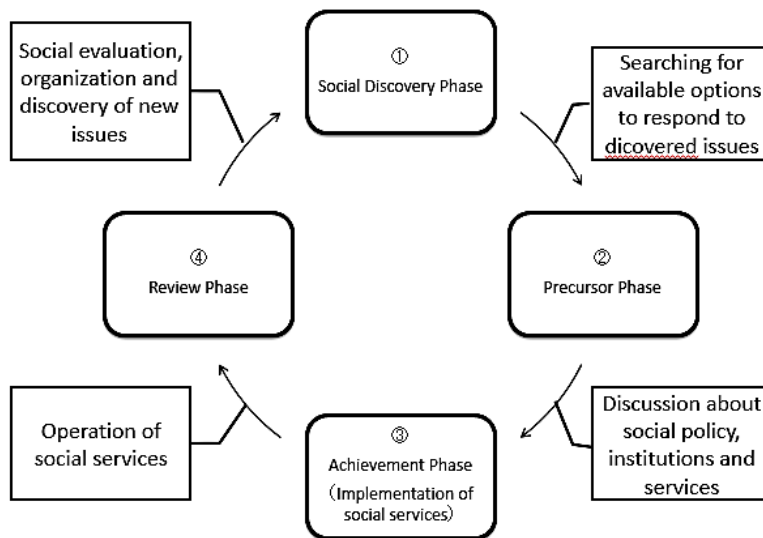


Figure 1. Hypothesized framework

- ① Social discovery phase: emergence of various social problems and issues such as child abuse, children's rights, and alternative care. This stage launches the development of social services for children.
- ② Precursor phase: discussion of the problems identified in the social discovery phase and search for options to address these.
- ③ Achievement phase: systematize the options discussed in the precursor phase.
- ④ Review phase: operation and evaluation of a newly developed system.

It is further hypothesized that a change in society will cause the process to repeat itself.

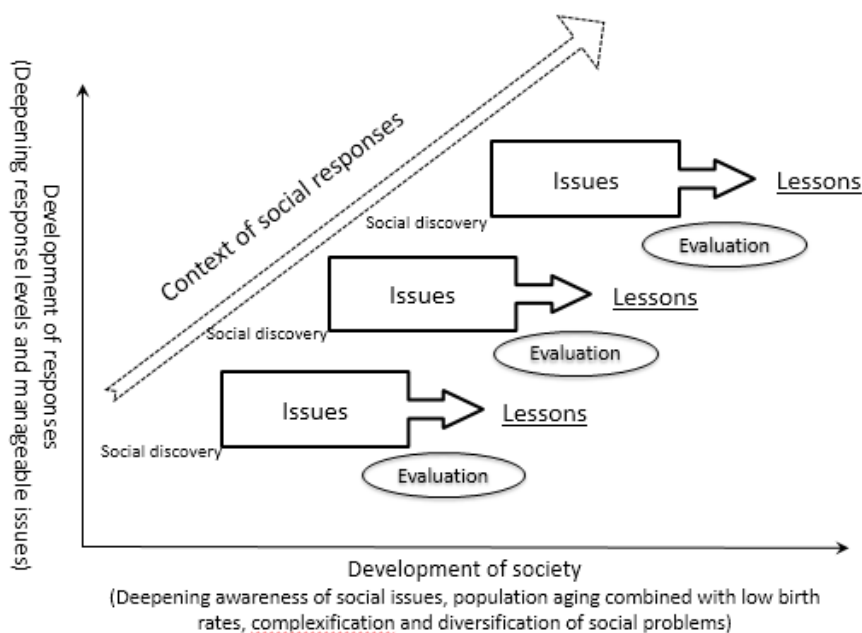


Figure2 Model – Development of responses to social issues and society itself

Research Methods

Reviewing literatures collecting books and documents available to define and review the formation and development process of present child protective systems in each targeted country with the hypothesized framework shown in ‘Figure 1’, especially after the 1990’s.

- I . Overview of child protective system (ie: legislations, rule and procedures)
- II . Analysis of the developmental cycle of child protective system
- III. On agencies providing services to prevent child maltreatment / family support
- IV. On organizations and agencies associated with children’s rights and participation of families
- V . On databases / data archives concerned with maltreatment
- VI. Implication (including “lessons”)

Some individual country reports in this study are cited from their originals as follows:

- The U.K., Sweden, Thailand, and Republic of the Philippines: Republished from the FY2016 edition of this study.
- Denmark: Rewritten by Sato and Lukyanov-Renteria based on the report by Sato regarding Denmark in the FY 2016 edition of this study.
- Washington (WA), USA: Original English version by Awazu is published in this report. (Its Japanese translation was published in the FY 2016 edition of this study.)
- France, Illinois (IL), British Columbia (BC), and Korea: English translations from the Japanese originals published in the FY 2016 edition of this study.

Table 1 Summary statistics for countries and areas

	Japan	UK	France	Denmark	Sweden	Canada	US WA	US IL	Thai	Philippines	Korea
System of government *1	Constitutional monarchy?	Constitutional monarchy	Republic	Constitutional monarchy	Constitutional monarchy	Constitutional monarchy	Presidential and federal		Constitutional monarchy	Constitutional republic	Democratic republic
Religion *1	Shinto (84.9%) Buddhist (68.5%) Christian (1.9%) *12 The total exceed 100% because of multireligion, etc.	Christian (71.6%) Muslim (2.7%) Hindu (1.0%) Others include Sikh, Jew, and Buddhist *12	Catholic (64%) Muslim (8%) Protestant (3%) Buddhist (1.2%) Jew (0.9%) *12	Evangelical Lutheran Church (National religion) (80.7%) Muslim (3.6%) Catholic (0.7%) *12	Church of Sweden (Evangelical Lutheran Church) (71.3%) Other Protestant (4.4%) Muslim (5%) *12	Christian (70.3%), Catholic 42.6%, Protestant 23.3%) Muslim (1.9%) *12	Christian (78.5%: Catholic 23.9%, Protestant 51.3%, Mormon 1.7%) Jew (1.7%) Buddhist (0.7%) Muslim (0.6%) Hindu (0.4%) *12		Buddhist (83%) Muslim (9%) Traditional faith (2.5%) *12	Christian (92.7%: (Catholic 81.1%)) Muslim (5%) *12	Christian (29.3%) Buddhist (22.8%) Confucian (0.2%) Nonreligious (46.5%) *12
Population*23	About 126,573,000	About 6471,6000	About 64,395,000	About 5,669,000	About 9,779,000	About 35,940,000	About 5,890,000 *9	About 12,420,000 *9	About 67,959,000	About 100,699,000	About 50,293,000
Population annual growth rate*23											
1990-2015	0.1	0.5	0.5	0.4	0.5	1.0	1.0	0.7	0.7	1.9	0.6
2015-2030 ^a	-0.3	0.5	0.4	0.4	0.6	0.8	0.7	0.0	0.0	1.4	0.3
Proportion of the children in the population	•About 15.6% •0-14 yrs.: 13.1% *12	•About 21.2%) •Under 16: About 20% *4	•About 22% •0-14 yrs.: 18.7% *12	•About 20.6% •About 20% (2014) *19	•About 20.2% •17.1% (0-14 yrs.) *12	•About 19.3% •21.6% (OL 2011) • Under 20: 28.7%*4 •15.5% (0-14 yrs.) *12	•About 22.7% •19.0% (0-14 yrs.) *12		•About 21.5%	•About 38% •33.4% (under 15 in 2010) *21	•About 17.7% •About 21% (2013) *21 •13.7% (under 15) *12
Crude birth rate*23	8	13	12	10	12	11	12	11	23	9	
Total fertility rate*23	1.4	1.9	2.0	1.7	1.9	1.6	1.9	1.5	2.9	1.3	
Annual number of births *23	1,033,000	813,000	782,000	59,000	119,000	387,000	4,025,000	715,000	2,349,000	457,000	
Percentage of children under 5 registered for birth (%) ++2010-2015* *23	100v	100v	100v	100v	100v	100v	100v	99y	90	-	
Under-5 mortality rate *23	3	4	4	4	3	5	7	12	28	3	
Population aging rate	26.7% (2015) *13	16.6% (2011) *3	17.5% (2013) *6	15% (2005) *5	19.1% (2012) *6	16.1% (2015) *2	14.9%*12	15% (60 or older in 2013) *2	1.9% *6	11.4% (2011) *3	
Unemployment rate	3.1% (2016/6) *10	6.2% (2014) *2	10.4% (2015) *1	6.5% (2014)	7.9% (2014) *1	6.9% (2014) *1	4.9% (Jan. 2016)	0.8% (2014) *1	6.3% (2015) *1	3.6% (2015) *1	

	Japan	UK	France	Denmark	Sweden	Canada	US WA	US IL	Thai	Philippines	Korea
GDP growth rate	Minus 0.06% *12	2.9% (2014) *2	1.14% (2015) *1	1.1% (2014) *1	2.3% (2014) *1	2.5% (2014) *1	1.0% (real, 4th qtr. 2015, provisional) *1		2.8% (2015)	5.8% (2015) *1	0.2% (2009) *5
GDP per capita average annual growth rate (%) *23											
1970-1990	3.4	2.2	2.2	2.0	1.8	2.0	2.2		4.8	0.6	7.5
1990-2014	0.7	1.8	1.2	1.2	2.0	1.6	1.6		3.1	2.3	4.3
Social security benefit	¥112.102 trillion (2014) *15	£358 billion (2011-2012) *11	€672.9 billion (2011 social protection account) *6		About 300 billion Kronor (2012) *24						
Spending for social security as a percentage of GDP	22.9% (2014) *15	24.1% (2009) *17 23.12% (2013) *15	32.1% (2009) *17 31.73% (2013) *15		29.8% (2009) *17 27.78% (2013) *15		19.2% (2009) 19.02% (2013) *15 Social spending as a % of GDP				
Spending for social care as a percentage of GDP	0.02%*21	FY2009/2010, 92% of the total budget for social care is spent for foster and institutional care *21		0.75% (2014) *19						34.4%*21	0.02%*21
Social spending for family affairs as a percentage of GDP (%) 2011 * 10	1.36	3.78%	2.85		3.46		0.72				
Public spending as a percentage of GDP allocated to health (2009-2013*) (%) *23 *	8	8	9	9	8	8	8		4	2	4
GNI per capita in US dollars US dollar 2014 * 23	\$42,000	\$43,430	\$42,960	\$61,310	\$61,610	\$51,630	\$55,200		\$5,780	\$3,500	\$27,090

*1 外務省ホームページ <http://www.mofa.go.jp/mofaj/area/index.html> 2016.8.19 取得

*2 厚生労働省編 (2016) 「2015 年海外情勢報告 世界の厚生労働 2016」音羽印刷株式会社

*3 宇佐見耕一・小谷眞男・後藤玲子ほか (2014) 「世界の社会福祉年鑑 2014 第 14 集」旬報社

*4 マシュー・コルトン、マーガレット・ウィリアムズ編 (2008) 「明石ライブラリー123 世界のフォスターケア-21 の国と地域における里親制度」庄司順一監訳、明石書店

*5 萩原康生・松村祥子・宇佐見耕一ほか (2010) 「世界の社会福祉年鑑 2010 第 10 集」旬報社

*6 宇佐見耕一・小谷眞男・後藤玲子ほか (2013) 「世界の社会福祉年鑑 2013 第 13 集」旬報社

*7 萩原康生・松村祥子・宇佐見耕一ほか (2009) 「世界の社会福祉年鑑 2009 第 9 集」旬報社

*8 厚生労働省ホームページ 海外調査結果 インドネシア：基本情報 資料 3 <http://www.mhlw.go.jp/file/05-Shingikai-10501000-Daijinkanboukokuksaika-Kokusaika/0000027935.pdf> 2016.8.149 取得

*9 内閣官房 アメリカの州ごとの人口・面積・GDP について 資料 3 <http://www.cas.go.jp/jp/seisaku/doushuu/kuwari/dai6/siryou3.pdf> 2016.8.19 取得

*10 内閣府ホームページ 出生や家族関係支出に関する国際比較 (資料 6) http://www8.cao.go.jp/shoushi/shoushika/meeting/shien/k_1/pdf/s6.pdf 2016.9.13 取得

*11 平部康子 (2012) 「特集：社会保障における財源論-税と社会保険料の役割分担- イギリスにおける社会保障給付と財源の統合化」海外社会保障研究 Summer No.179.29-37.

*12 二宮書店編集部編 (2016) 「データブックオブ・ザ・ワールド 2016 年版-世界各国要覧と最新統計-」二宮書店

- *13 内閣府ホームページ 平成 28 年版高齢社会白書 (全体版) (PDF 形式) http://www8.cao.go.jp/kourei/whitepaper/w-2016/zenbun/28pdf_index.html 2016.8.31 取得.
- *14 内閣府ホームページ 国民経済計算 (GDP 統計) <http://www.esri.cao.go.jp/jp/sna/menu.html> 2016.8.31 取得.
- *15 国立社会保障・人口問題研究所ホームページ 社会保障費用統計 (平成 26 年度) http://www.ipss.go.jp/ss-cost/jfss-h26/fsss_h26.asp 2016.8.32 取得.
- *16 厚生労働省 social care の現状について (参考資料)
http://www.mhlw.go.jp/bunya/kodomo/syakaiteki_yougo/dl/yougo_genjou_01.pdf#search=%E8%A6%81%E4%BF%9D%E8%AD%B7%E5%85%90%E7%AB%A5%E6%95%B0 2016.8.31 取得.
 内閣府ホームページ 社会保障の現状について
- *17 http://www5.cao.go.jp/keizai-/kaigi/special/future/0421/shiryuu_03.pdf#search=%E7%A4%BE%E4%BC%9A%E4%BF%9D%E9%9A%9C%E8%B2%BB+%E5%AF%BEGDP+%E5%9B%BD%E9%9A%9B%E6%AF%94%E8%BC%83 2016.8.31 取得.
- *18 デンマーク統計局 Statistics Denmark <http://www.dst.dk/da> 2016.8.31 取得
- *19 佐藤桃子「デンマーク」日本社会事業大学社会事業研究所 (2015) 『平成 26 年度 厚生労働省児童福祉問題調査研究事業 課題 9 社会的擁護制度の国際比較に関する研究 調査報告書 第 2 報』日本社会事業大学社会事業研究所.
- *20 Ankestyrelsen, 2014, *Anbringelsesstatistik, Årsstatistik* 2013
- *21 日本社会事業大学社会事業研究所 (2015) 『平成 26 年度 厚生労働省児童福祉問題調査研究事業 課題 9 社会的擁護制度の国際比較に関する研究 調査報告書 第 2 報』日本社会事業大学社会事業研究所.
- *22 カナダ統計局 トップページ <http://www.statcan.gc.ca/eng/start> 2016.8.31 取得.
- *23 unicef ホームページ 世界子供白書 2016 <https://www.unicef.or.jp/sowc/data.html> 2016.9.13 取得
- *24 宇佐見耕一・小谷眞男・後藤玲子ほか (2012) 「世界の社会福祉年鑑 2012 第 12 集」旬報社
- *25 宇佐見耕一・小谷眞男・後藤玲子ほか (2015) 「世界の社会福祉年鑑 2015 第 15 集」旬報社
- x Data refer to years or periods other than those specified in the row heading.
- * Data refer to the most recent year available during the period specified in the row heading.
- v Estimates of 100% were assumed given that civil registration systems in these countries are complete and all vital events (including births) are registered.
- α Based on medium-fertility variant projections.
- + A more detailed explanation of the methodology and the changes in calculating these estimates can be found in the General Note on the Data, page 108 *23.
- + + Changes in the definition of birth registration were made from the second and third rounds of MICS (MICS2 and MICS3) to the fourth round (MICS4). In order to allow for comparability with later rounds, data from MICS2 and MICS3 on birth registration were recalculated according to the MICS4 indicator definition. Therefore, the recalculated data presented here may differ from estimates included in MICS2 and MICS3 national reports.
- Primary school gross enrollment ratio Number of children enrolled in primary school who are of any age, expressed as a percentage of the total number of children of official primary school age
- Primary school net enrollment ratio Number of children enrolled in primary or secondary school who are of official primary school age, expressed as a percentage of the total number of children of official primary school age. Because of the inclusion of primary-school-aged children enrolled in secondary school, this indicator can also be referred to as a primary 'adjusted' net enrolment ratio.
- Secondary school net enrollment ratio Number of children enrolled in secondary school who are of official secondary school age, expressed as a percentage of the total number of children of official secondary school age. Secondary net enrolment ratio does not include secondary-school-aged children enrolled in tertiary education owing to challenges in age reporting and recording at that level.
- Secondary school net attendance ratio Number of children attending secondary or tertiary school who are of official secondary school age, expressed as a percentage of the total number of children of official secondary school age. Because of the inclusion of secondary-school-aged children attending tertiary school, this indicator can also be referred to as a secondary 'adjusted' net attendance ratio.
- Crude birth rate Annual number of births per 1,000 population
- Children left in inadequate care Percentage of children 0-59 months old left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the past week.

Prepared by Keiko Hishigae (Doctoral Course, Japan Collage of Social Work Graduate School of Social Welfare)

1 England

Chris Christophides

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Abstract

This paper critically reflects on policy developments and debates in England in relation to child protection and safeguarding over the past twenty years. It argues that the period from the early 1990s to late 2008 saw policy change in significant ways. The state developed a much broader focus of concern about what constituted risk to children and what the role of professionals should be in relation to this; increasingly, the emphasis was upon 'safeguarding' rather than 'child protection'. However, the period since late 2008 to date has not only seen the focus shift more centrally to child protection, but there has been a renewed official priority given to social work. These developments have been given an added impetus with the election of the Conservative/Liberal Democrat Coalition government in May 2010. The paper concludes by considering the current state and possible future directions for child protection and safeguarding in England and the role of social work in this.

The purpose of this paper is to critically reflect upon policy developments and debates in England in relation to child protection and safeguarding over the past twenty years. I will argue that the period from the early 1990s until 2008 saw policy change in significant ways. In particular, the state developed a much broader focus of concern about what caused harm to children and what the role of professionals and official agencies should be in relation to this. We witnessed an important change in the relationships between children, families and the state.

Underlying such developments were new and sometimes competing ideas about risk to children and the best ways of addressing these. Such developments were implemented in the context of the introduction of a range of new systems of Information Communication Technology (ICTs) and a heavy reliance was placed upon top-down forms of performance management. Such developments had the impact of marginalising the role of social work in children's services.

However, the period since late 2008 to date, following the tragic death of Baby Peter, has seen policy and practice move in new directions. Not only has 'child protection' been identified as an issue of significant political and policy concern, but there has been a renewed interest and priority given to social work in this. Such developments have been given a significant impetus following the election of the Conservative/Liberal Democrat Coalition government in May 2010 and its establishment of an independent review of child protection, chaired by Professor Eileen Munro, within three weeks of coming into office. The paper will conclude by considering the current state and possible future directions of child protection and safeguarding in England and the role of social work in this.

'Child-centred' services and the disaggregation of the family

Prior to the election of the New Labour government in 1997, the previous twenty-five years had seen enormous changes in the nature and structure of 'family' life in Britain. For

example, the number of first marriages more than halved from 390,000 in 1975 to 175,000 in 1997, while remarriages made up two-thirds of the total. The number of divorces more than doubled between 1961 and 1997, when the total was 175,000, only slightly less than the number of first marriages (ONS, 1998). The proportion of children born outside marriage quadrupled and by the end of the 1980s, fewer than 50 per cent of eighteen to twenty-four-year-olds thought it necessary to marry before having children (Kiernan and Estaugh, 1993). Two-thirds of first partnerships in the early 1990s were cohabitations, compared with one-third twenty years earlier, and 22 per cent of children were born into cohabiting unions, compared with 2 per cent twenty years earlier (Ermisch and Francesconi, 1998).

The rate of cohabitation among couples with children reached 13 per cent in 1998, and among those in the lowest third of the income distribution scale, the rate was almost 26 per cent. Among couples with children who were drawing benefits, it was more than two-and-a-half times as high (Marsh et al., 2001). Lone-parent households with dependent children increased from 2 per cent of the total of all households in 1961, to 7 per cent by 1979. The notion of lifelong marriage as the only sanctioned framework for sexual partnerships and parenthood had come to be seen as increasingly outmoded by the end of the twentieth century.

However, the failure of one relationship appeared not to be a deterrent to re-partnering, and another increasingly common feature of 'family' life was that of 'social parenting', in which children were being raised in homes in which one adult, usually the father figure, was not the biological father.

A number of commentators (Beck and Beck-Gernsheim, 2002; Smart and Neale, 1999) argued that these changes had shifted the basis of interpersonal relationships from the nuclei to networks, so that what was increasingly left were 'partnerships'.

In the process, sexuality had been decoupled from marriage and increasingly became something to be discovered, moulded and altered. No longer were marriage and parenthood seen as being tied together, for having a child was increasingly separate from decisions about marriage for growing numbers of people. In addition, and for the first time, fertility rates were often below the threshold for generational replacement and the number of children in the population had been reducing in both absolute and relative terms as people lived longer. Consequently, the value of each child, both emotionally and economically, was much greater than previously.

Thus, by the 1990s, the idea of the 'normal' nuclear family, based on the institution of life-long marriage and premised on the male breadwinner model, seemed outmoded and the changes were being taken into account in the way child welfare policy and practice were being thought about and organised. Rather than the focus of attention being primarily on the 'family', increasingly, children were being seen as important in their own right.

The election of the New Labour government in May 1997 took these developments to a new level. From the beginning, New Labour focused on modernising welfare policy, and placed policies related to children and young people at the heart of its programme. The New Labour government pursued a more 'active' approach to social entitlements for adults by drawing a tighter link between employment and social provision, and a stricter 'social investment' approach to social spending in general and policies aimed at addressing 'social exclusion' in particular (Powell, 2008). In this context, considerable attention was focused on children as future citizens and maximising their educational and employment potential (Lister, 2006), together with ensuring they did not engage in criminal or anti-social behaviour (James

and James, 2004).

In many respects, a major element of the New Labour approach was its decision to accept and work with the grain and direction of social change evident with the 'family' and the growing individualisation of social and community life (Lewis, 2007). Rather than seeing its prime focus as attempting to strengthen marriage and the family, the government prioritised policies concerned with improving the life chances and well-being of children, particularly providing them with secure and stable parental relationships and attachments (Lewis, 2001).

Policy, therefore, subtly but significantly shifted from a focus on the family to one that was concerned directly with childhood vulnerability and well-being and upholding parental responsibility. Childhood was moved to the centre of policy priorities, seen as lying at the fulcrum of attempts to tackle social exclusion and the investment in a positive, creative and wealth-creating future, and many of the challenges posed by the social and economic changes related to globalisation.

While, previously, the family was seen as the central building block of society and the key instrument of government, this now began to change in important ways. Because the family had been both deconstructed and disaggregated, children and parents (both men and women) were seen to inhabit much more separate worlds with somewhat separate interests. However, they were locked together both legally and emotionally.

Therefore, while 'partnering' was seen as essentially a private matter, subject to individual freedom of action and choice, 'parenting' was very much a public concern and therefore a legitimate site for state intervention. These processes of increased individualisation had helped to create the social conditions that had made it possible for children to gain more protection, initially within the family and subsequently in other institutions. The process of individualisation not only disaggregated the family but recognised that children had a right to a life, a biography and autonomy; hence, there was an increased emphasis on the views and rights of children.

In organisational child welfare terms, we see an important shift, under New Labour, away from services that were framed primarily in terms of 'the family' to ones that were explicitly 'child-centred'. Not only was this represented by the change in England from social service departments to departments of children's services (Parton, 2009), but in the way the technologies and administrative systems were themselves organised and articulated (Hall et al., 2010). This was perhaps made most explicit by the Green Paper *Every Child Matters* (Chief Secretary to the Treasury, 2003), which stated that the government's intention was 'to put children at the heart of our policies, and to organise services around their needs' (Chief Secretary to the Treasury, 2003, p. 9).

It was also evident in the Looking After Children (LAC) project (Parker et al., 1991), the Assessment Framework (Department of Health et al., 2000), the Integrated Children's System (Cleaver et al., 2008) and the Common Assessment Framework (CAF) (CWDC, 2009).

These changes in child welfare policy and practice provide an interesting exemplar of some of the more wide-ranging changes in the relationships between children, parents and the state taking place at the time. Whereas, previously, child welfare policies could be described as a 'sandglass' where services to children were targeted at certain families but siphoned through the parents (primarily mothers), increasingly we can identify the emergence of a three-cornered set of triangular relationships (Figure 1); and this had become more evident under New Labour. The role of parents was to take responsibilities on behalf of their children, and the behaviour of both parents and children was to be continually, in theory, monitored by

state agents.

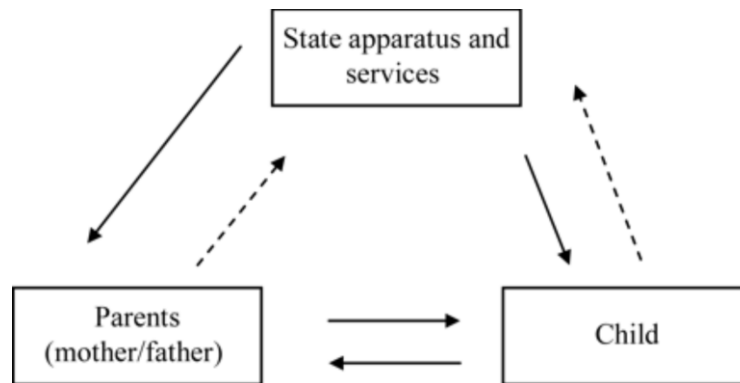


Figure 1

The triangular relationship of state-child-parents (adapted from Parton, 2006)

Changing and competing conceptions of risk in child welfare work in England

The last forty years have also witnessed a considerable growth in concern about child abuse and the failures of professionals to intervene appropriately to protect children. Following the high-profile and very public criticisms of social workers and other health and welfare professionals in cases of child abuse in the 1970s and 1980s (Parton, 1985; Butler and Drakeford, 2005), the long established state child welfare services in England came under increasing pressure and came to be dominated by a narrowly focused, forensically orientated concern with child protection. Similar developments were evident in the other nations in the UK, as well as North America and Australia (Waldfoegel, 1998; Lonne et al., 2009).

By the early 1990s, the child protection and child welfare systems could be characterised in terms of the need to identify ‘high risk’ cases so that these could be differentiated from the rest. Thereby, children could be protected from abuse while ensuring that family privacy was not undermined and scarce resources could be directed to where, in theory, they were most needed (Parton, 1991; Parton et al., 1997). ‘High risk’ was conceptualised in terms of ‘dangerousness’, for it was the small minority of ‘dangerous families’ (Dale et al., 1986; Parton and Parton, 1989) subject to extreme family dysfunctions and violent personalities who were seen as the primary cause of child abuse and who therefore needed to be identified so that children could be protected.

This was clear in the official government guidance at the time—Working Together Under the Children Act 1989: A Guide to Arrangements for Inter-Agency Cooperation for the Protection of Children from Abuse (Home Office et al., 1991)—where the focus of attention was explicitly stated as ‘the protection of children from abuse’. This was reinforced further in the only official guide on the purpose and content of professional assessments, Protecting Children: A Guide for Social Workers Undertaking a Comprehensive Assessment (Department of Health, 1988).

The guide was specifically designed for social workers in cases in which abuse was either substantiated or highly suspected and was concerned with how to carry out a comprehensive assessment for ‘long-term planning in child protection’ cases. At the time, Pithers commented that:

“The guide addressed the key issue of whether a family is considered safe for a child,

or whether it can be made safe, or whether it is so potentially dangerous that alternatives have to be found” (Pithers, 1989, p. 18).

However, during the 1990s, a major debate opened up about how policies and practices in relation to child protection integrated with and were supported by policies and practices concerned with family support and child welfare more generally (Audit Commission, 1994; Department of Health, 1995).

Rather than simply being concerned with a narrow, forensically driven focus on child protection, it was argued there needed to be a ‘rebalancing’ or ‘refocusing’ of the work, such that the essential principles of a child welfare approach could dominate (Parton, 1997). Policy and practice should be driven by an emphasis on partnership, participation, prevention and family support. The priority should be on helping parents and children in the community in a supportive way and should keep notions of policing and coercive intervention to a minimum.

This change in thinking was evident in the official guidance published at the end of the decade, *Working Together to Safeguard Children: A Guide to Inter-Agency Working to Safeguard and Promote the Welfare of Children* (Department of Health et al., 1999).

The words ‘protection’ and ‘abuse’ had been dropped from the title, which was framed in terms of the general duty placed on local authorities by section 17(1) of the 1989 Children Act ‘to safeguard and promote the welfare of children in their area who are in need’.

The guidance underlined the fact that local authority social services had wider responsibilities than simply responding to concerns about ‘significant harm’ and identifying child abuse and was explicitly located in the much wider agenda for children's services being promulgated by the New Labour government, associated with social exclusion (Frost and Parton, 2009).

The Assessment Framework (Department of Health et al., 2000), published at the same time as the 1999 ‘Working Together’, attempted to move the focus from the assessment of risk of child abuse and ‘significant harm’ (Department of Health, 2001) to one that was concerned with the broader idea of risk of impairment to a child's overall development in the context of their family and community environment.

We can thus identify an important change in the nature of the risk that policy and practice were expected to respond to. The object of concern was no longer simply children at risk of abuse and ‘significant harm’. Effective measures to safeguard children were seen as those that also promoted their welfare, and should not be seen in isolation from the wider range of support and services provided to meet the needs of all children and families. There was a broadening of concerns from ‘child protection’ to ‘safeguarding’, or, as I have argued elsewhere (Parton, 2010), from ‘dangerousness’ to ‘risk’.

This is not to say, however, that child protection had disappeared, but that it was located in the wider concerns about ‘safeguarding and promoting the welfare of children’. This was defined for the first time in the ‘Working Together’ published in 2006, where it was stated that:

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- protecting children from maltreatment;
- preventing impairment of children's health or development; and
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;

- and undertaking that role so as to enable those children to have optimum life chances and enter adulthood successfully (HM Government, 2006, para. 1.18, original emphasis).

Child protection continued to be specifically concerned with assessment and intervention in situations in which children were 'suffering, or likely to suffer, significant harm'. While the focus of both assessment and intervention had thus broadened between 1991 and 2006, the forensic investigation of possible 'significant harm' continued to inhabit the core of the system and it was local authority children's social workers who had the clear statutory responsibility in this regard.

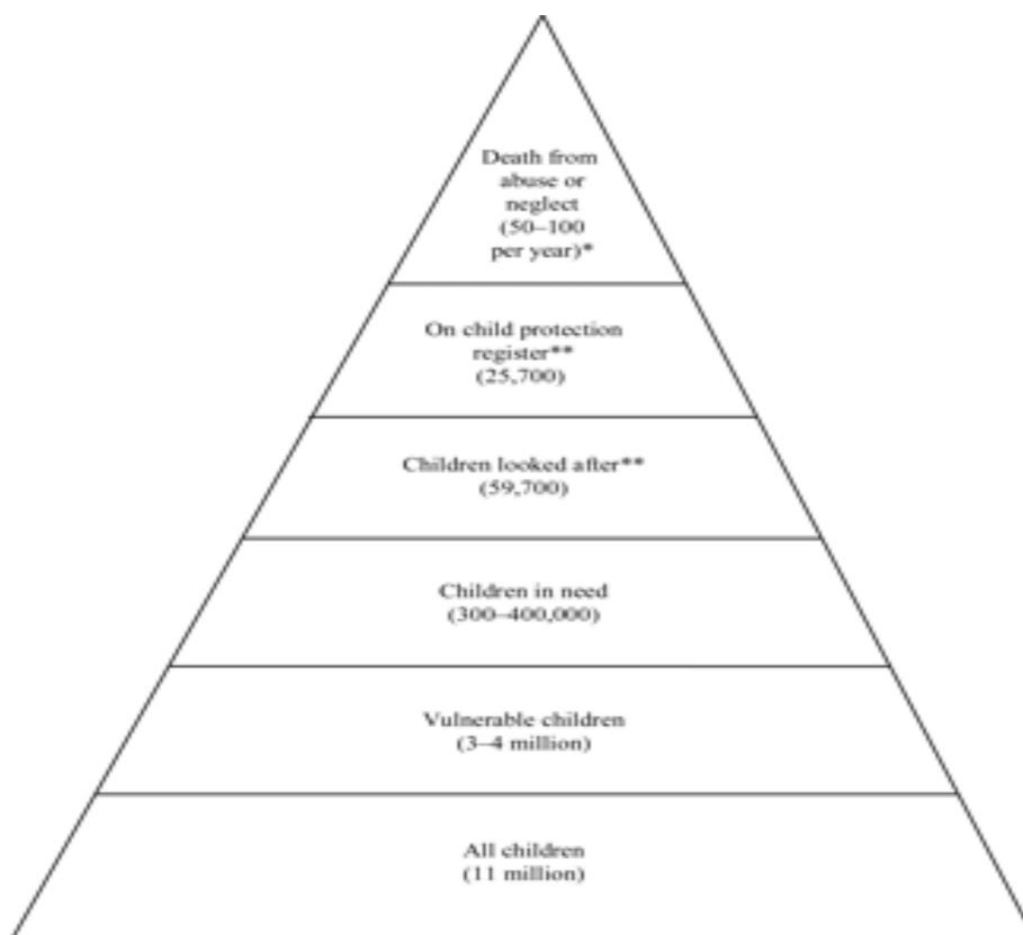
Risk and Every Child Matters

The 2006 'Working Together' guidance (HM Government, 2006) was published at a time of major change in children's services in England. The government had launched its Every Child Matters: Change for Children (ECM) programme (DfES, 2004a), where the overriding vision was to bring about 'a shift to prevention whilst strengthening protection' (DfES, 2004c, p. 3).

The consultative Green Paper Every Child Matters (Chief Secretary to the Treasury, 2003) had originally been launched as the government's response to a very high-profile child abuse public inquiry into the death of Victoria Climbié (Laming, 2003).

However, the changes were much broader than simply being concerned with overcoming the problems with responding to cases of child abuse. The priority was to intervene at a much earlier stage in children's lives in order to prevent a range of problems both in childhood and in later life, including educational attainment, unemployment, crime and anti-social behaviour. The ambition was to improve the outcomes for all children and to narrow the gap in outcomes between those who do well and those who do not. The outcomes were defined in terms of: being healthy; staying safe; enjoying and achieving; making a positive contribution; and achieving economic well-being. Together, these five outcomes were seen as key to improving 'well-being in childhood and later life'.

It was a very ambitious programme of change and was to include all children, as it was felt that any child, at some point in their life, could be seen as vulnerable to some form of risk and therefore might require help. The idea was to identify problems before they became chronic. Two figures included in the Green Paper (Figures 2 and 3) are particularly helpful in understanding how the reform of children's services was conceptualised.



* These children may or may not be on the child protection register, nor looked after, nor vulnerable.

** These children are included in the children in need figure, and not all children on the child protection register are children looked after.

Figure 2 'Every Child Matters' : categorising children

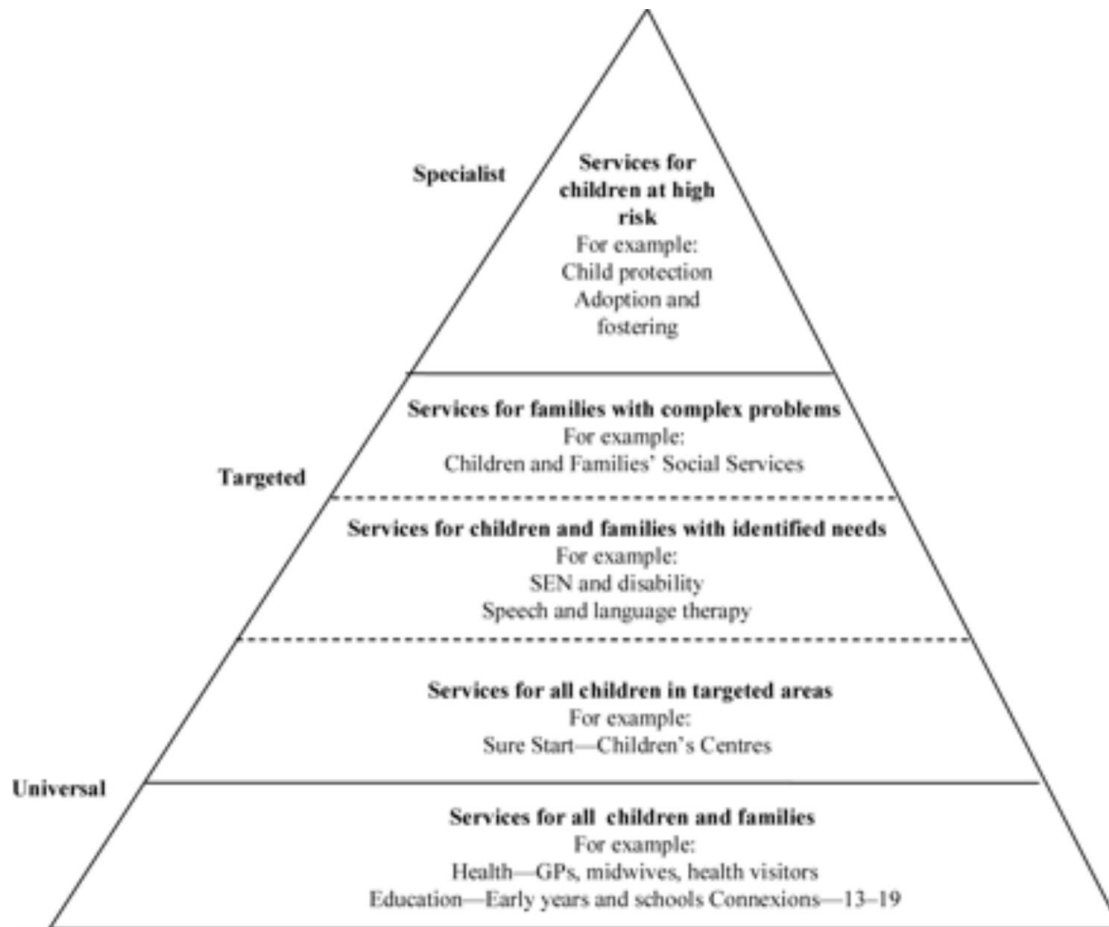


Figure 3 ‘Every Child Matters’ : targeted services within a universal context

‘Every Child Matters’: targeted services within a universal context

All children in the population are included in the triangle in Figure 2 and categorised according to their level of vulnerability, while in Figure 3 services are organised according to whether they are specialist, targeted or universal. The idea is that problems are identified as quickly as possible to ensure they do not escalate and that services are integrated to ensure that this takes place.

The model informing the changes was very much influenced by a public health approach to prevention and has been characterised as ‘the paradigm of risk and protection-focused prevention’ (France and Utting, 2005) informed by risk factor analysis (RFA) (France et al., 2010), whereby the knowledge of risk factors derived from prospective longitudinal research is drawn upon to design particular programmes and re-orientate mainstream services. The work of David Farrington in relation to youth crime prevention was particularly influential (Farrington, 1996, 2000, 2007). What was attractive to policy makers was that a range of overlapping personal and environmental ‘risk factors’ were identified, not only in relation to future criminal behaviour, violence and drug abuse, but also for educational failure, unsafe sexual behaviour and poor mental health (Dryfoos, 1990; Mrazek and Haggerty, 1994; Goldblatt and Lewis, 1998). The Green Paper stated that:

... we have a good idea what factors shape children's life chances. Research tells us that the risk of experiencing negative outcomes is concentrated in children with certain characteristics

(Chief Secretary to the Treasury, 2003, p. 17, emphasis added) and that these included: The more risk factors a child had, the more likely it was that they would experience 'negative outcomes' and it was 'poor parenting' that was seen to play the key role. Identifying the risk factors and intervening early provided the major strategy for overcoming the social exclusion of children and avoiding problems in later life.

- low income and parental unemployment;
- homelessness;
- poor parenting;
- postnatal depression amongst mothers;
- low birth weight;
- substance misuse;
- individual characteristics, such as intelligence;
- community factors, such as living in a disadvantaged community.

However, the role of prevention was not only to combat the negatives involved, but to enhance the positive opportunities for child development via maximising protective factors and processes. The approach was informed by the work of Michael Rutter (1990), who conceived of risk and protection as processes rather than fixed states and saw protectors as the basis for opening up opportunities. The timing of interventions was crucial, for, if they were to have the most impact, the 'early years' were key and success depended on recruiting parents—usually mothers—to the role of educators. The notion of protection was thus much wider than simply protection from harm or abuse. In trying to maximise childhood 'strengths' and 'resilience', the idea of risk was itself reframed in far more positive ways (Little et al., 2004; Axford and Little, 2006).

To achieve the outcomes, the ECM changes aimed to integrate health, social care, education and criminal justice agencies and thereby overcome traditional organisational and professional 'silos'. Such a development required agencies and professionals to share information so that risks could be identified early and opportunities maximised. To take this forward, a variety of new systems of information, communication and technology (ICT) were to be introduced—including the Common Assessment Framework (CAF), Contact Point and the Integrated Children's System (ICS).

The Common Assessment Framework (CAF) provides an important insight into the way 'risk' to children was rethought in the context of ECM and the way practice was reconfigured as a result. The CAF is an electronic assessment form to be completed by any professional when they consider a child to have 'additional needs' that require the involvement of more than one service. It includes a wide-ranging set of data covering most aspects of a child's health and development, including details about parents and siblings. The CAF is designed to identify those children who might not progress towards the five ECM outcomes without additional services.

The CAF was designed to identify 'children with additional needs' and therefore to operate at the level of secondary prevention (or targeted services). The diagram in Figure 4, taken from the CAF Practitioners' Guide (CWDC, 2009), provides a helpful picture of how the processes and tools designed to integrate children's services and support early intervention were conceived, particularly in the context of Figures 2 and 3 earlier.

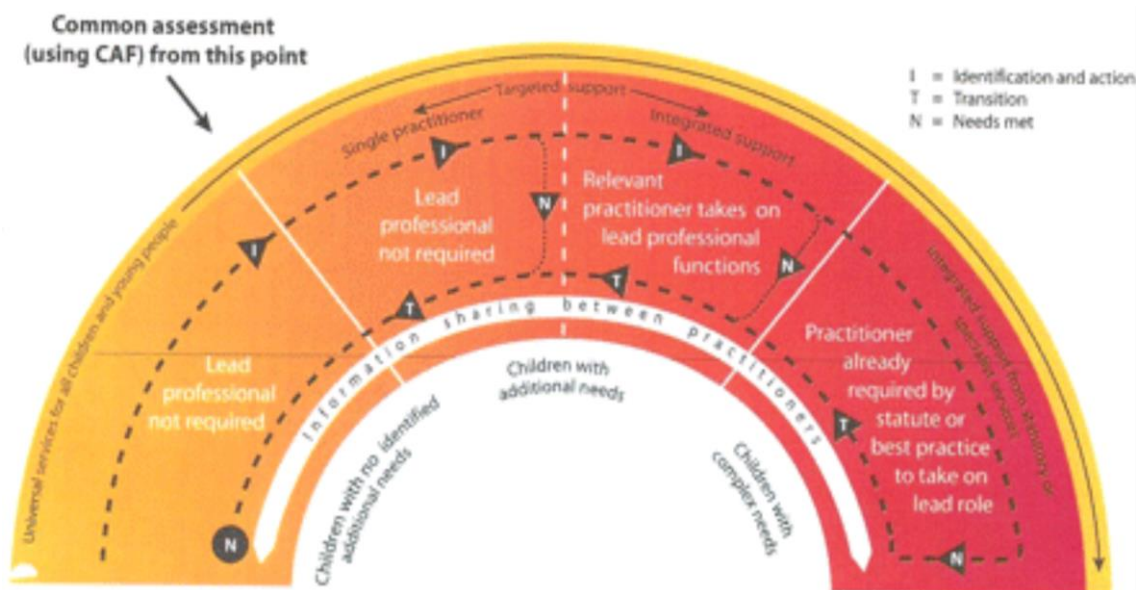


Figure 4 Processes and tools to support children and families

Processes and tools to support children and families

The eCAF clearly demonstrates how the importance of early intervention and the growing use of ICT were seen as central for the transformation of children's services in England. However, the focus of concern had broadened considerably from those children who might suffer child abuse or 'significant harm' to include all children, particularly those who were at risk of poor outcomes and therefore who may not fulfil their potential. In the process, the systems designed to screen and identify those in need of attention had grown in size and complexity and the challenges and responsibilities placed upon a wide range of agencies and practitioners increased considerably.

Baby Peter and the rediscovery of child protection and social work

While the ECM: Change for Children programme (DfES, 2004a) was presented by the government as its response to the Laming Report (Laming, 2003) into the death of Victoria Climbié, a number of commentators argued that the reforms had the effect of marginalising both child protection (Munro and Calder, 2005; Smith, 2008) and social work (Frost and Parton, 2009; Parton, 2009). This, however, was to change following the events in November 2008.

On 11 November 2008, two men were convicted of causing or allowing the death of seventeen-month-old Baby Peter, including his step-father. The baby's mother had already pleaded guilty to the charge. During the trial, the court heard that Baby Peter was used as a 'punch bag' and that his mother had deceived and manipulated professionals with lies and on one occasion had smeared him with chocolate to hide his bruises. There had been over sixty contacts with the family from a variety of health and social care professionals and he was pronounced dead just forty-eight hours after a hospital doctor failed to identify that he had a

broken spine. He was the subject of a child protection plan with Haringey local authority in London—the local authority that had been at the centre of failures to protect Victoria Climbié back in 2000.

The media response was immediate and very critical of the services, particularly the local authority. The largest selling daily tabloid newspaper, *The Sun*, ran a campaign aimed at getting the professionals involved in the case sacked from their jobs under the banner of ‘Beautiful Baby P: Campaign for Justice’ (*The Sun*, 15 November 2008).

Two weeks later, the newspaper delivered a petition to the Prime Minister containing 1.5 million signatures and claiming it was the largest and most successful campaign of its sort ever. In addition, a large number of Facebook groups, comprising over 1.6 million members, were set up in memory of Baby Peter and seeking justice for his killers. This weight of expressed opinion put major pressure on the then government Minister, Ed Balls, to be seen to be acting authoritatively in order to take control of the situation. He responded by: On receipt of the JAR on 1 December 2008, which he described as ‘devastating’, the Minister announced he was using his powers under the 1996 Education Act to direct Haringey to remove the Director of Children's Services. Later that month, she was sacked by the council without compensation and with immediate effect.

In April 2009, Haringey Council also dismissed four other employees connected to the Baby Peter case—the Deputy Director of Children's Services, the Head of Children in Need and Safeguarding Services, the Team manager, and the Social Worker.

In addition, the paediatrician who examined Baby Peter two days before his death but missed the most serious injuries was suspended from the medical register; and the family doctor who saw Baby Peter at least fifteen times and was the first to raise the alarm about the baby's abuse was also suspended from the medical register.

- ordering the Office for Standards in Education, Children's Services and Skills (Ofsted), the Healthcare Commission and the Police inspectorate to carry out an urgent Joint Area Review (JAR) of safeguarding in Haringey;
- ordering the preparation of a new and independent Serious Case Review following the publication of the original one on 12 November and which he deemed to be inadequate and insufficiently critical;
- appointing Lord Laming to carry out an urgent review of child protection in England to report in three months;
- establishing a Social Work Task Force to identify any barriers that social workers faced in doing their jobs effectively and to make recommendations for improvements and the long-term reform of social work and to report in the autumn of 2009.

Very quickly reports surfaced that it was becoming very difficult to recruit and retain staff nationally to work in children's social care, particularly social workers, and that morale was at an all-time low (LGA, 2009). The case was clearly having wide-scale reverberations. A number of influential commentators, including the House of Commons' Children, Schools and Families Parliamentary Committee (House of Commons, 2009), began to argue that the threshold for admitting children into state care was too high.

Not only should Baby Peter have been admitted to care some months before his death, but his situation was not seen as unusual. Similarly, the Children and Family Court Advisory and Support Service (CAFCASS, 2009) produced figures which demonstrated that: there were nearly 50 per cent more care applications to court in the second half of 2008–09 compared

with the first half of the year; demand for care cases was 39 per cent higher in March 2009 compared with March 2008; and the demand for care continued to remain at an unprecedentedly high level for the first two quarters of 2009–10, with June 2009 having the highest demand for care ever recorded for a single month.

The death of Baby Peter and the intense and rancorous social and media reaction clearly engendered a sense of very high anxiety amongst government officials and children's services managers and practitioners (Garrett, 2009). It was also notable that the report produced by Lord Laming in March 2009 was entitled *The Protection of Children in England* (Laming Report, 2009) and that both this and the government's response (HM Government, 2009) were framed in terms of 'child protection'. Whereas, previously, policy and practice had been framed in terms of 'safeguarding and promoting the welfare of the child', it now seemed that concerns about child protection had, again, moved centre stage.

At the same time as rediscovering child protection, central government also seemed to rediscover the importance of professional social work. It is, perhaps, a particular irony that the area in which social work that had been so heavily criticised for over thirty years, child protection, was the area of practice in which it continued to be seen as having the key role to play and the failures in the Baby Peter case seemed to reinforce this even further. The work of the Social Work Task Force, which reported in late 2009 (Social Work Task Force, 2009), was clearly central in this regard, and the government made it clear that a major contribution to the improvement in child protection practice was crucially dependent on the rejuvenation of a well trained, respected social work profession (HM Government, 2010a).

Developments in the wake of the tragic death of Baby Peter had the effect of reinforcing the importance of child protection at the centre of safeguarding policy and practice and reinforcing the central role that social work played in this. For, while the period since the mid 1990s, particularly since the introduction of the ECM reforms, had emphasised a much broader and more positive approach to risk, the narrow forensic approach to child protection, which was so dominant in the early 1990s, had clearly been (re)confirmed as lying at the heart of current and future attempts to 'safeguard children' (HM Government, 2010b).

It seemed that government was determined to ensure that while there should be a continued emphasis upon early intervention, this should not deflect from ensuring that children were protected from significant harm. Child protection was very much seen to lie—in terms of Figures 2 and 3 reproduced earlier—at the sharp end, or apex, of any attempts to 'safeguard and promote children's welfare'. In many respects, the post-Baby Peter changes could be seen to consolidate one of the central aims of the ECM changes of wanting to bring about 'a shift to prevention whilst strengthening protection' (DfES, 2004c, p. 3).

It is notable that social work was to operate almost exclusively at this sharp end of child protection. Whilst there had been a considerable expansion in preventive and early intervention services from the mid 1990s, no longer were these seen as being in the province of mainstream social work (Frost and Parton, 2009; Parton, 2009).

This had been made explicit in *Every Child Matters: Change for Children in Social Care* (DfES, 2004b), published at the same time as *Every Child Matters: Change for Children* (DfES, 2004a):

Social workers and social care workers need to be at the heart of the *Every Child Matters Change for Children* programme. You play a central role in trying to improve outcomes for the most vulnerable through your work with children in need including those in need of protection, children who are looked after and disabled children (DfES, 2004b, p. 2).

It was social workers who were given the key and overriding responsibility for operating the child protection system and this had changed very little from the situation in the early 1990s.

Following the tragic death of Baby Peter, social workers became more concerned than ever with forensically investigating, assessing and managing cases of child abuse in a context that was even more high-profile and procedurally driven than ever before. For example, the revised *Working Together*, published in March 2010 (HM Government, 2010b), produced primarily in response to recommendations in the Laming Report on The Protection of Children in England, increased in length from 231 pages up to 390 pages compared to the 2006 version (HM Government, 2006).

Thus, while the final eighteen months of the New Labour government witnessed something of a revaluing of social work and a renewed recognition of the complexities involved, the actual focus and organisation of the work became even more prescribed and framed by its statutory and procedurally defined roles and responsibilities.

The period after November 2008 was also notable for an increased sense of anxiety and defensiveness in the way children's social care was operating and clear evidence that it were having to cope with a large increase in referrals together with a growth in the number of children subject to a child protection plan, an increase in the numbers of children taken into care and a growth in Section 47 Enquiries (Association of Directors of Children's Services, 2010).

Increasingly, it seems that early intervention was being interpreted as the need to formally intervene earlier, with the increased possibility that children would be placed on a child protection plan, placed on a statutory order or taken into care (Hannon et al., 2010).

The Child Protection System in England, 2010 - 2015

There are roughly 11 million children and young people under the age of 18 in England. The Child Protection System (CPS) in England places a legal responsibility on all those working with children and young people to ensure they are safe and able to thrive. The central government's Department for Education (DfE) is responsible for child protection in England; it sets out legislation and statutory guidance on how the child protection system should work. Local governments in 152 local authorities in England are the key statutory agencies responsible for planning and provision of child protection services in England.

Background

The CPS in England goes back several centuries to when churches and charities would provide for abandoned children. Poor Laws in the 17th Century were the first to put in place basic state protection for children. In the 19th Century, the first Barnardo's (children's) homes were created and new legislation made school compulsory for children to age 12; later that century maltreatment and cruelty against children become a crime. In the middle of the 20th Century local authorities became responsible for the protection of children. Landmark legislation giving children rights to be protected from abuse and exploitation was enacted in the Children Act of 1989, still the cornerstone of Child Protection legislation today. The Act introduced a duty for local authorities to safeguard and promote the welfare of children within their area who are in need and as such, it provides the framework for child protection planning and practice. Subsequent Child Protection inquiries, court proceedings and legislation amending the Children Act 1989 have brought in new rights and entitlements for children and

young people which together form the CPS in England.

Legislation and framework protecting children from harm

The Children Act 1989 requires local authorities (LA) to promote the upbringing of children by their own families if it is safe to do so. If there are concerns about the safety or well-being of a child or young person, LA should be alerted, through a referral (any individual or professional – for example, teacher, police, or support work can make a referral). This may trigger an investigation, usually undertaken by qualified social workers, to assess the needs of the child and their family to determine whether services should be provided. The Children Act 1989 lays out what these services should include.

Using a procedure presented in, “Working together to safeguard children - A guide to inter-agency working to safeguard and promote the welfare of children” (March 2015), a case involving the development of a child protection plan after referral will be discussed below.

Referral

Once the child’s case referral has been accepted by local authority children’s social care, the lead professional role falls to a social worker. They should make a decision about the type of response that is required within one working day. This includes determining whether:

- The child requires immediate protection and urgent action is required (Immediate Protection);
- the child is in need, and should be assessed under section 17 of the Child Act 1989 (Assessment);
- there is reasonable cause to suspect that the child is suffering, or likely to suffer, significant harm, and whether enquires must be made and the child will be assessed under section 47 of the Child Act 1989;
- any services are required by the child and family and what type of services; and,
- if further specialist assessments are required in order to help the LA authority to decide what further action to take.

Assessment

When the social workers decide that assessment is required (under section 17 or section 47 of the Children Act, 1989), the assessment will be led by a social worker. When they decide the children don’t need any support from the LA children’s social care, they may still take action to obtain necessary support. For example, a referral for help to the child and family, or a referral for an early help assessment.

If the LA decides that the child requires support, they also decide if the child has actual significant harm or is likely to be harmed significantly. When the child has no actual significant harm or is not likely to be harmed significantly, the social worker will discuss next steps including review/decision points with child, family and colleagues. After that, an assessment will continue and services will be provided if the child requires them. Then, the social worker, family and other professionals will work to have an agreement on the Children in Need (CIN) plan or Child Protection (CP) plan. They will review the plans and outcomes for children, and when appropriate they will refer them to non-statutory services. Or while they continue the assessment, they may find suspicion of significant harm for the child. In this case, the team will have a strategy discussion.

When the child has been harmed significantly, they will take an action for the

immediate protection of the child.

Immediate Protection

When the decision has made by local authority social workers, the police or NSPCC (National Society for the Prevention of Cruelty and Children) that the life of a child is at risk or the child is likely to be seriously and harmed in the immediate future, they will take an emergency action to safeguard the child. Meanwhile, they will seek legal advice and the outcome will be recorded. As appropriate there will be an immediate strategy discussion between the LA children's social care, police, health and other agencies. This strategy discussion that includes the NSPCC (where involved), makes decisions about: 1) how to take immediate safeguard action, and 2) information giving, especially to parents.

When there is no emergency action required, they will have an agreement plan with the family and other professionals that will ensure the child's future safety and welfare. The discussions of this plan will be recorded and acted on. Or, the other option is that the child will remain as a "child in need", then they will have an assessment.

Strategy Discussion

When the team needs to take an appropriate emergency action, they will have a strategy discussion and initiate a section 47 enquiry. (A section 47 enquiry is carried out by using the principle and parameters of a good assessment, which is set out in "Working together.") Then, the social worker and other professionals will do an assessment. Assessment will follow local protocol based on the needs of the child within 45 working days of the point of referral. If the concerns are substantiated and a child likely to suffer significant harm, a social work manager convenes the initial child protection conference within 15 working days of the strategy discussion at which section 47 enquiries were initiated. An initial child protection conference will be held with family members (and the child where appropriate), supporters, advocates, and the professionals most involved with the child and family. They will make decisions about the child's future safety, health and development. Then, when the conference finds that the child is likely to suffer significant harm, the child will be the subject of a child protection plan and an outline of this plan will be prepared. A core group is established in this case.

When the strategy discussion finds that the police should investigate a possible crime, the social worker leads an assessment under section 47 of the Children Act. The social worker needs to follow the local protocol process on the needs of the child within 45 working days of the point of referral. If the concerns are substantiated but the child will not likely to suffer significant harm, the team will agree on whether child protection conference is necessary. Then, a social worker will complete an assessment. Finally, social worker will agree on a plan for ensuring the child's future safety and welfare with the family and other professionals.

Child protection plan

Once a child is subject of a child protection plan, the core group meets within 10 working days of initial child protection conference. Or, the registered social worker completes a multi-agency assessment. Then the child protection plan is developed by lead social worker with the core group members and implemented. Core group members will provide the necessary interventions for the child and/or family members.

Voluntary agreement

If children in need are considered to be at risk of neglect or abuse, or they have been abandoned, a local authority may provide the child with accommodation away from their parents or usual carers, under Section 20 of the Children Act 1989. Under this section, the local authority usually shares parental responsibility with the child's parents and decisions are made jointly. This is called a 'voluntary agreement'.

Child in Need

Section 17 of the Children Act provides for children and their families who are deemed to be in need ('Child in Need'). The key duty of the local authority as set out in this section is to 'safeguard and promote the welfare of children in their area who are in need'. Support and services should be put in place to fulfil this duty. This may take the form of regular visits by a social worker, enrolment in parenting classes, financial resources to make adjustments to the home for a disabled child or other appropriate measures. Between 2014-2015, there were 391,000 children in need in England, a figure which has remained relatively stable over the past five years.

Following an assessment, some children are deemed to be at such high risk of abuse or neglect that local authorities may apply to the courts for a full care or supervision order under Section 31 of the Children Act 1989. This gives the local authority greater responsibilities for the child and generally limits the involvement of the child's parents.

Children in care

Children provided for under section 20 and section 31 of the Children Act 1989 are commonly referred to as 'Children in Care' or 'Children Looked After'. Children in care are accommodated by the local authority, provided with access to education, health services and any other resources to meet and safeguard their needs. A small number of children live with their parents but are looked after by the local authority.

As of 31 March 2015, there were 69 540 children in care, representing a slight increase on previous years¹. As in previous years, more boys (55%) than girls (45%) are looked after. The majority are teenagers (40%) and white British (77%). The majority of children in care are looked after on a short term basis.

¹ All references for statistics can be found at:

<https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2014-to-2015>.

Category of (primary) need	Figures as of 31 March 2015
Abuse or neglect	42,710 (61%)
Child's disability	2,250 (3%)
Parents illness or disability	2,380 (3%)
Family in acute stress	6,310 (9%)
Family dysfunction	11,000 (16%)
Socially unacceptable behaviour	1,130 (2%)
Low income	140 (-)
Absent parenting	3,630 (5%)

Most children are in care because of neglect or abuse, while a number become looked after because of family breakdown. Few children have completely absent parents in England; those, in the tables below, in need because of absent parenting are for the most part migrant and refugee children who arrived in England without a parent.

Adoption

The CPS also oversees adoptions in England. Recent government efforts have sought to increase the number of adoptions and speed up processes which surround adoption (see: Action Plan for Adoption). 3,450 looked-after children were adopted during the year ending 31 March 2012, an increase of 12% since 2011 and the highest figure since 2007. Of these 74% were between one and four years old, with only 2% under a year old and a further 2% between 10 and 15.

Leaving care

Provisions exist to support children who are leaving care, as set out in the Children (Leaving Care) Act 2000, which amends the Children Act 1989. As it stands, children who have been in care for 13 weeks or more after their 14th birthday and who are in care on their 16th birthday are entitled to Leaving Care support until the age of 21 or 25 if they are in full time in education. This includes a Pathway Plan (which sets out their needs and how these are to be met) and the help of a Personal Adviser who provides general support and guidance. In exceptional circumstances it may include accommodation and financial support.

Other children who are not in care or in need but remain the responsibility of the local authority

Since 2004, legislation has mandated that children under the age of 16 who are not living with their parents for more than 28 days must be made known to the local authority. Such arrangements, which might include a child living with a family friend, are known as private fostering arrangements. Local authorities have statutory obligations to these children, key to which is safeguarding their well being and safety.

Other actors in the Child Protection System in England

In England, Local Safeguarding Children's Boards (LSCBs) ensure that the key agencies involved in safeguarding children work together effectively. LSCBs were put on a statutory footing in 2006. Their core membership is set out in the Children Act 2004, and includes local authorities, health bodies, the police and others, including the voluntary and independent sectors. They are required to produce and publish an Annual Report on the effectiveness of safeguarding in the local area.

The Children Act 2004 also introduced the role of Children's Commissioner for England; the role was subsequently strengthened by the Children and Families Act 2014. Responsibilities include the duty to promote and protect the views, interests and rights of all children in England, in particular those who are most vulnerable.

Conclusion

What also became evident by the end of the New Labour government in May 2010 was that there was a growing range of criticisms and concerns being expressed about the way policy and practice in this area had developed during the previous ten years. No longer were

these criticisms only focused on the tragic deaths of young children and the failures of professionals to intervene, but that many of the changes introduced may have had the unintended consequence of making the situation worse.

In particular, the introduction of the new electronic ICT systems, such as ContactPoint and the Integrated Children's System (ICS), came in for considerable criticism. Not only did such systems seem to increase the range and depth of state surveillance of children, young people, parents and professionals (Parton, 2006, 2008b; Anderson et al., 2009) and undermine individual and family privacy (Roche, 2008), but they did not seem to work as intended. In particular, they seemed to have the effect of: deflecting front line practitioners from their core task of working directly with children, young people and parents (Hall et al., 2010); increasing the bureaucratic demands of the work (Parton, 2008a; Broadhurst et al., 2010a, 2010b); and catching practitioners in an 'iron cage of performance management' (Wastell et al., 2010).

In addition, in broadening the focus of what was meant by risk, there had been an elision or conflation (Munro, 2010; Parton, 2010) of concerns about children and young people who might be at risk from a whole variety of threats, including abuse, with other concerns about children and young people who might pose a threat to others, particularly by falling into crime or anti-social behaviour. The agendas around the care and control of children and young people and those who might be either victims or villains had become in danger of being very blurred (Sharland, 2006; James and James, 2008).

In attempting to widen and deepen attempts at early intervention in order to improve the outcomes for all children, while also trying to strengthen the systems of child protection, it seemed that there was a real danger that there would be a growth in attempts at, what Michael Power has called, 'the risk management of everything' (Power, 2004). Rather than overcoming the defensiveness, risk avoidance and blame culture so associated with the child protection system in the 1990s, the danger was that these characteristics were increasingly permeating the whole of the newly integrated and transformed children's services. Such concerns were heightened in the highly anxious context following the death of Baby Peter that seemed to prioritise an approach to practice based on 'strict safety' and a 'logic of precaution'. Increasingly, the language of risk was in danger of being stripped of its association with the calculation of probabilities and was being used in terms of not just preventing future harm, but also avoiding the 'worst case' scenario (Ericson, 2007; Heberton and Seddon, 2009).

The Conservative/Liberal Democrat Coalition government made it clear, after its election victory in May 2010, that it was the reduction in the public finance debt that was its overriding and most urgent political priority and immediately set about reducing public expenditure. It also made it clear that it wished to reduce the role of the state and the top-down demands of the performance management regime of New Labour while trying to improve civil liberties for the individual.

One of its first acts was to announce that Serious Case Review Overview Reports were to be published in full (which had been in the Conservative Party election Manifesto) and to establish an independent 'Review of Child Protection' to be chaired by Professor Eileen Munro to report by April 2011 (Loughton, 2010). In his letter to Eileen Munro announcing the establishment of the Review, Michael Gove, the Secretary of State, said that while the review would be broad in scope, he hoped it would address three central issues: early intervention; trusting front line social workers; and transparency and accountability. He clearly saw the improvement of the child protection system as intimately connected to and dependent upon the support and improvement of front line professional social work, for he said that in order to

improve the system of child protection in England:

... my first principal is always to ask what helps professionals make the best judgement they can to protect a vulnerable child? I firmly believe we need reform to frontline social work practice. I want to strengthen the profession so social workers are in a better position to make well-informed judgments, based on up to date evidence, in the best interests of children, free from unnecessary bureaucracy and regulation (Gove, 2010, p. 1).

Soon after, the government also confirmed that it intended to get rid of ContactPoint (Jeffery, 2010), making it clear it wished to reduce the bureaucracy on practitioners who worked with 'vulnerable children'.

Such developments suggested the new government was going to reinforce the developments evident towards the end of the New Labour administration that gave increased priority to 'child protection' and the importance of supporting the development of professional social work to take the central role in this. In doing so, there seemed to be a number of elements that marked out these developments from what had gone before. First, there seemed to be a clear attempt to move beyond the New Labour top-down performance management culture and the growth of ICT bureaucratic demands. Second, this was to take place in a context of massive public expenditure cuts that were likely to have a huge impact upon children's social care and local government more generally. Third, the new government seemed very comfortable about discussing policy in terms of 'child protection' and the word 'safeguarding' hardly seemed to appear. It was not at all clear, at the point of writing, what the commitment of the new government was to taking forward the Every Child Matters: Change for Children programme (DfES, 2004a).

In many ways, the term 'safeguarding', and the policies and practices it both represented and helped establish, was something that was very much associated with an approach to children and families developed by the New Labour government for England from 1999 to 2008. However, by the time of the general election in May 2010, we were beginning to see the re-emergence of child protection as an important governmental concern.

It seems likely, therefore, that professional social work is going to be given a central role and range of responsibilities in these emerging new arrangements. Of course, this is far from new and, at one level, can be seen to simply confirm what was clearly stated in Every Child Matters: Change for Children in Social Care (DfES, 2004b) quoted earlier. However, in a context of much reduced resources, the high likelihood of increased unemployment and greater social and economic inequalities, the pressures and demands upon social workers are likely to increase considerably.

Whether, and for how long, the newly found trust in social workers will continue will be interesting to see, particularly in the context of the high-profile media child death story that will inevitably emerge at some point. These are challenging times. What we are seeing, however, is the emergence of a rather different context and direction for policy in England where both child protection and the need for professional social work has been placed at the centre of the policy agenda.

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2 France

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1. Overview of the current child protection system (laws, regulations, procedures, etc.)

(1) Overview of the child protection system in France

The current child protection system in France is based on a law enacted in 2007 and its amendment in 2016. The major characteristics of the system is firstly that it has dual approaches to child protection; judicial protection and administrative protection – and secondly that it does not so much focus on parental behaviors such as child abuse or neglect, but rather on how to respond to children in need of protection defined as “children in danger” and “children at risk.” “Children in danger” and “children at risk” are old and popular phrases in France.

The characteristics of local governance in France are also closely related to the child protection system in recent years. The central government (State) of France consists of 22 *Régions*, 101 *Départments* and 36,766 *Communes* (basic unit of government).

Attempts to decentralize the welfare administration were made in 1983 and 1986, and the authority was transferred from the State to *Départments*; although the law itself applies to the whole country. The law enacted in 2007 authorizes the president of the general council to preside over child protection affairs in the *Département* and implement the policies to meet the circumstances faced by the *Département*.

(2) Laws on the child protection system in France and their transition

The origin of the child protection system in France dates back to 1889. The “Law on the protection of mistreated and morally abandoned children” was the first law regarding child protection in France.

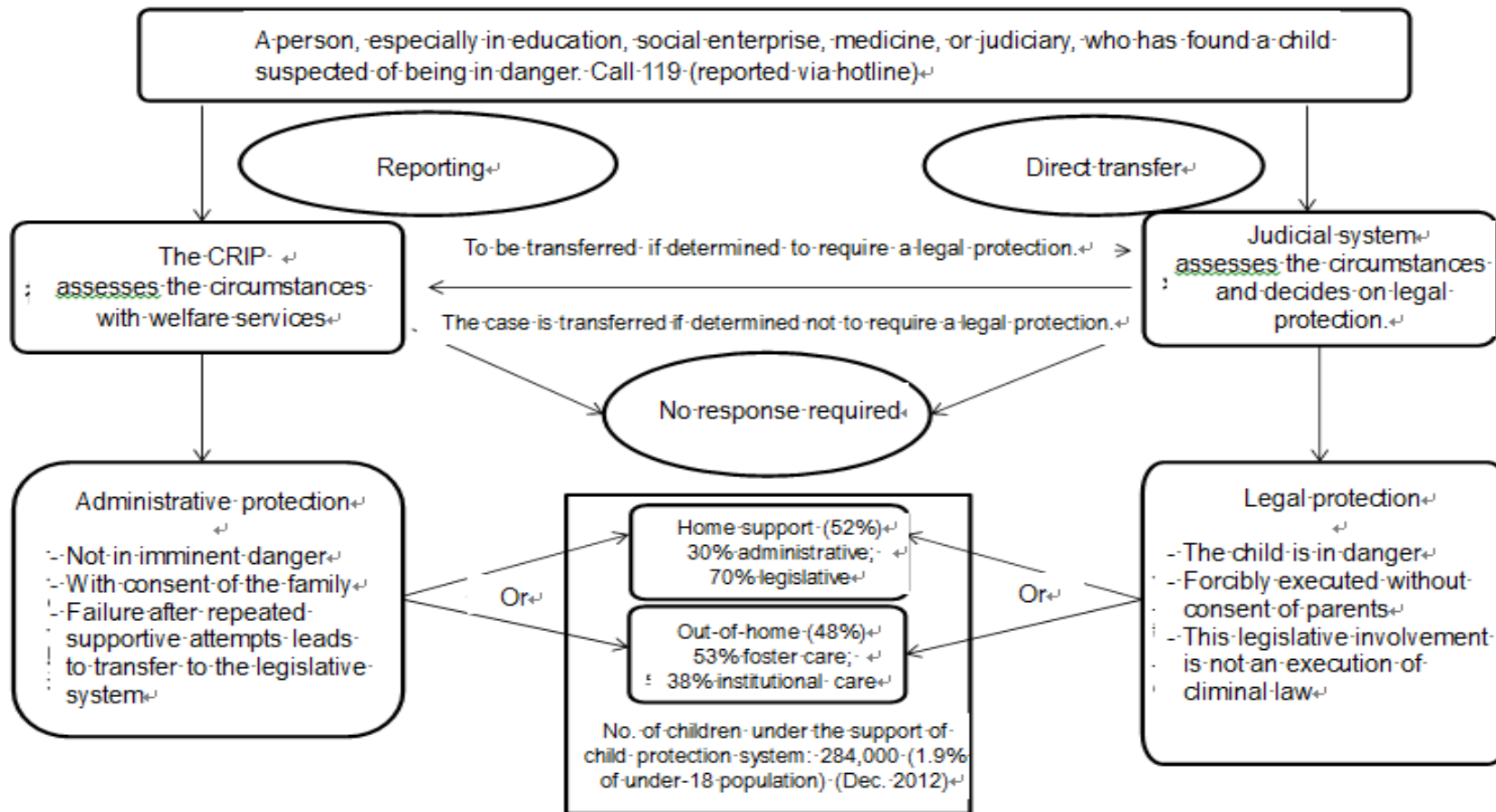
The “law to correct the wrong idea of child protection” enacted in 1936 legally mandates that a social worker interferes a family to provide the child and his or her family with child care support. The “Ordonnance on the protection of children and youth in danger” led to the establishment of the current dual system for child protection which are judicial protection and administrative protection. For a while after that the main focus of the child protection system was on providing parents with childcare support while the child was placed in alternative care until the family status improves although efforts were made to reunify the child with his or her family as soon as possible. In France, where family ties are highly valued, the idea of

¹ This report was translated by ID Corporation (and partially edited by the writer.)

terminating parental rights for adoption rarely occurs put the child in adoption, and out of home placement is considered a temporal treatment. According to an ONED report submitted to the Cabinet in 2015, 284,000 children across the country are receiving services from the child protection system, which accounts for 1.95% of the child population in France. About half of them receive home support and the other half placed in out of home care. The reason for the high proportion for out of home care is that it is commonly regarded as part of the necessary measures – a temporary custody of the child from his or her family until the situation improves. Even during the placement the communication continues between the child and his or her family without compromising the parental rights to the child (except in the case of the rights are restricted by judicial order). In France, parental rights to the child are highly respected; parental consent is required even when having the child's hair cut.

In judicial protection, 70% of the home care cases and 88% of the out of home care cases were found to be receiving support with judicial involvement. The specific plan of support varies with the difference in the budget plan and conditions of partnership with the private associations and judicial system. Political propensity and financial conditions in particular localities are uniquely reflected in how they implement policies, and this is what has brought about the gaps in various aspects of society, which will be discussed later in this article.

Figure 1 Child-protection system in France (since 2007)



English version of the Japanese version (reproduction permitted) of Flora Bolter's presentation slide at the ONPE

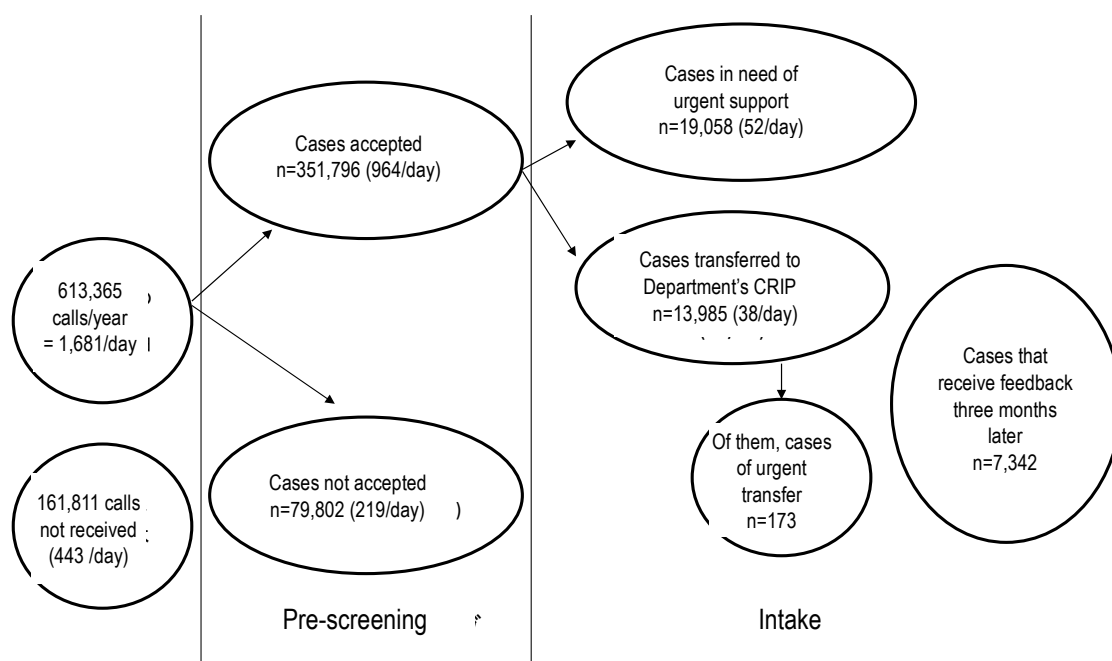
(3) Current flow of response from the reception of calls to provision of support

National hotline service SNATEM was established in 1989. Now called SNATED (renamed in 2007), this service receives calls about “children in danger” from across French Republic. In 1997, the hotline number was simplified to a three-digit number 119, treated as a toll-free emergency number like those of the police, fire, and ambulance services. The SNATED is jointly established and operated by the State and local government *Départments*. The SNATED, located in the city of Paris, receives about 2000 calls a day and respond them 24/365. The calls are screened through two stages; firstly, ten answering staff dispatched by an employment agency receive calls and run a simple screening to determine whether the case is eligible for child protection service. After excluding prank calls, cases obviously lacking information, general inquiries, etc., the screened-in cases are transferred to an intake team consisting of professionals of various disciplines (social workers, psychologists, lawyers, etc.). After being screened by the intake team, the cases are sorted into two groups: those require urgent response in cooperation with the police and those sent to the *Département*. In some cases the intake team directly gives advice to the caller. The information of the cases sent to the *Département* is collected in a section called CRIP that handles information on child protection cases in the *Départments*.

Referring to historical family information, professionals from various disciplines – such as social workers, public health nurses, nursery teachers, and psychologists – evaluate the case and work out a service plan. Based on the service plan, support is provided to the family through the *Aide Sociale à l'Enfance* (ASE, Social Aid for Children) under the authority of *Département*. When considered necessary, the case will be transferred to the judicial protection system to seek legal protection. Obviously, there are instances where a case is directly reported to the *Département's ASE* or a judicial agency or where information is provided from relevant institutions.

As a general rule, cases of children in danger, cases in which the situation does not improve under administrative protection, and cases in which support has been rejected will be subject to judicial protection. In judicial protection, a children's judge specialized for child cases makes a decision on the support. Judicial protection includes home support and out-of-home placement. As a general rule, the same judge presides over a particular case and conducts a follow-up evaluation.

In each *Département*, the support is implemented through the ASE in collaboration with a private organization (*association*). For out-of-home placement, about half of the cases are in institutional care and the rest half in adoption. The placement in adoption is considered for young children or children in special needs.



English version of the Japanese version (reproduction permitted) of Flora Bolter's presentation slide at the ONPE

Figure 2 Flow of reporting in the SNATES (national hotline center) (2014)

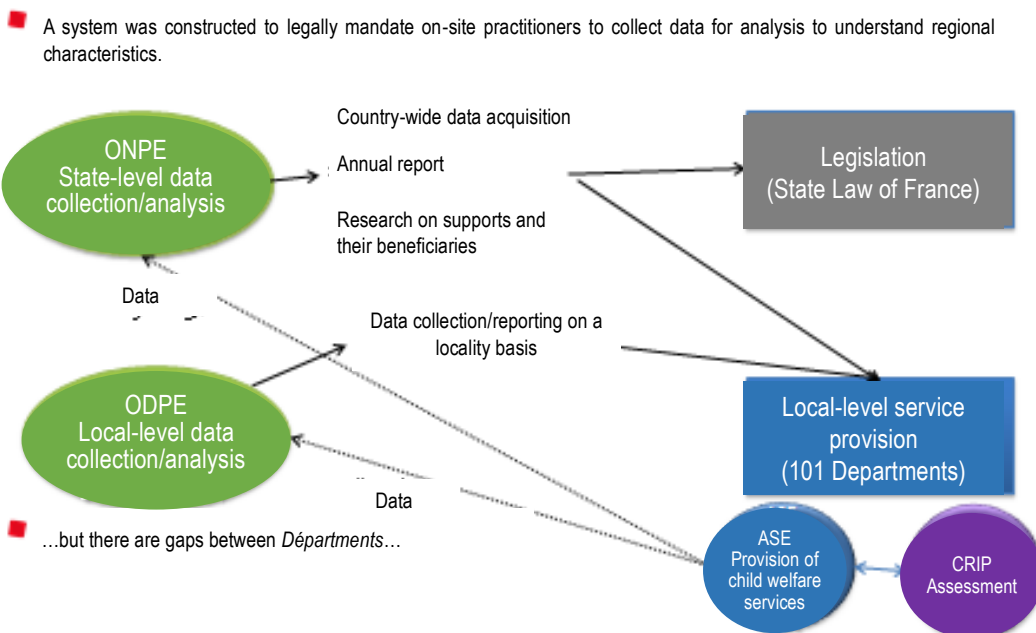
(4) Data collected by the child protection system

The child protection system in France is complicated by involvement of multiple players in the structure – the central government, *Départments*, welfare administration, and judiciary – which makes it difficult to figure out the actual status in statistics. Under such circumstances the 2007 law was introduced to organize a data collection system between the central government and *Départments*. A nationwide data collection/analysis agency called *Observatoire National de l'Enfance en Danger* (ONED, National Observatory Children in Danger) was established in the central government with a mission to supervise and retrieve data from data collection facilities set up in individual *Départments* called *Observatoire Départemental de Protection de l'Enfance* (ODPE, Department Observatory for Children Protection). The ONED undertakes data collection and analysis for the child protection system as a whole, including cases not only of “children in danger” but of “children at risk.” To reflect this role in its name, the ONED was renamed *Observatoire National de la Protection de l'Enfance* (ONPE) in 2016.

However, the data collection performance varies between *Départments* because of unstandardized definition of terms such as “maltreatment,” “danger,” and “risk” between *Départments*, under-organized data collection procedures, resistance from frontline staff, among other reasons. Solutions to these challenges are incorporated in the 2016 amendment. There are few data that fall under the concept of child abuse, nor were there country-wide data

sorted by the types of abuse. These data are indispensable to various analyses and validations including outcome assessment. Improvement is urgently required.

Figure 3 Data collection system for child protection shared by the central and local governments (*Départments*)



English version of the Japanese version (reproduction permitted) of Flora Blter's presentation slide in the ONPE

2. Analysis of developmental cycle of the current child protection system – focused on the period of 2007 to the 2016 amendment

The French have had a strong sense of entitlement since the Napoleonic era. Intervention in the family requires a legal procedure authorized by a court order. Quite aware of their own rights, they assume that a clear legal basis is required to restrict parental rights to the child and to intervene in the family. Even if a compulsory intervention is executed as a judicial one to secure the safety of the child, it is considered to be supportive, intended to compensate, in the name of civil justice, for what the parents lack. The cases are few where parents are punished and an adversarial relationship results.

As mentioned earlier, people uphold the value of family in France. They may think of temporarily removing the child from home to support his or her parents, but would never come up the idea of doing so for a long period of time. Support is provided consistently on a family basis, based on the idea that the government just compensates for what the parents lack. Neither do they have the idea of depriving parental rights to place the child in adoption through the intervention by the child protection system. Adoption results from a voluntary

wavier of parental rights, and after the waiver, the anonymity of the mother against the child will be guaranteed except with her consent. The 2007 law has constituted the foundation of the current child protection system in France. As stated earlier, child protection policies in France are executed through two approaches: judicially and administratively. The authority for the administrative part of the actual system operation is delegated to *Départments*, which responds to each case in collaboration with the judicial institution. The decision on whether to respond judicially or administratively is based on whether the children is “at risk” or “in danger.” If the child is at risk, the case is responded to administratively; and if in danger, judicially. In the case of judicial response, a judge specialized in child cases makes a decision on how to provide the support. The phrases “children at risk” and “children in danger” do not appear specifically in the context of child abuse. They are used in cases other than those of parents being abusive to their children. The focus is not so much on “abuse” as parental behavior, but rather on the “situations around the child.” This approach in deciding the need of support characterizes the idea of child protection in France.

Behind the introduction of the 2016 amendment was a case of a girl who died at the age of eight reported by a human rights ombudsperson. In August 2009, the girl, Marina, died as a result of years of physical abuse and neglect inflicted by her parents that started soon after her birth. The maltreatment suffered by the girl had been known to many close to her for years and investigated several times by the public prosecutor’s office. The investigation report on Marina’s case, prepared by the human rights ombudsperson, was submitted to the Diet as a serious violation of the child’s human rights, with suggestions on the following three areas of improvement for a better system of child protection. These areas for improvement, however, had already been pointed out in practice after the enactment of the 2007 law.

- 1) Improvement to further ensure the well-being and safety of children
- 2) Improvement to allow children in social care to receive better services
- 3) Improvement in the policy-implementation system (cooperation between the State and *Départments* and the child protection and other related sectors)

This review focuses on the above three points in discussing the background of the latest 2016 amendment and lessons to learn for Japan when implementing child protection policies.

(1) Improvement to further ensure the well-being and safety of children

Among the changes resulted from the 2016 amendment is the reorientation of the focus of child protection policies from parental support to the well-being of the child. So far, the situations around the child had been evaluated in terms of “situations at risk” or “situations in danger,” i.e., the “safety” of the child. The amendment stipulates that the extent of difficulty

currently faced by the family in meeting the “needs” of the child or in fulfilling their “parental responsibility” be also included in the process of decision-making as to whether the case requires judicial intervention or administrative response. In other words, not only the safety of the child but also his or her well-being should be factored in the decision of whether the case requires compulsory intervention. Especially for young children, it is legally required that a regular assessment, including that of well-being, be conducted for children themselves. Effects on the child’s well-being and his or her basic needs are also emphasized as criteria in the decision of an interventional response.

Also for the safety of children, the focus has been shifted from parent-oriented support to the confirmation and assurance of safety. Where domestic violence is committed in the presence of a child, the authority has been able to place the child in out-of-home care. Also for siblings other than the abused child, the authority has been able to place a sibling in out-of-home care if it determines that the child’s safety cannot be ensured. For the response to neglect cases, more weight has been placed on protective factors. Although in the past an alleged case of parental neglect had to be proven intentional for the case to be substantiated, now it has been made easier to substantiate the case. It has also been made easier to restrict parental rights in the case where one of the parents is being neglectful, and if no improvement is observed for a period of one year or more, the case is regarded as desertion, which allows the child to be placed in adoption. It has also been made possible to restrict the parental rights of either one of the parents. The *Aide Sociale à l'Enfance* (ASE), an agency to respond to family affairs, has been also authorized to restrict parental rights.

Early risk detection and proactive prevention were also encouraged in the amendment. Also included as a preventive measure was establishing *Maisons des Familles* (facilities for parents and children can drop by to give instructions about child care) in regions inhabited by vulnerable families. Home visiting was mandated for home support, and as many professionals as possible from various disciplines team up to provide assessment and support.

2) Improvement to allow children in social care to receive better services

Since 2007 in France, like in other countries, a spotlight has been cast on the question of how to strike a balance between parents’ rights to their children and children’s rights in the child protection system.

Behind this question was an argument that because of strong emphasis on the family relationship, the focus had been placed far more on supporting parents than on the rights of the children under out-of-home care. France ranked high in the rate of institutional placement among European countries, and about 50% of the cases in social care were found to be

considering that foster care should serve only for young children or those with special needs. Behind these facts was their tenet that such a child should be reunified with his or her family with continued support to the family after leaving foster care. Family ties are highly appreciated in France, and people have no idea of a public authority to compel parents to wavier their parental rights for the child to be adopted except in case the parents voluntarily relinquish their parental rights. They greatly value the bond with biological parents. The fact that less emphasis has sometimes been placed on the quality of social services – especially that of institutional care – and on its impact on the child is also attributable to their idea of out-of-home care as an emergency treatment until the family conditions stabilize.

The focus on the caring of children in social services was triggered largely by surveys published in the late 2000s by Pierrine Robin and Adeline Gouttenoire, who investigated the status of institutional care and child well-being in children in social care. Ms. Robin assigned alumni of institutional care as interviewers to interview children in institutional care and identified challenges faced in supporting their independence after long years of placement in institutional care. Ms. Gouttenoire argued that the decision on placement should be geared to suit the needs of the child based on the findings obtained by investigating the needs of the child, and stressed the need of continuous assessment of children in social care.

The 2016 amendment stipulates that cases of children who have been under the same service for two years or more or those re-placed in another service be invariably reported to a children's judge and reviewed. It is also required that all children be subject to regular assessment by professionals from various disciplines to confirm that the current service is appropriate to the developmental state of the child. This is based on the idea that what the parents are required to provide at home under the child protection system should be also provided by social care, for which reason confirmation is required as to whether the various needs of the child are met.

The most controversial issue in social care was the support for 18-21-year-old children to become independent from social care. A survey on alumni of institutional care has revealed that finding a place to live is the most difficult issue after leaving institutional care.

For the support for life after leaving institutional care, the 2016 amendment mandates that an interview be given to children a year before they leave the institution and that, combined with general living services such as for employment and residence, a plan be developed for individual children to help them become independent.

In France, there is child allowance for each children that is paid to his or her guardian to help raising the child. However, if the child is placed in out-of-home care, a bank account is opened for the child, not the guardian, for the allowance to be saved. The money can be used

for independence when the child leaves social services. However, the children who directly become independent from social care when the placement is terminated at the age of 18 are to come under general social services and, depending on the financial conditions of the *Département*, can often be fall out of their services. To prevent the continued child support from shrinking due to financial difficulties faced by the *Département*, something like a surveillance system will be needed in the future. Thanks to the 2016 amendment, children entering higher education such as college have been able to receive continued child welfare services until graduation.

(3) Improvement in the policy-implementation system (cooperation between the State and *Départements*; child protection and other related sectors; and various professions)

Investigation of Marina's case indicated a lack of cooperation between related sectors, affected by vertically-compartmentalized administrative functions. Especially affected were the welfare, judicial, prosecution, school, and medical sectors. Despite the information they each had, the report has revealed, they could not make any decisive decision until leading to Marina's death. In response to this affair, the 2016 amendment has mandated each *Département* to draw up a protocol on how to collaborate in responding to a case of child protection and required the chair of the *Département* to take the leadership. The investigation of Marina's case has also brought into the spotlight the fact that her family information retained by schools and medical institutions were not linked together because of her family's frequent moving in and out of jurisdictions, which led to the authority's inability to make appropriate decisions.

Communication between the State and *Départements* was not working well, although the flawed communication had already been pointed out. The 2016 amendment also pointed out the need of a solution to the State's inability to understand the details of how policies are implemented by each *Département* under the same law, but specific measures are not clearly stated.

In fact, the advanced decentralization in France has increased the power of *Départements*, leading to financial gaps and differences in political outlook between *Départements*, and eventually has repercussions in their child protection policies. Despite under the same law, the policies are implemented in different ways in different *Départements*. How to equalize the operation while reflecting the localities on the policies still remains to be a challenge.

Also in the central government, insufficient cooperation was pointed out between related agencies, such as welfare and education ministries, judiciary, and police. Improvements in this area are to be discussed, involving frontline practitioners, to elaborate how to cooperate while striking a balance between jurisdictions.

For the inter-locality cooperation, families' repeated moving in and out was brought up as a challenge as it makes difficult to trace the information of the family and the child, causing failure to notice a situation that can lead to a serious problem. To address this challenge, the central government issued a notification in 2012 that mandates *Départments* to share information with each other, which was enshrined in law in 2016. The information to be shared includes not only the information on "children in danger" but also on "children at risk."

3. Discussion (lessons to learn, etc.)

France is a major member of the European Union and has signed the Convention on the Rights of the Child. The country strictly maintains its own values and is implementing unique policies. Less equipped with routine indicators and criteria, the government seems to be flexibly responding to changing circumstances, which is reflected in its policies. There seemed to be a challenge, however, in the evaluation of outcomes after a change, i.e., in the process of on-site data collection, analysis, and verification. In the years to come, the outcomes of the changes introduced by the 2016 amendment will be evaluated and reflected upon.

In the following paragraphs we discuss four points we could learn for the child protection system in Japan.

(1) How to strike a balance between family support and child protection

Family support and child safety conflict with each other when the risk on the child reaches a certain level of significance. It is difficult to strike a balance between them even in individual cases, but a shift of weight between two options can be seen in the policy making process in any country according to the outlook of the public or political leaders, especially when faced with a case that boggles their minds like a death of a child. However, even if the weight shifts on the balance, the fulcrum has to stay put. If the fulcrum wavers, the balance becomes hard to strike. The fulcrum should be founded on the values and principles that govern the protection of children. The question of what purpose the child protection policies are made for should be answered with unwavering philosophy for the *raison d'être* and cause of the system. Such a philosophy should be cultivated through repeated discussions involving all stakeholders including frontline supporters and practitioners working in the relevant areas as well as policy-makers and academics.

After the amendment in 2016, the child protection system in France was to place more focus on children's safety and well-being, but this transition seems to have been exercised on the unwavering fulcrum rooted in the value placed on the family support. Their flexible approach to policy-making and unwavering faith in value have a lot for Japan to learn from.

(2) Organizing the process of data collection and the challenges involved

The central and local governments (*Départments*) of France have their own systems for collecting and communicating information and data, but the operation is still faced with challenges. Software issues such as who collects what information are not included in the system design and require further improvement.

Operational definitions of data collection – i.e., what purpose the data are collected for and, after the purpose is shared, what data should be collected – should be made clear. The collected and accumulated data are subjected to analysis and verification and leveraged for further improvement. The child protection system in Japan is also immature in this respect and requires more efforts.

(3) Inter-regional disparities, local empowerment, and role-sharing with the central government

Although France is a centralized country, its social welfare services, including those for children, are administered under the authority of *Départments*. Although the same law applies, its implementation varies with the outlook of each *Département*. Not a few *Départments* are even cutting down their budgets for social welfare services to compensate for the recent economic downturn and the rise of conservative movements. These circumstances have brought about disparities in the quality of services in child protection as well. It is very difficult to equalize the quality of policy implementation across *Départments* while allowing them some freedom of operation to reflect their current conditions and provide services that suit the actual conditions faced by the communities. In order for the actual practice of individual *Départments* to be reflected in the national policy and to validate whether the law is implemented in the frontline in a way that meets the objective, the central government is required to understand what is going on in individual localities.

In the process of decentralization, Japan also suffers disparities between the central and local governments. Cities, towns, and villages in particular have their own localities, which seems to be reflected in the disparity in the practice of responding to child abuse. National policies should be developed based on the conditions faced by each locality, and we need to work out how to share the roles between the central and local governments.

(4) Assurance of the quality of services for children in social care

In the child protection system, the last resort to ensure the safety of a child is placing the child under social services. Based on the idea that the child protection system should provide

the same level of care under the social services as expected in the family care, efforts were pursued in France as well after the introduction the 2016 amendment to improve the quality of care for children under social services. If the aim of the system is not only to ensure the safety of children but their well-being, the latter should also be assured by social services. Even if the environment of child care is changed (institutional care, foster care, care under the biological family, etc.), the aim should not be compromised. Here in Japan, where people are struggling to transform their approach to child protection from institutional to familial care, do we not need to reflect on this strategy in Japan as well?

The 2016 amendment also focuses on the care for youth who are entering independent lives directly after leaving social care. Discussion is no less required on the extended period of placement until the age of 21 – such was the case in Japan as well – than on how the child's life after institutional care should be supported and compensated for with general social services when the child is no longer subject to child welfare services. There are institutions in France that provide older children with vocational training, such as for hairdressers and waitpersons, so that they can leave the institution with a job. Independent support homes and services other than post-institutional care provided by institutions should also be considered to address the questions of how the child can smoothly transition into independent lives after leaving the institution and how his or her handicaps can be compensated for to the maximum extent possible.

As stated earlier, the paradigm of the child protection system in Japan seems very different from that of France. Learning from France's approach to child protection and collecting precise information from the frontline, we should once again thoroughly discuss and share the *raison d'être* and the objective of the child protection system.

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3 Sweden

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I. Overview of the child protection system

Children have the right to a secure upbringing and opportunities to develop at their own pace and on the basis of their own abilities and needs. Children are competent individuals who must be respected and allowed to participate in decisions that concern them (Government Offices of Sweden, 2015).

1. Ample social services provided by local municipalities

To understand the child protection system in Sweden, this is a short description below of the context of Swedish welfare society and how it has developed during the latest century. The population is about 10 million (2017), which has been recently increasing mainly due to immigration. Compared to current European standards, Sweden has a relatively high fertility rate and as of 2016, it stood at 1.92. However, the proportion of children in the population has decreased during the last century and the amount of children, age 0 to 18 years old is forecast to stay at 20 % until 2060 (SCB 2016, 2017).

Due to Sweden's highly decentralized public services, the Swedish child protection system is operated by local municipalities (=kommun), covering a wide range of services including welfare and education. The Swedish public social services framework regarding Swedish child protection and care have the following characteristics: 1. Regulation from a framework law, The Social Services Act (=Socialtjänstlagen, SoL), 2. An emphasis on widely inclusive and ample family support services, 3. An emphasis on social service investigation by IVO (=the Health and Social Care Inspectorate), 4. Persistence of dated social work ideology and methodology, 5. Strong voices of child rights organizations influencing public policies/services, and 6. Recent challenges regarding high influx of immigrant children.

Through annual inspections from the National Board of Health and Welfare (=Socialstyrelsen, NBHW), it has been pointed out that safety and security of children in municipal childcare has to be increased (IVO 2015, Wolmesjö 2016). Among many organizational improvements and innovations in child protection, the element of evidence-based has been one of the emphasized elements. A common evidence-based model "Children's need in focus" (=Barns behov i centrum, BBIC) is today used by 287 out of 290 municipalities for decision-making, providing, and evaluating children's needs of social support. Agreements have been made between several municipalities and county councils, and even with schools and pre-schools to collaborate when a child or youth needs protection or security.

Every year, the NBHW presents a general description of the current situation on social work regarding social care of children and youth, public assistance, drug abuse and dependency, violence and homelessness. The reports clearly show ample social services provided by municipalities. However, in the latest report (Socialstyrelsen 2016a), it is stated that children who were placed in family care or HVB-homes had poorer health and shorter education compared to children, who were staying with their parent(s). During 2015 the number of children arriving as unaccompanied refugees increased rapidly. This situation effected the work load on social work tremendously and challenges the municipal organisations.

2. Terms and notions

Before getting into details, it is necessary to provide a definition of terms and notions to allow the reader to understand something about Swedish child protection. The term “child protection” is hardly used preferring instead “care and support for child and family” and similar terms which almost always refer to family. The local municipality has the final responsibility for care and support for child and family, and provides a wide scope of preventive support and care, and also out-of-home care.

The most comprehensive and commonly used term available in Swedish is “social barnavård”, with a meaning close to “social care for children”. Sundell et al. (2007:16) defines “social barnavård” as follows (English translation): socially organized, mainly by municipal social services, care/support, for children who are being maltreated or at risk of maltreatment. This term clearly includes out-of-home care, but in fact covers any other support or services to children and families in need.

In the two typologies which are often used in international comparative studies on child protection: “child protection oriented” and “family support oriented”, Nordic countries, including Sweden, are always regarded as a typical case of the latter focusing on preventive work, which is contrary to the USA (Hill et.al 2002:8). Hill also states that the direct translation of “child protection” in English does not exist in Swedish. This provides the reason as to why the most comprehensive overview so far in English of the Swedish child protection system by Hessel and Vinnerjung (1999) uses “Child Welfare in Sweden” as its title. To remain compatible with terminology the term “child protection” will be used in this paper however with the Swedish equivalent “child welfare” and “social care and support for children and families” in mind.

3. Children’s rights

Children’s rights have been based upon the UN Convention on the Rights of the Child (=CRC) since 1989. Every child, up to 18 years old, who lives or stays in a country has these rights. International Guidelines on Alternative Care, which were adopted by the UN in 2009 are included in the Swedish policies. Swedish laws should be consistent with the rights of children in CRC. Nordic countries are famous for their pioneer role regarding child rights’

protection even before the introduction of CRC. Ellen Key (1849-1926), Alva Myrdal (1902-1986), and Astrid Lindgren (1907-2002) are all prominent Swedish figures who had a strong impact on child rights' protection and its progress. Already in 1979, a law banning corporal punishment had already been added as an amendment to the already existing law, Family law (=Familjerätt) (Government Offices of Sweden and Save the Children Sweden 2009).

After CRC, Sweden has attracted further attention for its advanced systems and measures regarding children's rights. The Swedish government's enthusiastic efforts are embodied for example in the 1993 Children's Ombudsman and development of child well-being measurement. CRC will come into Swedish law from 2020. To acquire deeper understanding of children's rights, Professor Shiratzki's widely acknowledged in-depth work, should be referred to particularly Shiratzki (2014).

4. Legislations and regulations

(1)The Social Services Act (=Socialtjänstlagen, SoL)

The most important regulation for child protection is the general Social Services Act, which was originally established in 1982 (SFS 2001:453). The act, involving municipal care of children and focusing on children's perspectives, has been developed. According to the Social Services Act, a child is anyone under the age of 18. The Social Services Act is a framework law including: elder care, care for people with disabilities, and children/families/individuals in need. It describes the ideology and final municipal responsibilities for the aforementioned social services. Thus as for child protection, the Social Services Act is the guiding law to outline the scope of concrete services provided to the children/families in need. It is important to note that no fundamental changes have been made in the principles since its introduction. However, some major revisions in 2001 led to as the act stands today. Pettersson ed. (2014) is one of the most appropriate literatures, summarizing three decades history of the Social Services Act. Chapter 4 of that, by Lundström and Sallnäs, explains specifically child welfare field with regard to the law.

(2)The Care of Young Persons (Special Provisions) Act (=Lagen om särskilda bestämmelser om vård av unga, LVU)

There is another law especially for compulsory care, the Care of Young Persons (Special Provisions) Act (=Lagen om särskilda bestämmelser om vård av unga, LVU, SFS 1990:52), which was introduced in 1982 same as the social services act. Care, under LVU, may come into question when voluntary solutions are not sufficient, and results in the parents' right to make decisions about the child being restricted. There are two main cases: environmental cases and behavior cases, where care under LVU can come into question (Sveriges domstolar 2014).

(3)Others

In 2009, there was a legislative proposition to introduce an independent law on child

protection by the child protection committee (=Barnskyddsutredningen) (SOU 2009:68). Although the proposition did not pass the parliament, the fact of such movement shows that the fundamental construction has been seriously questioned at that time (Lundström and Sallnäs 2014:48-49). There are naturally a number of ministerial orders and guidelines for investigation, documentation and more regarding child protection, for example The National Board of Health and Welfare/ Socialstyrelsen (2006b, 2006c).

5. Before starting following chapters...

For the purpose of the analysis used in this project, the authors regard the period of time from the 1982 Social Services Act (revised 2001) until the present day, as “the present system”. The premise on which the following chapters are based is given below. When analysing Swedish child protection system from the perspective of cycle, used in this project, two basic difficulties arise. The first of these is the tendency to continue to regard 1982 as “modern” which when compared to other developed nations which have numerous reforms time since the early 1980s is hardly comparable. This is not to say no reforms have been brought about, but that the fundamental precepts and structure remain intact and in practice. The second is the lack of specific changes to child protection with any changes happening at the macro level to social welfare as a whole.

II. Analysis of the development cycle of the child protection system

(Analyse the development cycle of the system along with the hypothetical framework presented in the Figure 1).

1. Background, Events, incidents, public opinion etc. leading to the present system (1. Social discovery phase)

Important elements of the Swedish universal welfare state have been described in many literature even in Japanese such as Okazawa (2009). The present child protection system finds its roots in the rapid expansion of the welfare state spanning to two decades from the 1960s to the 1970s. During that time, the universal social welfare policies, based on social rights, came into being. Such policies could include child care and paid parental leave, and represent a safety net for all citizens.

In the field of intellectual disability, the principle of normalization was pioneered in Nordic countries. This idea of normalization was in turn applied to other fields and characteristically manifested itself by the decrease in focus on protection and increase in support. Normalization, since becoming embedded into the fabric of society, is now synonymous with human rights not just the abolition of institutions. Although the ideology of “equal opportunity” is widespread across the board in the social services, it is especially at the forefront in child-related services. The Swedish tendency is to prioritize children with the notion that every single child bears no responsibility for the circumstances into which they are

born, and therefore should be given equal opportunities. This fundamental principle of universalism has been prevailing in all child-related policies until thus far.

Furthermore, “democracy”, the most valued principle of Swedish society, is a significant factor which functions as a fundamental in all social welfare areas. As a mass popular movement originating in the 19th century, it is common for anybody to participate in various organizations. Participation through civil society organizations has always been a way of raising voices in society especially in the process of policy making, so it should be no surprise that organizations have been influential in many areas including social welfare. As is the custom, a select committee is formed to discuss various proposals for new legislations. Such proposals are submitted to related organizations for both input and feedback with the committee responding to these within a certain time frame. This is known as the Remiss. This democratic tradition generates various organizations operating in people’s everyday lives and those specifically regarding children nationwide are: local sports/cultural organizations, parents’ organizations, students’ organizations, youth organizations on their own or within large organizations such as Red Cross or political parties. Regarding democracy and civil society, see Okazawa (2006) and Yoshioka (2008) in Japanese.

2. Search for the present child protective system, preliminary considerations (2. Precursor phase)

Processes to the Social Services Act of 1982, a turning point for the whole social welfare world in Sweden, are regarded to be the paths to the present child protective system in the Swedish context. Ponnert (2015:21) comprehensively describes the Swedish history of child protection system. Before the Social Services Act, there were various specific laws aimed at particular individuals in society. Historically, the first Swedish law with regard to child protection/care was introduced in 1902, on which new revisions were made in 1924 and 1960. In those earlier laws, the idea of social protection, and moral perspectives dominated. Criticism towards such old perspectives prevailed during the 1960s and 1970s, which culminated in the formation of the Social Services Act in 1982. In the immediate time leading up to the Social Services Law, a generalist approach with a comprehensive perspective was upheld as an ideal social work approach (Ibid:56).

Around the introduction of the present system, was the time which witnessed various rapid social changes: improvement of economy statuses, expansion of child care, and reduced prejudice for single parent families and other diversified family forms (Lundström & Sallnäs 2014). A symbiosis of individualism and equality prevails in society and forms the premise from which we can understand Swedish child protection today.

Most important incidents and public opinions which were more directly related to child protection issue was campaigns against corporal punishment to children in the 1970s. A high profile child abuse case at the end of the 1960s created public concern and eventually led to the establishment of BRIS, the well-known child rights’ organization today. The government ran a campaign against corporal punishment in collaboration with related organizations, BRIS and Save the children Sweden. Finally in 1979, this led to the world’s first ever law banning

corporal punishment to include the home, as an amendment to the already existing law (Family Law). At the beginning, traditional opinions accepted parent's rights regarding the discipline of their own children, however, in a surprisingly short time public attitude did an about-face and adopted a zero-tolerance approach against violence and abuse to children (Regeringskansliet 2009, Government Offices of Sweden and Save the Children Sweden 2009) .

3. New systems and practices established through 1 and 2 (3. Achievement phase)

New systems and practices are outlined below as new ideologies and systems brought about by the introduction of the Social Services Act. The aforementioned Social Services Law, first enforced in 1982 and majorly revised in 2001, is a framework law covering almost all fields of social welfare. The Social Services Act characteristically comprises two principal perspectives: voluntary use and comprehensiveness (Pettersson red. 2014). The Act resists going into any details and merely outlines in general terms the ideals and principles leaving any interpretation to be done on a municipality-by-municipality basis. Despite the generalized tone of the Act, chapter five deals with individual areas, however, with regard to children and youth rather concrete descriptions appear. Another characteristic regarding children in the Social Services Act is that juvenile delinquency is also featured.

As well as the Social Services Act, there is also another law especially for compulsory care, the Care of Young Persons (Special Provisions) Act (=Lagen om särskilda bestämmelser om vård av unga, LVU) of 1982, which is utilized when the former does not apply. Though child protection has existed for about the last 30 years under these two laws, the first 10 years and the last 20 years were different in reality (Lundström & Sallnäs 2014:57). For the first 10 years, a generalized social work approach had been taken as written in the law, however, specialization in social work increased in the following 20 years. The current Swedish child protection has a larger aspect of dealing with teenagers with various difficulties.

4. With regard to the newly established systems and practices, evaluation and discovery of new issues after implementation (4. Review phase)

(1) Reactions against new trends since 1990s

As well as municipalities' increasing autonomy, a new trend of marketization mainly since the 1990s, caused the ever widening gaps in areas such as the quantity and quality of all public services, and user fees among municipalities. This was brought about by the introduction of NPM, based on criticisms towards the huge and rigid public sector and financial crisis during that time. "The purchaser-provider model" introduced by local municipalities has brought fundamental changes in social welfare in general. Under this model, service providers, separated from the purchaser (municipality) can be chosen through bid tendering, although the responsibility has still remained within the municipality.

Private providers, mainly huge for-profit companies, have rapidly expanded especially in urban areas. However, in the field of child protection, it was already in the 1970s, before the introduction of the social services act, that private providers started to rapidly expand their

service provider's role mainly in 24-hour care (Lundström & Salnäs 2014:59, Wiklund 2011). To address such recent problems in all social services, there are basically three measures: 1) National evaluation and comparison system (=Öppna Jämförelser); 2) National ceiling system for user fee; and 3) Stricter audit control for quality of services.

(2) Criticism of child protection

Child protection was the field which came under the severest of criticism during the 1990s. The criticism was not born out of the new trend of marketization, but rather originated from its old fashioned characteristics. Main criticisms include: child protection social work was not structured or standardized; disparities of the range and quality of services at the local level were too apparent (Socialstyrelsen 2006a:12-17, Socialstyrelsen 2008). In fact, child protection and support is the field where rather major changes have been implemented since the early 2000s after severe criticism was levelled at the public social services and out-of-home care. The nature of those criticisms and any resulting improvements should be noted.

Privatization has progressed remarkably in the field of individual and family welfare, including child protection, compared to other fields of social welfare. Surprisingly however, very little has been scientifically and officially documented regarding the effects of rapidly increased privatization in social welfare as Hartman et al. (2011) criticises.

(3) Independent Public Agencies

Although not to tackle only with matters of child protection, independent agencies were set up since the 1990s as privatization expanded rapidly. With regard to compulsory care, the National Board of Institutional Care (=Statens institutionsstyrelse, SiS) was founded in 1993 as an independent Swedish government agency that delivers individually tailored compulsory care for young people with psychosocial problems and for adults with substance abuse. SiS runs special residential homes for young people (särskilda ungdomshem), which receive young people with psychosocial problems, substance abuse and criminal behaviour. Care is provided under the terms of LVU. (Statens Institutionsstyrelsen 2016). SiS is supervised by a number of bodies, including the Health and Social Care Inspectorate (Inspektionen för vård och omsorg, IVO), the Swedish Schools Inspectorate (Skolinspektionen) and the Parliamentary Ombudsmen (JO).

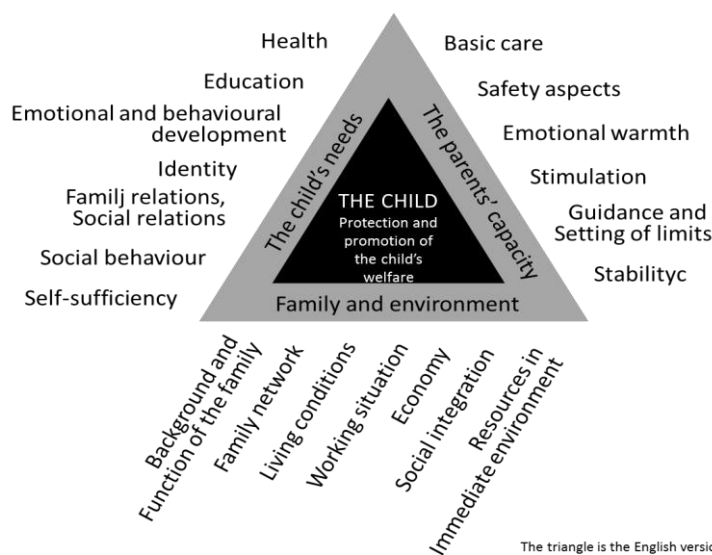
The Health and Social Care Inspectorate (= Inspektionen av vård och omsorg, IVO), is the most important supervisory inspection agency regarding child protection, founded in 2013. It is a government agency responsible for supervising health care, social services and activities under the Act concerning Support and Service for Persons with Certain Functional Impairments (LSS). IVO is also responsible for issuing certain permits in these areas. Its supervision remit covers the processing of complaints concerning, for example, the reporting of irregularities in health care and social care (called Lex Sarah and Lex Maria reports) and the municipal obligation to report non-enforced decisions. Its supervision activities are carried out at six regional offices around the country (Inspektionen av vård och omsorg 2015).

(4)BBIC

As a reaction to severe criticism towards child protection administration system even from the government, the ministry in charge decided to introduce a totally new social work administration system, BBIC (=Barnens behov i centrum, Children's needs in Focus) initially as a pilot scheme in the early 1990s. BBIC is the practical system in social service administration and documentation in child and family social services. This Swedish model is created from the original British model and has been introduced in 98% of local municipalities (Socialstyrelsen 2013). The National Board of Health and Welfare runs a professional training course to which staff of local authorities receive certification as a BBIC trainer.

BBIC also maintains the basic ideal perspectives of social work practice by the triangle model (child, family and environment). By using BBIC, structuralization and systemization have been prioritized. The purpose of it is to virtualize the problems as data the documents of which can be referred to in possible future practices. See Yoshioka (2017) regarding the background of BBIC in Japanese.

BBIC Triangle



The triangle is the English version shown in Edebalk(2005) Fig.2, p.4

To offset negative disparities caused by decentralization, a centralized system has been sought in the child and family field. Another change brought about by BBIC was that to emphasize the importance of hearing the child's voice especially in the process of social work investigation and assessment. Even though Sweden is famous for its advanced notion of children's rights as stated in the UN convention on the rights of the child, in actual fact, to hear the voice of the at risk child is still far from reaching its ideal. Besides its negative aspects (complicity and time-consuming aspects), BBIC has grown to be a fundamental base of current child protection social work. This has also found its way officially into other fields of social work, which at present include individual social welfare and elderly care. The adaption of BBIC as an imported model from England to a Swedish system nationwide is described by the

National Board of Health and Welfare (Socialstyrelsen 2013) in detail.

(5) New Issue: Refugee Children

The biggest change in child protection since 2000 is an increase of immigrant children. Even with Sweden's history of accepting and integrating immigrants and refugees for several decades, and having a quarter of the population with non-Swedish (out-of-Sweden) backgrounds today, an influx around 2015 overwhelmed services. Especially in Sweden, there are numerous unaccompanied teenage asylum-seeking children, mainly boys. That prompted the construction of temporary emergency shelters. Furthermore, 24-hour care, support for legal procedures, education, and community networks are also needed for them.

Furthermore, children and family with multi-cultural backgrounds in general, even after several years of residency, tend to have difficulties and conflicts regarding cultural disciplines, and severer domestic economic situations. Despite the Swedish government reducing the number of arriving refugees, local municipalities still look after existing cases. The National Board of Health and Welfare (Socialstyrelsen 2013b) outlines such refugee children's needs and support for them.

III. On agencies providing services to prevent child maltreatment/ for family support

1. Outline of the support responding to child maltreatment procedures (Legislations, rule and procedures, practical tools and forms, outline of database...)

As already stated in the introduction and chapter one, to select only "preventive" services is hardly possible in the Swedish context. This chapter will provide the explanation of the services provided (or at least taken responsibility for) by municipal social services. Rather than field-specific incidents and discussions within child protection contributing to its current system, it was those in general social work areas that affected the biggest changes. Thus, much of background factors are repeated in chapters two and three. The municipal social services, responsible for any at risk child or family, are the only agencies which can make social work decisions, including providing them with a contact person/family, and granting admission into foster care or institutional care. The municipal anti-natal and child care divisions are also the agencies which play important roles in preventive care. Notably, child health center (=barnvårds central, BVC) or family centres, actually meet almost all of children and families in the area and are expected to be the agency to bring worrying cases to light.

With regard to actual service provision, however, a considerable part of both out-of-home care and preventive care are taken on by private agencies today. Marketization of social welfare in Sweden has been characterized by the fact that large for-profit companies, many of which are international conglomerates, comprise most of the private provision, while non-profit organizations' roles are marginal in that sense. Private provision are in practice by tender, purchase of places or other ways (Wiklund 2011, Socialstyrelsen 2014). Non-profit agencies also have been playing important roles in a broader sense such as paying attention to

the usually unheard voices of children through their telephone support lines.

Child protection procedures are officially set by regulations from the board of health and welfare, for example a handbook regarding social work investigations published by the National Board of Health and Welfare (Socialstyrelsen 2015 b). However, regulations centre on various aspects of social work investigation and assessment, but not on the contents of services. Thus, actual support and services differ from municipality to municipality and it is hard to have a comprehensive understanding even from national reports such as “Support and services for children and families” (Socialstyrelsen 2016).

2. Analysis of the developmental cycle of preventive services for child maltreatment

(1) Background, Events, incidents, public opinion etc. leading to the present

As described in chapters one and two, the Swedish welfare state’s central ideology of universalism has meant that everyone is entitled to public services. With regard to children and family, the first universal system was maternal and child health services. Community maternal and child health services started to be introduced in some parts of the country in the 1930s, and by the 1940s the system was available at a national universal level.

The 1930s was the time when Gunnar and Alva Myrdahl had a powerful impact on public opinion resulting in the expansion of family policies to tackle the population decrease at that time. It was also the time when the social democratic party laid its foundation with the ideology of “folkets hus” which began the historically lengthy rule of the government. After World War II, as Sweden made dramatic growth both economically and in social welfare, a wide range of universal services became fundamental parts of the society, notably universal child care and a more flexible working environment (Socialstyrelsen 2015c). With regard to child protection though, old-fashioned institutions with their residual orphanage characteristics remained until around the 1960s, which by today’s standards would be considered wanting (Socialdepartementet 2011). As society became more affluent, poverty became increasingly less conspicuous.

(2) Search for the present child protective system, preliminary considerations (2. Precursor phase)

Events leading up to the present child protection system have a lot in common with those covered in chapter 1. The 1970s witnessed the shift to the present system being under the jurisdiction of the Social Services Act in several ways. As stated in chapter one, criticism towards corporal punishment and child abuse drew attention, the view of children’s rights prevailed, and the comprehensive perspective and general social work approach became the goals to aim for.

In the growing movements to seek for “normalization” in the 1970s, a movement against institutionalism especially in the field of welfare for people with mental disabilities

was also seen. Not only in that field, but there were hot debates regarding social care and support based on the ideal of normalization. That was the base for the development of a rich variety of non-residential care (=open care) in Sweden. As Lundström & Salmäs (2014: 49-50) states, preventative care had been already promoted even before the social services act of 1982, with a clear aim to reduce out-of-home care.

(3) New systems and practices established through 1 and 2 (3. Achievement phase)

Chapter two, article two of the Social Services Act, clearly imposes upon municipalities the final responsibilities for care and support for residents in need. Thus, municipalities have long been the agencies both making decisions on protective services and also providing services to prevent child maltreatment and to support families.

Facts on municipal social services division

Municipal organizations vary widely mainly depending on the size of their municipalities. However, there is always a division of responsibility for “individual and family welfare”, in which child protection is included regardless of whether it is independent or combined with other social welfare areas. Ponnet (red.) (2015) is one of the most comprehensive work to outline and discuss social work investigation regarding child protection.

Among the different social welfare fields, social services related to child protection is the field which most strictly requires a recognized social worker qualification. Social workers working in the division of individual and family welfare are specifically referred to as “socialsekreterare”, whereas in elder care or care for the people with disabilities are normally just referred to as care assessors (=handläggare). The typical "socialsekreterare's main work and consequently most important, is investigation and documentation. Naturally that brings criticism that social workers allocate too much time to dealing with documents and telephone calls without actually interfacing with the children and families.

Shiseido Shakaifukusi-zaidan (2012:49-55) describes how municipal social services work in detail. It explains that Södertälje Ward of Stockholm, population of 120,000, employ 45 staff in the IFO section (25 qualified social workers for consulting and investigation. 20 of them directly work with children and families). The staff density is roughly 4 times more than a child guidance centre of a similar demographic Japanese counterpart. In Swedish laws, there are not any certain staff density officially regulated in any social welfare fields including child protection.

Support and services

The fundamental structures of support and services remained unchanged since the time of the enactment of the Social Services Act (1982). Municipal social services take overall responsibility for everything related to at-risk children and families. Support and services for those are officially divided into two categories, open care (=non institutional care) and 24-hour

care as seen in governmental reports such as “Barn och familjer-insater år 2016” (Socialstyrelsen 2016).

The “preventive” approach is ubiquitous in all governmental states and documents. An obvious example is the 2008 “Support for parents –benefits for all” (Socialdepartementet, 2008). The Swedish government states that a wide range of universal support, including flexible and well-paid (80% of one’s basic salary) parental leave, child allowance, child care, free education, will surely reduce a risk of problems in child rearing, also will easily detect any cases requiring attention.

Basic procedures

The actual procedures are described in detail within the guidelines from Socialstyrelsen/The National Board of Health and Welfare. Those especially important are, “Handläggning och dokumentation inom socialtjänsten”/Processing and documenting in social services (2006) and “Utreda barn och unga - Handbok för socialtjänstens arbete enligt socialtjänstlagen” /Investigate children and youth – Handbook of social services according to the Social service act (2015 b). The overview of Swedish child protection is most well described in Hessle & Vinnerljung (1999) in English, from organization to type of support and services. In Japanese, Shiseido-shakaifukusi zaidan (2012) describes how child welfare/protection social work are organized and managed. As they critically state, Swedish child protection has been widely different nationwide both in organization and actual support and services.

Since most of the support and services are provided on a voluntary basis and free of charge, no formal investigation or municipal decisions are required. Such services could include parenting classes, teenager groups, health care advice for teenagers, family counselling (payment required) and more (Växjö kommun 2015). Municipal social services receive calls regarding maltreatment or other risky matters 24/7. Out of typical business hours, there is a specific phone number for emergencies, and it is commonly known as “social jour”. Municipal social services receive reports regarding maltreatment both actual and suspected cases from schools and other agencies, and then decide whether to formally investigate the case or not, and conduct investigations. Such investigations would include direct communication with children and families, or professionals in related organizations, and making referrals to other related agencies. Since this investigation carries considerable weight, it may last up to three months or carried out while both children and families are accommodated at an institution.

In most cases, children remain at home but are given certain additional support. For example, in one particular municipality, there is a facility called “Family house” where parent and children spend some time there regularly with professional staff. Staff observe the parents’ way of meeting their children, and teach them how to meet and discipline children, by for instance cooking and gardening together, or going to a swimming pool together (Växjö kommun 2015). Another typical support is “contact person/family”, which requires a social services decision as to whether to use it or not. Contact persons/families, volunteers in the

community, are matched with a child in need in order to provide a good social network. The child and contact persons/families regularly meet and spend the time as requested by the child and intermediary.

However, such preventative care widely varies from municipality to municipality, since the related laws do not describe the details. Contact persons/families has been the only support named in the law until now. From the end of the 1990s, official statistics started to use the two categories: individual support with needs assessment, and structured open care (Lundström & Salmäs (2014: 50-51), and meanwhile use of preventative care has rapidly increased since the 1990s. It seems that municipalities provide various new types of supports (Ibid:51).

Needless to say, serious cases will have to lead to 24-hour care. When 24-hour care is required, foster families are the default choice for all ages, however, in reality more than 50% of teenagers are placed in HVB (=hem för vård och boende/home for care and housing, residential care). Municipal social services have their own pool of registered foster families, although there are many privately-run “foster family support and counselling offices” with their own foster families. It is then down to social services to decide from which sector foster families should be chosen, or alternatively an HVB. Support and services used are described in a number of reports from BNHW. According to the National Board of Health and Welfare (Socialstyrelsen 2015), the number of children in placement (24-hour care) has in fact increased after SoL. Among 1,000 children, six in 1992 (1,500 in total) and 12.55 in 2012 (30,000 in total) were in care sometime in that year. However, recent increase in placement is said to have derived from asylum-seeking unaccompanied children.

Actual provision has been increasingly taken by private agencies since the 1980s. There are a few private non-profit on call duty (=jour), mainly to secure women and their children from violence. Shelters for women with or without children have been traditionally run by non-profit humanitarian organizations. Furthermore, child rights organizations’ child line activities catch children’s voices including initial stages of difficulties and severe maltreatment cases, to which in some cases, those organizations actually connect the child to the related agencies or professionals. Away from the auspices of formal public preventative support, a limited number of community and voluntary based activities provided by churches or voluntary organizations also exist. For example, it is common for churches to run “baby cafes” for local children and parents, as well as pre-school activities.

In the Swedish context, the role of the judiciary is much smaller than other European counterparts. Any objections to a social services decision are to be addressed to The Administrative Court same as any other public services. Claims regarding social care are to be reported to IVO, the audit controlling agency described in the following section five, or if related to 24-hour care to SiS, The National Board of Institutional Care (Statens institutionsstyrelse).

4. With regard to the newly established systems and practices, evaluation and discovery of new issues after implementation (4. Review phase)

The basic framework of social services roles and procedures when dealing with

maltreatment cases have not changed since the enactment of the 1982 Social Services Act. However, two specific changes have been made. The first of which, the perhaps the most radical is BBIC, a national social services administration system used by municipalities since 2006, as described in chapter two (Socialstyrelsen 2006 a). It was a recognized fact that the voices of children under social services investigation were the least heard. To address this issue, although BBIC does not directly target maltreatment problems, the idea was to provide structure for “hearing the voices of children” in daily social services administration.

Another change has been in the number of support and services actually accessed by users. The number who used “contact person/family” decreased; instead, other forms of “structured support” have increased. Although no official analysis on that change has been undertaken yet, Sallnäs (2016) implies that support without requiring bureaucratic procedures are preferred. That tendency makes it even more difficult to form an overall picture, because such preventative support, provided on a voluntary basis, is almost impossible to be officially documented or quantified as data. A manifestation of this tendency to widen preventative support is the family centres (=Familjecentrum) which have been expanding since the 2000s. Family centre is a community centre for babies and children before school age and their parents, which vary from municipality to municipality in their structure. Family centres operate as an important collaboration of different professionals, health care, pedagogy, and social welfare. Furthermore, there are useful activities and public services provided in the same place, for example, child health centre, open preschool, parent gatherings, parenting classes, advice and counselling.

Lastly, there has been a problem regarding staff working with maltreatment cases. One of current social work’s largest challenges with children and youth is to recruit and keep qualified social workers in the municipal organisation. Large differences in employee competence due to qualification is apparent. The number of staff members with a bachelor degree and more than three-year’s experience in social work can vary between seven and 100 per cent, which effects the quality (Socialstyrelsen 2016). In order to enhance professional competence, the government started a specific on the job extension course in 2016 for social workers/socialsekreterare at several universities nationwide.

To conclude, the prioritization of preventative services has been even strengthened and the services have been expanded both in terms of quantity and quality. No specific trends or changes specifically related to child maltreatment still remain to be seen. Due to characteristically Swedish high level local autonomy, it is still difficult to measure the quantity, detailed contents, and quality of those services at the national level.

IV. On organizations and agencies associated with children’ s rights and participation of families

1. Current situation of children’ s rights and participation of families (i. e. legislations, rule and procedures, practical tools and forms,

and the outline of a database)

Sweden was one of the fastest to ratify CRC (Convention on the Rights of the Child, 1989) and has been playing a leading role championing children's rights ever since. Movements to further promote children's rights have been active, which has led to CRC about to be written into Swedish law by 2020. Children's rights based on CRC permeate almost anything related to children, including health care, education, social services and the working environment for parents. Many of the recently published social welfare policies literature on children either include the keywords of "rights", "children's voices" or "children's power". As "Rights" and "participation" have long been the key notions of the Swedish welfare state (Edebalk 2015), it is neither a particular nor new trend within the child protection field as already explained in earlier chapters.

Organizations and agencies to promote children's rights and the participation of families exist in both public and private capacities. A typical public listing includes The National Board of Health and Welfare (Socialstyrelsen), the health and Social Care Inspectorate (=Inspektionen för vård och omsorg, IVO) and children' ombudsman (=BO). Needless to say, in the context of child protection, municipalities are also important bodies.

A typical listing of private voluntary-run organizations includes Save the children Sweden and BRIS, which are most well-known and revered organizations (Lundström 2001). A more detailed description appears at the end of this paragraph. They have both carved out prominent places for themselves in Swedish society and naturally are held in high esteem. Primarily, they act to guide the government in the right direction with regard to funding and the introduction of new ideas.

Another important factor to promote the participation of children and families is the efforts to enhance accessibility for people with different backgrounds or needs. For example, websites of both public and private agencies normally have information in various languages (simple Swedish, Arabic, Finnish, English...). Access to information is a fundamental prerequisite to guaranteeing citizen's rights.

2. Analysis of the developmental cycle of organizations and agencies associated with children' s rights and participation of families

(1) Background, Events, incidents, public opinion etc. leading to the present system (1. Social discovery phase)

Since the 1930s, public agencies have been regarded as offshoots of the Swedish social democratic welfare state. In the process of the Swedish welfare state's development, participation in the society in general has been promoted as a part of the ideal notion of "democracy". As Okazawa (2006) clearly explains, participation of the people at various arenas (decision making, social activities), is crucial, especially in a high tax, high social service welfare state, to secure its legitimacy.

From a civil society perspective, as for privately-run voluntary organizations, Sweden has a unique tradition of "popular movement" which still has a strong influence on the active

promotion of children's rights today. (The general foundation of organizations in Swedish society can be traced back to the early 20th century, which is known as "the popular movement" by historians.) With this tradition, there are several very powerful and influential organizations tackling the issue of children's rights. Lagerberg(2016) states in his article quoting Matsson from Save the Children Sweden as follows:

One of the reasons for Sweden's early commitment lies in a tradition of social movements such as the workers' movement, women's movement and temperance movement. The entire Swedish democracy is based on a strong history of social movement and volunteer organisations. They were established towards the end of the 1800s and worked with a number of issues. The rights of children was, and still is, one of these important questions.

As often described in civil society studies, for example Lundström & Wijkström (1997) and Yoshioka (2004, 2008), active participation to society through organizations still remains in a wide range of areas namely sports and culture. In social welfare fields, organizations mainly play the role of mediator bringing voices of people who themselves cannot convey their voices to the government or public in general. Civil society organizations regarding children and youth are active, for example there are popular youth organizations organizing sports or game activities, or there is, for example, a well-known organization established by a young girl to promote activities against bullying which today provide programs to schools. In schools, learning "democracy" is regarded as one of the most important philosophies, and there are various opportunities for students to raise their opinions, for example through student organizations or union, and simulated political elections by children have been mainstream activities for a long time.

Besides such civil society organizations, there are traditional humanitarian organizations whose missions are charitable and philanthropic in nature. Churches (especially the Swedish church), Red Cross, and Salvation Army are the typical of such organizations. They help people who have limited eligibility to certain public services, whose problems primarily fall out of the scope of different agencies (Socialdepartementet 1993). They provide simplistic preventative activities such as local gatherings or home visits. They work for children and families who otherwise would have only limited social contact and the participation that allows within society.

(2) Search for the present child protective system, preliminary considerations (2. Precursor phase)

Movement to promote children's rights were already active in Sweden even before the introduction of CRC. As written in chapter 2, there were prominent Swedish figures such as Astrid Lindgren who had a strong impact on child rights protection. As stated in chapter one and three, criticism towards corporal punishment and child abuse drew attention in the 1970s, and the view of children's rights prevailed. An important point was in 1979, when a law banning corporal punishment was added as an amendment to the already existing Family Law. Voluntary child rights organizations has been playing significant roles in the movements at that time, in a good collaboration with the government, and still have strong impact on policies

regarding children's rights. Such existences and collaborative structures in society have been embedded now.

Even as the welfare state took over and started more and more services, organizations fitted into the role of pioneer, always finding not yet acknowledged social problems. For example, Ersta Diakoni, a traditional social welfare organization founded in the 19th century in Stockholm, is a very rare occurrence in Sweden, which has been running a hospital, a nursing school, an elderly home and some other related businesses since. More recently, since the 2000s, it has launched several projects regarding children such as shelter homes for girls and boys, and the Children's center to listen to children's concerns directly (Ersta Diakoni 2007). Another example is Stadsmissionen in Stockholm, which has been mainly working for those in the severest of situations such as homelessness, but also specifically for children, youth, women and families at risk. Among its recent projects, there is a support project for vulnerable children (Socialdepartementet 1993).

Such traditional charity organizations working for children in need, metamorphosed into children's rights organizations in the 1970s. The 1970s witnessed a watershed movement for social services in that they increased their prominence in society. In the Swedish civil context, charity has a rather negative connotation of being merciful, thus organizations generally tend to identify themselves as a part of a universal "popular movement" (Lundström & Wijkström 1997).

(3) New systems and practices established through 1 and 2 (3. Achievement phase)

Today's systems and practices came into existence on the tail of the Swedish ratification of CRC. Based on the perspectives shown in CRC, a new system to check and improve any policies related to children have been embedded. Needless to say, the government is regularly required to submit official reports regarding how the nation secures and promotes children's rights, and also children's rights organizations have been keeping a critical eye on the situations of children. The varying levels of accomplishments, both success and failures, are described in reports such as Save the Children Sweden (2015) and BRIS (2014).

Children's Ombudsman (=Barnombudsmannen, BO)

A typical institution woven into the fabric of Swedish society is the 1993 Ombudsman for children. To make sure the Children's Rights Convention is implemented in Sweden, the government is head of an agency called the Ombudsman for Children. The agency provides information about children's rights and makes recommendations on how CRC can be conformed into Swedish laws and regulations. The children's ombudsman, listens to children and adolescents and gathers knowledge on how their everyday life is and represents the child when passing on the information to decision makers at municipal and national level. BO annually publishes official reports regarding children's issues and also gets involved in some individual cases (Website of Children's Ombudsman).

Civil society organizations have been playing significantly important roles to bring child rights in Sweden to the fore. Below is a list of several major and active organizations and basic information of them, obtained from respective websites:

BRIS (=Barnens Rätt i Samhället)

BRIS, Children's Rights in Society, is a politically and religiously independent member-organization and part of CHI (Child Helpline International), a global network for children and adults, which exists to provide support and protection. When a child is abused, mistreated, has problems and needs support or advice of "knowledgeable and empathetic adults", the child can e-mail or phone BRIS anonymously and for free. They have also run a chat room and have been constantly creating new IT-related operations to reach children, for example BRISBOT, an application where children can experience how social work consultants or investigations would proceed. During its development from the 1970s, BRIS holds a high visibility among children in Sweden. Contact information to BRIS can be easily found in school and on websites/leaflets of public agencies.

Save the Children Sweden (=Rädda barnen)

Another politically and religious independent organisation is Save the Children Fund, named Rädda barnen in Swedish. The organisation, which is international was established more than 100 years ago to support children who are in need, have been exposed to violence, have not been able to attend school, have lived in poverty, have lacked parental support, or been exposed to war and disasters. Save the Children work for children's rights domestically also, based on CRC so that they can have a secure and healthy childhood and not be exposed to violence. Save the Children listen to children through their helpline and their own research activity, which every year lead to their publications to influence politics and the society. At a local level, besides active fund raising, voluntary members support children and families by conducting workshops at schools, helping outside school educational needs such as homework, and more.

Children's Welfare Foundation Sweden (=Stiftelsen Allmänna barnhuset)

The Children's Welfare Foundation was established in 1633 as a home for orphans. The foundation developed the placement of children into foster home care with a focus of the need of the child. This work was ended in the 1960s. Today the main activity of Children's Welfare Foundations is to aim to develop knowledge and research into the professionals, who meet these children in their daily work. They also work to affect the political agenda by arranging conferences and publishing books and reports. The foundation, having the financial wherewithal, also gives research grants and allocates project funds to various organizations and researchers every year.

(4) With regard to the newly established systems and practices, evaluation and discovery of new issues after implementation (4. Review phase)

Children's participation has been promoted in various contexts: schools, local sports or culture organizations, and youth organizations in general. Furthermore today, to hear children's voices is regarded as an extremely important factor as a way of participation. BBIC, described in Chapter 2, is one of the most typical examples of trying to have the child at the centre of a social services investigation process. Besides the shared understanding that child participation and children's rights protection has been accomplished to an appropriate extent in general in current Swedish society, rather marginal issues have recently come to light, for example children who are: in social care, under social services investigation, having parents with mental disorders or some kind of disabilities, under severe economic situation, with a refugee background (BRIS 2014).

The Swedish Government intends to make the Convention on the Rights of the Child part of Swedish law. The Swedish Government has decided to submit a proposal in July 2017 to the Council on Legislation to incorporate CRC into Swedish law. The Ministry of Health and Social Affairs has initiated a dialogue with a number of child rights organisations on the recommendations of the Committee on the Rights of the Child. It is proposed that the act enter into force on 1 January 2020 (Government Offices of Sweden 2015).

V. On databases/data archives concerned with maltreatment

1. Outline of databases / data archives on maltreatment (i.e.: items, methods, indicators for assessment & evaluation)

The official annual statistics is "the number of police reported child maltreatment cases" published by BRÅ (The Swedish National Council for Crime Prevention/ Brottsförebyggande rådet), an agency under the Ministry of Justice. The results are shown in two categories: children aged: 0-6 years old; and 7-14 years old. Child maltreatment represents only a part of the BRÅ statistics, as a type of violence in society in general.

The statistics on child death cases have been recently published by the National Board of Health and Welfare, NBHW/Socialstyrelsen. NBHW (Socialstyrelsen, 2010) shows the number child death by neglect from 1970 to 2010. Furthermore, there are statistics on the number of children who died or received medical treatment (either as outpatients or inpatients), drawing on data from from three different databases: Cause of death registry, patient registry, and Injury Data Base (=IDB Sverige), to calculate an average number of deaths per year (Janson et al. 2011:60).

Except for the abovementioned, no such official databases on child maltreatment in Sweden exists. However, it is notable that several large-scale national surveys mainly related to corporal punishment, have been conducted even from the pre CRC period in Sweden. The national Swedish surveys were carried out in 1980, 2000, 2006, and 2011 (Janson et.al.2011). They are not particular databases exclusively on child maltreatment per se, but more

comprehensive surveys including for example the attitudes towards corporal punishment through interviews/questionnaires to both parents and children. Though the data collection methods and contents differed to some extent each time, the four surveys basically covered the same issues. The results of the surveys show a sharp decrease of corporal punishment between 1980 and 2000, and no major changes after that.

As well as those official statistics provided by government bodies, there have been a number of statistics provided by other agencies such as active child rights' organizations and researchers in the field. Statistics and proposals in the reports of such organizations are frequently referred to by government bodies.

Major findings from the database or statistics regarding child maltreatment above can be concluded that: 1) Prevalence and public tolerance to corporal punishment has sharply decreased since 1980 with no recent changes; 2) Police reports have been increasing over the years especially after the 1990s, but, which, however do not necessarily point to an increase in actual maltreatment; 3) Severe child maltreatment cases have decreased and remained so.

2. Analysis of the developmental cycle of databases/ data archives concerned with maltreatment

(1) Background, Events, incidents, public opinion etc. leading to the present system (1. Social discovery phase)

Historical backgrounds of the current surveys regarding child maltreatment are described in Janson et.al. (2011), Jernbro (2015), BRÅ (2015), and Socialstyrelsen (2001). Major surveys before the 1970s are listed as follows:

- Statistics on legal cases regarding violence conducted since the 1830s, leading to the current statistics by BRÅ.
- Solna-studien, 1954-1968. Longtime study on children's health and life situations. Questions regarding corporal punishment were included with regard to a wide range of questions on child upbringing.
- The National Board of Health and Welfare's investigation of child fatality rate as a result of child abuse after hospital treatment during 1957-1966 (Socialstyrelsen).
- A number of smaller investigations concerning child abuse have been performed since the 1960s.

From these studies, it is obvious that the mid- 20th century's social awareness against violence or corporal punishment to children developed much earlier in Sweden, compared to other countries.

(2) Search for the present child protective system, preliminary considerations (2. Precursor phase)

The time of the world-first Swedish 1979 introduction of the corporal punishment ban can be regarded as the precursor phase to the present (after the 2000s) system. Major national

surveys during that time are listed as follows:

- Report “Maltreated children” (=Barn som far illa) of 1974, published by the National Board of Health and Welfare/Socialstyrelsen and Allmänbarnhuset, focusing specifically on the social backgrounds to child maltreatment.
- SUSA-study 1980. It is the first representative national study, following the introduction of Swedish law banning corporal punishment, to grasp the situations of child rearing and corporal punishment at home. This survey has created the fundamental basis of all national surveys since then, i.e. the three large-scale national surveys (2000, 2006 & 2011). SUSA-study 1980 consisted of two parts: parental studies and children studies.
- Parental studies has been using the same methodology since the first survey in 1980, which conducted interviews with 1105 families. The Conflict Tactic Scale methodology, originally created by an American researcher, quantified the conversations brought about by talking in general about family matters, and thereafter about potential conflicts in upbringing situations.
- BRÅ- The Swedish National Council for Crime Prevention (Brottsförebyggande rådet). It is an agency founded in 1974 under the Ministry of Justice, and a centre for research and development within the judicial system. Brå primarily works to reduce crime and improve levels of safety in society by producing data and disseminating knowledge on crime and crime prevention work. The Council also produces Sweden's official crime statistics, evaluates reforms, conducts research to develop new knowledge and provides support to local crime prevention work. Children make up only a small part of their assignments regarding violence or crime. The results of Brå's work are a basis for decision makers within the judicial system, the Parliament and the Government. Brå often works in collaboration with other organisations and public sector agencies. The assignment of statistics regarding the rights was shifted from SCB (Swedish National Statistics Agency) to BRÅ in 1995. In a number of Brå's publications, child maltreatment has been focused with data in detail (age, gender, inside/outside home, hospital visit) for example in Granath (2012).

Even with the above-mentioned development of the surveys and statistics, it has always been difficult to grasp the actual numbers and conditions. The definitions and notions of child maltreatment are broad in Sweden and not clearly written in the law. Also, the development of decentralization has been a reason for difficulties in creating a unified national database. Actual incidents are not only reported to and treated by the police, but many cases have been dealt with by municipal social services, which vary widely from municipality to municipality. Adding to the efforts to acquire knowledge and data in order to prevent child maltreatment, the privatization trend since the 1990s has accelerated the expansion of national statistics to compare public services among the municipalities including social services for children and youth.

(3) New systems and practices established through 1 and 2 (3. Achievement phase)

Significant reports and statistics regarding child maltreatment were published around the year 2000, which characterize the time as a time of a shift for the new stage. First, the

official committee on child abuse from 1998 to 2001 (Kommittén mot barnmisshandel/ National committee on child maltreatment), provided several important official statistics and reports with far-reaching perspectives. One of the committee's final reports, titled as "Children and maltreatment" (SOU2001:18), embodied an all-inclusive approach: history, trends since the 1950s and the current situations. Another of the final reports was "Child maltreatment – Prevention and measures" (SOU 2001:72)", which is a comprehensive and most significant study in this field by providing a clearer definition of child maltreatment, summarizing the changes until 2001 in various aspects, and making a number of proposals to actual social policies. This study is also characterized by a wide collaboration of: ministries of social welfare and laws, local municipalities, professionals in law, health and medical care, and even labour unions.

The committee's major task was to investigate the reasons for the rapid increase of police reports during the 1980s and 1990s. Several surveys were conducted such as interviews to parents and questionnaires to 9th grade students and to the 20-year-olds. Questionnaires to children ask students and adolescents about experiences of physical punishment in the 1990s. Also in 2000, BRÅ published a report "Child maltreatment. A mapping of police reported maltreatment cases of young children".

After these studies, it is often claimed in Sweden that reporting rates are not equivalent to rates of actual abuse, since it is strongly tied to shifts in public awareness. Some studies strongly state that prevalence of child physical assault, around three on average per year, is pretty low in Sweden compared to other countries. (Joan E. Durrant, 2003). Present Swedish statistics on maltreatment basically consists of the following six categories as far as the authors could summarize:

BRÅ –number of police reported cases

The main annual official statistics until today have been "the number of police reported child maltreatment cases" published by BRÅ (=Crime Prevention Council). The data is shown in two categories: children aged 0-6 years old, and 7-14 years old. The database is consistent but the data is categorized as, for example, perpetrators and victims; level of severity of cases, and does not intend to analyse the specifics of the individual cases. Statistics of BRÅ (2017) show the number of police reported cases in 2016 regarding child maltreatment, which was 23,700 (0-17 years), 4,300 out of which were related to 0-6 years. The number of reported cases has increased by 35% from 2008. However, it is important to note that a large proportion of that regarding children aged 7-14 relate to violence in school.

Large-scale surveys in collaboration with government, organizations, and researchers

Although not carried out regularly at the national level, there have been some large-scale surveys conducted by public agencies, private voluntary organizations, and researchers. Jernsen (2015) refers to three successive national surveys of child maltreatment (2000, 2006 and 2011) in her Ph.D. dissertation.

In 2000, the government committee in collaboration with Statistics Sweden (SCB)

conducted three types of questionnaire surveys to: student, parents, and 20 year-old citizens (2500 persons) regarding their experiences and perspectives on violence. Additionally, interviews to 358 persons, (including 66 persons having the experiences of being maltreated in their childhood) were conducted for more qualitative research. In 2006, a national survey of child maltreatment was conducted, where 2,510 pupils in grades 4, 6 and 9 from 44 schools in Sweden were included. The results were analysed including the aspect of the economic situations of children's households. In 2011, another national survey, where 3,202 pupils in grade 9 from 92 schools in Sweden, were analysed. This was conducted by Karlstad University and Stiftelsen Allmänna Barnhuset, a voluntary organization.

The statistics on child death cases were first published by the National Board of Health and Welfare, NBHW/Socialstyrelsen in 2010, according to the law relating to investigations of that type. NBHW (Socialstyrelsen 2010) shows the number of child deaths by neglect from 1970 to 2010. Furthermore, there are statistics on the number of children who died or received medical treatment (either as outpatients or inpatients), drawing on data from three different databases: Cause of death registry, patient registry, and Injury Data Base (=IDB Sverige), to calculate an average number of deaths per year (Janson et al. 2011:60). Also in Sweden, there is a study on all the fatal cases of children under 15 years old during the period 1965-1999. Furthermore, several large-scale surveys regarding the prevalence of violence to children to death have been conducted for a considerable length of time. The survey shows that about 7 children per year on average are maltreated resulting in death by their parents, which has remained unchanged. This statistic is echoed by another earlier survey conducted between 1971-1980, and statistics regarding violence in the National Board of Health and Welfare/Socialstyrelsen (2004).

Reports and Statistics from the Child Ombudsman

The Child Ombudsman has been one of the important bodies to address public debate and parliamentary motions. It annually publishes the data acquired through its consultations with children who have reached out to it individually. As well as this, it publishes reports on a wide variety of themes, with child maltreatment as a recurrent issue. Children in care was the theme of 2013 ombudsman's annual report, titled "Behind the facade (=Bakom fasaden)" (2013), also children who were exposed to violence in close relationships became the theme of the 2012 report, titled "Signals".

On the website of the Children's Ombudsman, there is a specific area dedicated to statistics regarding children and youth from SCB, Statistics Sweden. Many themes and variables, for example, "ratio of children in social care" or "ratio of children exposed to hard economic situations" can be chosen and be easily compared among various municipalities. Basic information regarding the convention of child rights on the Child Ombudsman's website can be accessed in English, sign-language, easy-Swedish, and also in various minority languages: Finnish, Yiddish, Tornedalian Finnish, Arli Romani, Kale Romani, Lovara Romani, Lulesami, Northsami, and Southsami.

Reports from children's rights' organizations

Two socially established and well-recognized child rights' organizations, BRIS and Save the Children Sweden (Rädda Barnen), frequently publish reports regarding child abuse, which have had a marked impact on social policies and public opinion.

BRIS has published a number of reports on violence, maltreatment and various other children's rights violations. "Violence against small children (=Våld mot barn)" in 2010 showed the presented data and criticized the inadequacy of police work. "Bris rapport 2014" describes a wide range of life difficulties including family conflict based on the data of BRIS's own support activities. BRIS also published a report "Bris tilläggsrapport till FN 2014" pointed out as yet to be actioned Swedish public policies from the perspective of CRC. Save the Children Sweden has published reports with statistics notably for example, "Child maltreatment- everyone must know" of 2010.

Statistics on the use of support and services

The data which NBHW (Socialstyrelsen) annually publishes, and differs from police generated data, directs the focus of their work differently, being more concerned with the amount of access to their services (mainly 24-hours social care). As already mentioned in the earlier chapters above, Socialstyrelsen how detailed data on the services actually used, both 24-hour social care and other types of services, in for example, "Statistics on Municipal Family Counselling in 2015", "Statistik om socialtjänstinsatser till barn och unga 2014", "Indiv- och familjeomsorg – Lägesrapport 2016" and more. However, data collections are not always consistent, recently for example NBHW/ Socialstyrelsen has started to use individual data with personal number from 2014.

(4) With regard to the newly established systems and practices, evaluation and discovery of new issues after implementation (4. Review phase)

After 2000, no major database changes have been noted regarding child maltreatment in Sweden. However, previously atypical of child and family care, quality evaluation and comparison have become more of a trend influencing all public services since marketization became the norm. Open comparison, Öppna jämförelse, is such a kind of annual comparison published by SKL, the Swedish national confederation of municipalities and county councils. The comparative results are shown in three different ways: questionnaire data; new indications regarding education and health status of children in care. Nevertheless, there have appeared newer methodologies to handle cases and collect data. For example, regarding the investigation of child-maltreatment cases, "Barnhuset" has recently been used as a way professionals listen to the child (Landberg & Svedin 2013).

In 2005, a change to the law regarding the definition of sexual violence was introduced. Thus, renders data pre and post 2015 as incomparable with each other. The national documentation system, BBIC, introduced in 2006, has succeeded in hearing more children in the process of professional investigations, but interestingly has no intention of pooling data at

the national level.

VI. Implication (including “lessons”)

This chapter shows several implications which Japan can learn from. The following four points outline these.

1. A wide range of preventative support and services for child and family

Abundant support and services for child and family basically have a root as a part of the Swedish welfare state’s universal policies (healthcare and child care) over the latter part of the 20th century, and derives not from a reaction to the recent child abuse issue. With this background, there is an extremely wide range of preventative support and services for children and families, even in the field of social services. It is important to notice that child protection issues are recognized in a broader sense by using the terms such as children and families in need, at risk, or vulnerable, in the Swedish context.

In comparison in Japan, child protection seems to have become synonymous with child abuse i.e. how to protect children from their abusive parents and methods of 24-hour care. There is still very limited support provided by the authorities, either the child guidance centre or the municipality, in as much as the child stays at home even if the situation is quite serious. More preventative support and services should be provided to support children and families at home before they are referred to 24-hour social care as the last resort. To begin with, to recognize and define children and families “in need” or “at risk” in a broader sense should be prioritized, then actual support and services can be worked into public policies. Japan can learn methodology of how to provide preventive care from other countries including Sweden.

2. Focus on social services investigation and administration

Sweden differs from Japan in that, the greater focus is given over to social work administration and investigation, whereas in Japan practicality of actual measures taken in social care takes precedence. When child protection is discussed in Sweden, it is mainly centred on how social services (social work) investigations and administrations should be structured. The majority of social workers working with children are working for municipal social services.

Contrastingly, in Japan, discussion regarding child protection since the 1990s has been mainly restricted to enlightening the public on child abuse, and 24-hour social care. In the last 25 years, the public has certainly become much more aware of child abuse, with some improvements being introduced in social care institutions (children’s homes). However, any in-depth discussion on “child protection social work” has been unfortunately lacking. The fundamental problem of not employing enough professional social workers either at municipal (municipal child and family support) or prefectural (child guidance centre) level needs to take more precedence. It is now obvious that traditional child guidance centres are not capable of coping with current issues of child protection and child abuse in the same manner as they have done since the end of the World War II. It has become apparent that child protection social

work ought to be carried out on a smaller scale at a local level and managed by more professional social workers.

3. Rights-based universal social welfare policies

Any child-related issues including child protection can be clearly and thoroughly traced directly to child's rights in today's Sweden. Child rights perspectives have been assimilated into society in a short time, since the Swedish welfare state has been taking "rights-based" universal social welfare policies as its foundation since the early 20th century as its main premise. The current era sees the realization of children's rights from various methodologies. One of the latest of these is how to hear children's voices. With regard to child protection, BBIC has been introduced in the process of social services, as another way of hearing children's voices.

In contrast in Japan, due to the differences in historical and cultural backgrounds including the different orientation of the welfare state, the idea of rights has hardly taken root in Japanese society in general. There are, however, several notable examples to support children at risk, although they do not officially align themselves with children's rights. More emphasis should be placed on the individual reality of children, rather than bureaucratic processes involved.

4. Multi-layered system of protecting children's rights

In Sweden, the fact of the Children's Ombudsman and several children's rights organizations, having a powerful impact in the society, is globally extremely unique. Although Sweden is regarded as one of the most advanced countries regarding protecting children's rights from the CRC perspective, there are various agencies to discover children's voices in difficult living environments and to promote the improvement of public policies further. Such voluntary organizations are characterized as being: independent from public agencies, structured as umbrella organization, and having achieved positive public recognition. The organizations set a clear line of distribution of roles between the public agencies, which are responsible for children and family in need or at risk, especially in the actual provision of services.

In Japan, there are various local grass-roots voluntary organizations working hard for children, however, most of them are organizationally and financially weak. Such organizations have difficulties in increasing their name recognition and social impact, even if they are greatly contributing to society. On the other hand, there are rather stable organizations regarding child rights protection, however, many have strong connections with the government because of financial support. Organizations with more third-party character and social recognition would be needed to really reach children and parents at risk. Furthermore, a neutral public sector agency with power similar to the Swedish Ombudsman should be set up to hear children's voices.

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4 Denmark

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Overview of child protective system in Denmark

In Denmark, special support and care for vulnerable children are regulated in Law of Social Services (Serviceloven). 98 municipalities, named Kommune, are responsible for development and care for all children. According to Statistic Denmark (2017), 51,781 vulnerable children and adolescents received at least one social measures from the municipality all over Denmark. Social measures contain both preventative care and out-of-home care. The number of children who were decided to receive out-of-home care was 14,097 in the end of 2016. In the period 2011 to 2016, the number of out-of-home care decreased by 6.9 per cent. The other children are registered to receive preventative service, both family-oriented service and person-oriented service. Out-of-home services include institutional care, foster family care and so on. The following table shows the percentage of children newly placed in different types of out-of-home care.

Table 1

Percentage of children newly placed in different types of out-of-home care (0-17 years old)

Type of care	%
Foster family	36
Apartment or Dormitory	10
Institution	29
Residential school (<i>efterskole</i>)	4
Grouphome (<i>Socialpædagogisk opholdssted</i>)	18
Unknown	2

(Ankestyrelsen 2016)

The most frequent type of placement is foster family (*plejefamilie*), though its percentage is less than the other European countries. In Denmark the new type of foster family is getting attention from social workers, which is 'network foster family'. This means nearly the same as kinship-care, the child's network member can be foster family.

As it is mentioned above, a lot of children got preventative services. Especially family-oriented service is getting more and more important to social services for children. In total, 31,814 children and young families receive family-oriented services which includes everything from special consultancy and counseling to various forms of financial support. The most widely used support is "Family Treatment" which is offered to families where children and young people are abused and where the parents are considered to have sufficient development potential. Also contact persons (*kontaktperson*) is a popular program among children, in which a particular adult (or someone close to the child) regularly meets children to listen and talk to and play with them. Contact persons are employed by *Kommune*.

Especially after Child's Reformation (2011), family-oriented services are considered necessary both for children and family members. The support for children shall be based on their own resources. The "Handbook for Child's Reformation" (*Håndbog om barnetsreform*), a booklet summarizing the content of the legal reformation, articulates the objectives of the reformation as "providing children with a better place and, by supporting and collaborating with their parents, increasing the chance for them to reunify with their parents as soon as possible"; revising the related items of the Law of Social Services (Articles 52 and 54) to facilitate financial support at the *Kommune's* discretion in the decision-making process for services; forcing the *Kommune* to provide the parents with proactive support while the children are placed in out-of-home care (*Servicestyrelsen*, 2011: 44).

Support to the children shall be made in consultation and in cooperation with the children's family. However *Kommune* may implement the support without the consent of the parents if the support is deemed to be important. Social Workers at *Kommune* have to face the difficulties when they need to decide the placement of the child without their parents' consent. Social workers are supposed to consider the child's condition as a comprehensive state including their developmental needs, parenting skills and family condition. As tools of implementing social work, most of *Kommune* use Integrated Children's System (ICS). In this report we focus on ICS, how it is developed in Denmark and how social workers are educated.

Analysis of the developmental cycle of child protective system

Social work in Denmark is in many ways the result of unique welfare model, so-called universal or Nordic model (Esping-Andersen)¹, which can be describe through few important components: universal access to the majority of social and health services for all legal residents of the country, tax-financed welfare system, and prevalence of state and municipal

1

https://www.researchgate.net/publication/243774920_The_Three_Worlds_Of_Welfare_Capitalism

owned services in the delivery of welfare. All this means that public service and government have crucial influence on development of social policy and its implementation in concrete procedures, methods, services.

Well-developed and massively supported by the population and politicians, the Scandinavian welfare state, can be described as having a double role regarding child protection. On one side, it might construct new risks, on another side – it distributes resources and gives power to assess and fight these risks.

The welfare state in Denmark is very visible, powerful and present, and one can say, that Danish politicians and government can use – if we take some ideas of Foucault into consideration - the extended child protection to prevent society from social conflicts in the future – through ensuring equality of life opportunities and social mobility. The efforts of the Danish welfare society can also be described as a societal priority and investment in the future. The support of children, the prevention of their vulnerability and socialization within recognized norms belongs to some of the core values in the reproduction of Denmark's future labor force.

As for more practical level of child protection system in Denmark and work with child protection all these is part of municipal responsibilities within welfare area. The State – through Ministry of Social affairs and Interior - defines the overall political, legal and methodical frames and legal frames for social work, but it's up to municipalities to implement them and transform into local practice. In many cases the Danish Law – especially Law of Social Services – gives municipalities large responsibility to define standards of social help and support – and it can vary from place to place.

Nevertheless, all 98 municipalities have some kind of mutual fundament, when it comes to work with vulnerable children. One of these common elements is mutual methodology, based of Assessment Framework. The majority of Danish municipalities (90 of them) use Integrated Children's System (ICS) – holistic-inspired methodology, supporting social case workers during their decision-making and investigation process. ICS puts child's needs in the center of case work and make it possible for social workers to make professional decisions based on evaluation of parental capacity, child's needs, family's environment.

To support implementation and use of ICS in the municipalities the union of Danish municipalities (Local Government Denmark) together with Ministry of Social Affairs started to develop IT-system. The system got name DUBU² (Digitalisering Udsatte Børn og Unge – Digitalization Vulnerable Children and Youth). The main idea with the new IT-system was to support continuity in case flow, mutual methodology, control over movement of certain

² <https://www.kombit.dk/dubu>

vulnerable families and collection of data. DUBU was developed in cooperation between KOMBIT (IT-company, owned by municipalities) and IBM. DUBU is implemented in 75 municipalities and the new release of the system will be launched during 2018.

The key role in implementation, evaluation and development of ICS was played by Socialstyrelsen³ – Danish National Board of Social Services. The National Board of Social Services is a government agency under The Ministry for Children and Social Affairs. The Danish Parliament decides the political, social and welfare agendas to be implemented in Denmark. The National Board is in charge to ensure, that such initiatives become a part of practice in Danish municipalities as intended by the Parliament. The Board aim is to contribute to the knowledge-based social policy and social work through promotion of effective social initiatives for the benefit of citizens.

The National Board of Social Services aims to promote new development and initiatives in social services also by supporting and counseling local authorities in providing services to citizens, i.e. children, young people, socially marginalized groups and disabled.

In addition to that, the Board offers specialist consultancy and specialist assessments in complicated and specialized individual cases in the field. In such cases, the board also offers specialist consultancy to citizen. (socialstyrelsen.dk)

(1) Background - Changes in legislation

Until 2006 Danish child protection, the system was based on different methods and models of verification of child neglect and child abuse. Social workers at municipalities used variety of methods and no special regulations were designed to support holistic approach to child protection investigations. The whole work with vulnerable children and their families was based on so called “freedom of methodology”. The major changes in the field of regulation of social work with children happened after a row of cases of sexual abuse and serious neglect of children in municipalities like Tønder, Esbjerg and Brønderslev.

As for Tønder-case, which got extraordinary attention in 2005, two sisters were abused by their father and other men during few years. The significant brutality of the case and the inability of municipality of Tønder, which ignored at least 14 notifications regarding girls’ possible abuse and bad condition, made case to the most well-known case about sexual abuse and incest of children in Denmark.

During few years two girls had been sexually abused and neglected, before it ended in 2004, when Danish Police arrested parents and 13 men, accused for sexual intercourse with children. The oldest girl became victim of sexual abuse when she was only 10 years old, and

³ <https://socialstyrelsen.dk/om-os/about-the-national-board-of-social-services>

the majority of sexual intercourses happened when she was only 11 years old. ⁴

These cases created both political and media-debate and showed the necessity of mutual methodology in child protection cases to insure cooperation between the agencies, exchange of information, follow up on legal requirements and support of children's involvement in own case.

The political wish to create mutual methodological base for social work with vulnerable children and Their families got supported on municipal level and KL – Danish Local Government (umbrella organization for municipalities) got involved in work with methodological unification of social work with child protection cases through identification of possible IT-system to support case work. Local Government and its IT-company launched work on system called DUBU.

Few years later, after national-wide debate, introduction of Out-of-home-placement Reform (Anbringelses Reform) ⁵ and preparative work with identification of potential mutual methodology for work with child protection cases Ministry of Social Affairs chose 6 municipalities to start pilot project with a purpose to test methodology called Integrated Children's System (ICS).

ICS was inspired by Assessment Framework used in UK and by BBIC-methodology, used in Sweden. ICS was adjusted to the Danish context and legal system, and theoretically based on holistic approach, inspired by Urie Bronfenbrenner. The Danish National Board of Social Services (Socialstyrelsen) got task to develop, implement and support ICS in Danish municipalities.

The Danish Board of Complaints (Ankestyrelsen) got in 2012 a special request from Ministry of Social Affairs to evaluate quality and legal content in child protection cases in the most serious cases of child neglect and child abuse. The work of the Board was presented in form of special report, showing the most common mistakes in case work: lack of attention to families' circumstances such as constant moving, bad social conditions, isolation from local community, lack of cooperation between agencies, long-term absence at school etc. The most shocking found was, that all families were well-known by municipal authorities and had an open child protection case.

The main idea of ICS is to support investigation and decision-making process in the municipalities through use of the same theoretical framework, tools, collection of knowledge about child's welfare and needs and about parental capacity to need these needs.

During period between 2006 and 2012 the introduction of ICS in the municipalities

⁴ <https://www.jv.dk/indland/Toendersag-Mor-fik-behandlingsdom/artikel/250050>

⁵ <https://socialstyrelsen.dk/udgivelser/handbog-om-anbringelsesreformen>

went slow, mostly cause lack of resources and higher priority of other political initiatives.

But the introduction of Child's Reformation (Barnets reform)⁶ with its focus on involvement of child in own case changed the situation. Earlier mentioned report of the Board of Complaints was also taken seriously by politicians and together with Child's reform created base for the special governmental Initiative against child abuse (Overgrebspakken, 2013)⁷. The main purposes of the Initiative were introduced as following:

- To insure involvement of children in own case
- To insure, that all notifications about possible child neglect and abuse will be evaluated within 24 h
- To create frame for early preventive work with children at risk

The Initiative also had to purpose to support better implementation of ICS and DUBU, development of inter-professional cooperation in child protection cases and better quality of case work.

(2) Implementation of ICS methodology

As it was mentioned before, the development and implementation of ICS and supporting methodology IT- system DUBU can be described as parallel process. Nevertheless, the ICS was the first stone in the base of more organized, standardized and child-centred approach within social work with vulnerable children.

When it comes to ICS, it's necessary to start with the theoretical background for it. The holistic methodology is based on eclectic theoretical fundament: Urie Bronfenbrenners ecological model is used to identify the most important arenas for Child's socialization, combined with theory of Bowlby and metallization theory⁸.

The main idea of ICS is to help social workers to identify problems and resources in child's life through analyses of child'd developmental need and parental capacity in the context of social, economic and family factors. ICS is inspired by English Assessment Framework and Swedish BBIC (Barns Behov I Centrum)⁹, but fully adjusted to the Danish context - e.g., the age groups are defined based on institutionalization of children's life in Denmark (visit of special nurse during the first year, nursery, kindergarten, pre-school, school and spare time activities, high school and preparation to college/ university education or job marked).

⁶

<https://socialstyrelsen.dk/tvaergaende-omrader/sagsbehandling-born-og-unge/om-sagsbehandling-born-og-unge/barnets-reform>

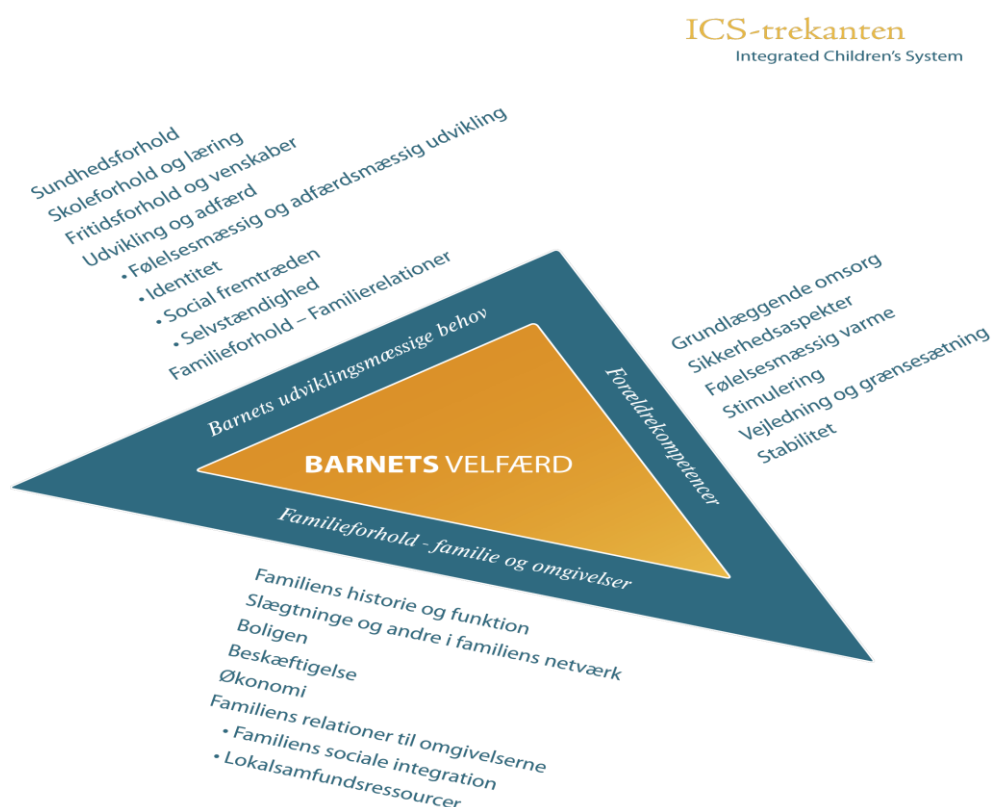
⁷ <https://socialstyrelsen.dk/born/overgreb/overgrebspakken/overgrebspakken>

⁸

<https://vidensportal.dk/temaer/styring-og-sagsbehandling/indsatser/ics-integrated-childrens-system-1>

⁹ <http://www.socialstyrelsen.se/barnochfamilj/bbic>

ICS is based on three dimensions, graphically they look like triangle : the left side of triangle is about Child's needs, the right side - about parental capacity, and the bottom side - is about families social and economic situation, integration into local community. In the middle of triangle is Child's welfare, well-being. As one can see on the illustration below, there are variety of factors, which social worker should consider investigating in case of child protection case. At the same time, § 50 in Law of Social Services¹⁰ says, that investigation should not be more comprehensive, that purpose of child case. It means, social worker should decide already in the beginning of child protection case, which areas of child's life, which factors are necessary to investigate. To make this kind of evaluation social workers use different ICS tools, which purpose is to help to define risks and resources, but also clarify the direction of investigation, relevance of additional information from other professionals etc.



For every side of triangle there is given number of parameters/ areas to investigate and describe. E.g., when it comes to child's needs, the focus is on health, school, spare time activities and friendship. You can see the English version of ICS triangle on <https://socialstyrelsen.dk/udgivelser/ics-trekanten-engelsk-udgave>

¹⁰ <http://english.sm.dk/media/14900/consolidation-act-on-social-services.pdf>

¹¹ <https://socialstyrelsen.dk/tvaergaende-omrader/sagsbehandling-born-og-unge/ics/om-ics>

To support the use of ICS on municipal level The Danish National Board of Social Services developed few special tools. These tools were designed with purpose to support risk evaluation process, identification of significant risks and more objective, empirically supported decision-making process, description of possible risks and resources. Among these tools are (in author's own translation):

- Age group defined focus areas (aldersopdelte fokusområder)
- Magnets (ICS-magneter)
- Narrow-down model (tragtmodellen) ^{1 2}

The first one, age group defined focus areas, was originally designed in England, but was updated and adjusted to the Danish context in 2014. The main idea of this tool is to provide empirically approved list of possible risks and resources for different age groups – and benchmark them to normal development for children of same group. The Danish National Social Research Institute, as leading contributor to update of this tool, based lists of factors for normal development of children, possible risks and resources and expected parental capacity, on large amount of empirical research, done in Scandinavia, US, Canada and UK ^{1 3}.

It is important to underline, that this tool is not a checklist, but is designed as inspiration to social workers to describe child's development and parental capacity is objective, as possible, and with possibility to benchmark the development of certain child to normal development for his/ her age group.

The second tool is ICS-magnets – and it is designed with purpose to help social workers to visualize the family structure, persons involved in child protection case and their connection to the child, but also resources and risks ^{1 4}. Magnets can also be used as communication tool, helping the child and parents to find own place within complicated social relationships. ICS-magnets were designed and produced in Denmark, and belong to some of the most popular ICS-tools.

The third tool is Narrow-down model (tragtmodellen), which is step-by-step instruction to evaluation of information in the beginning of case: this tool helps social workers to identify alarming risks, possible risks and protective factors. This model is used in municipalities

^{1 2}

<https://socialstyrelsen.dk/tvaergaende-omrader/sagsbehandling-born-og-unge/ics/materialer-og-redskaber/hjaelpeberedskaber>

^{1 3}

<https://socialstyrelsen.dk/tvaergaende-omrader/sagsbehandling-born-og-unge/ics/materialer-og-redskaber/hjaelpeberedskaber/aldersopdelte-fokusomrader>

^{1 4}

<https://socialstyrelsen.dk/tvaergaende-omrader/sagsbehandling-born-og-unge/ics/materialer-og-redskaber/hjaelpeberedskaber/magneter>

within decision-making process and has influence on development of case – from preventive support to investigation.^{1 5}

(3) Social reaction to ICS

The implementation of ICS was done with help of the special implementation support. Danish Board of Social Services – in co-operation with municipalities – created implementation guide, provided ICS-courses and counseling for municipal users of the method free of charge. The core idea of implementation was step-by-step implementation with special focus on involvement of employers. Implementation of ICS was designed also to support implementation of DUBU^{1 6}.

As important element of implementation of ICS were designed special seminars and workshops – both on regional and national levels. These seminars were built around workshops with theoretical and practical elements of knowledge about ICS. Seminars also contributed to share of best practices and finding of mutual solutions for different practical and theoretical difficulties. ICS-seminars offered a great opportunity for practitioners and municipal leaderships get the latest updates on ICS. exchange knowledge and experiences, build alliances and create mutual understanding of ICS-methodology.

The use of ICS on municipal level started usually parallel with implementation of ICS, and included decision-making, investigation, communication and evaluations regarding child protection cases. The work with ICS was supported by use of special schemes and later – by use of DUBU. The use of ICS terms as “child’s needs”, “parental capacity”, “unmet needs” etc. made it visible for both social counselors and other welfare professionals, but also for the family and child, that case works is now done from certain theoretical point of view and according to certain methodology.

Implementation of ICS provided municipalities with mutual professional language and insured better understanding between case workers, families, other professionals. It also made case work faster – especially in case of involved family’s moving to another municipality, and insured faster reaction form authorities’ side.

The implementation of ICS was done with help of universities colleges, responsible for education of social workers: National Board of Social Services defined the frames and content of educational activities, related to implementation of ICS, while University colleges were responsible for educational activities.

^{1 5}

<https://socialstyrelsen.dk/tvaergaende-omrader/sagsbehandling-born-og-unge/ics/materialer-og-redskaber/hjaelpeberedskaber/tragtmodel>

^{1 6}

<https://socialstyrelsen.dk/tvaergaende-omrader/sagsbehandling-born-og-unge/ics/om-ics/implementering-af-ics>

The process of implementation of ICS was designed as stream-lined process, but in the field, at the municipal level it was difficult to follow this step-by-step procedures because the complex organizational context. As it will be described in the next chapter, implementation of ICS met some difficulties, related to the leadership and educational activities at the municipal level.

The National Board also designed list over the factors, crucial for successful implementation of ICS: leadership's engagement, necessity of overall plan, super-user's guidance of own colleagues, knowledge about ICS to all of social workers at the municipality, implementation can be time-consuming process, ICS should become a part of everyday work practice, other welfare professions should be presented for ICS.¹⁷

(4) Evaluation and developmental process – how ICS combines with IT system

Deloitte evaluated ICS¹⁸ in 2014 and the evaluation's results showed, that implementation of ICS in general fulfilled the main purposes and created base for better casework, child's involvement, mutual professional language. At the same time the evaluation pointed, that implementation process needs constant support from leadership and better coordination with other organizational processes in municipalities.

The implementation of ICS took usually longer time, than National Board estimated – mostly, because lack of control from the leaderships site. The reason is probably leadership's involvement in many other processes and changes – in average municipality it's pretty common, that organizational changes, introduction of new it-systems and process's descriptions, new leadership etc. belong to everyday life. This changes, lack of attention to ICS, lack of better educational activities to support ICS super-users made the implementation process complicated and, in many cases, created negative attitude towards ICS.

ICS become visible element of municipal practice – 90 out of 98 municipalities are using ICS according to Danish National Board of Social Services. ICS is also part of curriculum at schools of social work. The use of ICS (both methodology and related terms) created the new mindset for social workers, leadership and involved welfare professionals. ICS contributed to achievement of political agenda and put child's welfare and wellbeing in the center of case work.

In the end of 2018 National Board of Social Services would implement the new version of ICS¹⁹, with less dimensions regarding child's well-being and just three dimensions related

¹⁷

<https://socialstyrelsen.dk/tvaergaende-omrader/sagsbehandling-born-og-unge/ics/om-ics/implementering-af-ics>

¹⁸ <https://socialstyrelsen.dk/udgivelser/evaluering-af-ics>

¹⁹

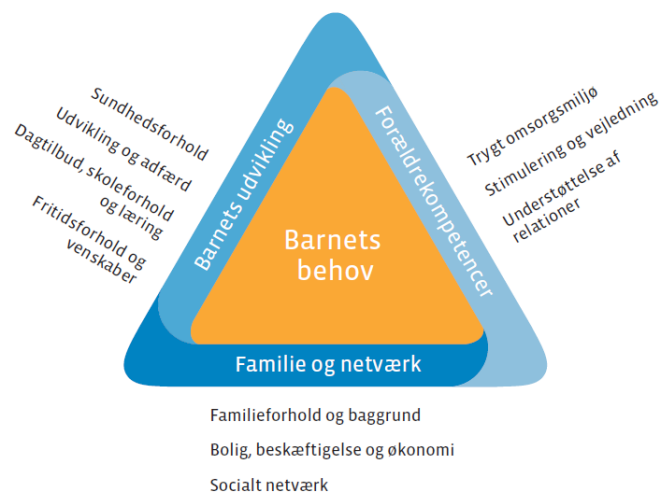
to parental capacity²⁰. The simplification has intention to help social workers with more precise and short investigations, to make the investigations document easier to understand for the involved child and family.

The main idea of simplification of ICS is to save social workers time, but also to give them possibility to concentrate their attention on few relevant categories, to look just on child's health, development and behavior, learning, spare time activities. The fields, related to child's identity etc. created usually a lot of problem for social workers - especially when it was related to investigation regarding small kids. The description of child's identity (as child's own understanding of its self) was not easy for many social workers and was difficult for both involved children and parents.

The new, simplified ICS, supposes to make it easier to describe child's and family's situation and to do it in terms, which are understandable for involved parts. It also supposes to support social workers in their professional analyses of child's and family's situation though re-formulation of fields regarding parental capacity.

The National Board would provide different courses and published guidebook to support municipal social workers in their use of the new version of ICS. It also be supported by new version of DUBU (IT-system) and new edition of different documentation.

New version of ICS is published on the homepage of the National Board of Social Services and it would look like this:



<https://socialstyrelsen.dk/tvaergaende-omrader/sagsbehandling-born-og-unge/ics/kommende-forenkling-af-ics>

²⁰

<https://socialstyrelsen.dk/tvaergaende-omrader/sagsbehandling-born-og-unge/ics/kommende-forenkling-af-ics>

As for IT-system DUBU, which according to KOMBIT, is implemented in 75 out of 98 municipalities, it was not evaluated. However Danish municipalities have possibility to suggest changes in the systems thanks to close collaboration with KOMBIT. The necessity of more user-friendly system resulted in launching of new DUBU, which will find place in the end of 2018.

The new version of DUBU – DUBU 3.0 – should reflect social workers’ wishes to get more user-friendly and easy-to-navigate system. It means, that new system has less steps in the registration of new case and during the investigation process, it is easy to get the whole view on case, the design and layout are more modern and appeal to users with different degree of it-knowledge^{2 1}.

Both ICS and DUBU were criticized by trade union of social workers for being complicated and time-consuming tools. The negative attitude towards method and it-system can be explained by social workers resilience towards growing state control over content and quality of social work. Social workers in Denmark used to have open possibility to take decision and provide service based on their own judgements and discretion, on the “silent knowledge” (experienced-based and intuition-based knowledge).

The leaders of trade union of social workers use ICS and DUBU as examples of state bureaucracy and control, which is time-consuming and stealing attention from face-to-face contact with children and their families^{2 2}.

Implementation and promotion of ICS and DUBU made social work with vulnerable children more standardized, but still did not provide the standards of quality of social work and child protection. Even social workers use the same frames, templates and terms, the actual content, the way to describe, evaluate case information and make decision is still pretty much depending on social workers actual knowledge about the theoretical background for ICS, ICS-tools and discretion.

ICS is designed to support the whole process regarding child protection cases, but quickly became tool, used mostly to investigate child protection cases, where out-of-home-placement considered. It created disconnection between the initial phase of child protection case, evaluation and investigation. DUBU supposed to support the continuity in child protection cases with help of step-by-step instructions, notifications, automatic move of essential information form one stage of the process to the next. Because it-system doesn’t allow to continue work with the case, if certain information is missing, it made social workers

^{2 1} <https://www.kombit.dk/nyheder/brugere-giver-input-til-dubu-30>

^{2 2} <https://www.version2.dk/artikel/saa-skete-igen-udskaeldt-sagsbehandlings-it-udsatte-boern-skrottes-genstartes-pris-paa-130>

more disciplined both in terms of collection of information, but also in terms of deadlines, use of terms, facts and references.

DUBU also provided municipalities and the state authorities with more precise statistics regarding child protection cases, and made it easier to control spendings: DUBU gives possibility to see all expenses, related to the child protection case. These expenses are not insignificant – one out-of-home placement cost municipalities around 100.000 euros per year (Socialstyrelsen, 2017)^{2 3}.

Because DUBU helps to keep track of expenses, deadlines for re-evaluation of cases etc., this it-system reminds social workers to hold necessary meetings with child in foster care and foster care institution. These meetings are intended as help for social workers and give possibility to evaluate progress in foster care placement and possibility for child's return to original caregivers.

In general, one can say, that ICS and DUBU – despite some implementation problems and complaints, are both good examples of national wide systematical approach to child protection. Both the method and the it-system created solid fundament for professional, child-oriented and holistic work with child protection cases, based on evaluation of child's needs and resources, parental capacity and family's socio-economical context.

Both ICS and DUBU created fundament for mutual standards within social work with vulnerable children and their families and can be considered as one of the first accomplished examples to unite different practices at national level with help of methodology for social work and supportive it-system. At the same time, ICS and DUBU have difficulties to be accepted by social workers, despite the use of both of them in the majority of Danish municipalities.

^{2 3} <https://socialstyrelsen.dk/udgivelser/socialanalyse-anbragte-born-og-unge>

5 Washington (WA), United States of America

Miho Awazu
International Foster Care Alliance

1. Overview of the United States Child Welfare System

In the United States, when parents are unable or unwilling to fulfill their responsibilities of providing their children with safety and basic needs, child protection services has the mandate to intervene on behalf of the children.

Currently, there are approximately 430,000 children in out of home care in this country, and the average age of these children is 8.7 years old. On average, foster children spend 19 months under the supervision of the states. 30 % of US foster children live with their relatives, 45% live with non-relative foster family homes, and the rest live in pre-adoptive homes, congregate care and other types of care. (AFCARS, 2016)

This literature review will focus on child welfare research, policy and practice issues in the United States and the state of Washington where the writer of this review currently resides. Moreover, in order to examine how the US child welfare system was formed, especially over the last 40 years, discussion in this review is grounded on the framework of the “PDCA cycle”, *1) Social Discovery Phase; 2) Precursor Phase; 3) Achievement Phase; and 4) Review Phase*, developed by Dr. Yoko Kimura and her research team at the Japan College of Social Work.

The American child welfare system is driven by the **fundamental goals and philosophical tenets** described below:

1) Dual goal of achieving “child safety” and “family support”

All children have the right to live free of physical, sexual and emotional harm by their parents or caregivers. This first goal is also to guarantee that children live safety and permanently with their own families and, if they require placements outside of their homes, they are to be placed in “the least restrictive (most family-like) setting”, namely, extended family members of kin, substitute care givers, and community members already familiar to them. (Children’s Bureau, 2013)



Figure 1
Casey Family Programs: Placement of Foster Children in the Least Restrictive Setting

“Most parents want to be good parents and have the strength and capacity, when adequately supported, to care for their children and keep them safe.” (Goldman & Wilcot 2003) Therefore, “child welfare agencies can achieve its overriding goal of ensuring child safety by keeping families together and actively reaching out to parents to support their strength as caregivers.” (Pecora, Whittaker, Maluccio & Barth, 2000)

2) Communities’ responsibility to safeguard children and to support families in need

A responsive child welfare system should include preventive and family supportive services that are easily accessible to children and families in their own communities and integrated with other community service delivery systems such as housing, health care and education. No single agency or discipline has all the necessary knowledge, skills and resources to provide the assistance needed by maltreated children and their families. (Chahine & Higgins, 2005)

While public child protective services (CPS) ☆, law enforcement and courts have legal mandates and primary responsibility for responding to child abuse and neglect, other services in the community play important roles. This notion of developing community partnerships at a neighborhood level comes from a recognition that informal intervention and services are effective in preventing child maltreatment and for extending services to vulnerable families after their children are returned to their homes. (Schene, 2006)

3) System's accountability to provide children and families with timely, culturally competent, and family-centered services

To best protect a child's overall well-being, child protection agencies must move children in a timely manner to permanency. Along with developing plans to facilitate reunification of children, agencies are required to establish alternate plans for permanency from the time the child enters care. For those children who cannot be reunified with their parents, efforts must be made to assure a stable and permanent home for the child through adoption or through other permanent living options.

Agencies' interventions must be sensitive to the cultural and ethnic diversity of all children and families, and their approach must be "family-centered." This implies that child welfare professionals should focus on a family's strengths and on finding resources imperative to enhancing family functioning. Services should be individualized and tailored to each family's needs, and families need to be included in their own case planning. "(Pecora, Whittaker, Maluccio & Barth, 2000; Goldman & Wilcot, 2003)

It should be noted that the above 3 child welfare goals are rooted in American values and principles, and embedded in the ideological mind-set of people who are working in the child welfare policy and practice field. However, the dual goal of achieving child safety and well-being while supporting families have been constantly challenged by adversities such as poverty, substance abuse epidemics and public child protection services social workers' heavy case load and other work environment issues. Later in this review, these challenges will be discussed in details to illustrate how various difficulties shaped America's child welfare policies and practice.

While states and their local agencies have the first line responsibility for providing services to children and families, the **federal government** plays a major role in supporting states in the delivery of services through the program funding and through the enactment and renewing of child welfare legislations.

The **United States Children's Bureau** ☆, a federal agency organized under the Department of Health and Human Services' Administration for Children and Families, has the primary responsibility for enforcing and administering federal child welfare legislative mandates and monitoring performance and progress in all 50 states. It also supports states for developing abuse prevention and family support programs.

In order to receive federal funds, states are required to comply with the standards and procedures mandated under federal laws.

Based on the most recent data available, total **expenditures on child welfare services**

in the United States were nearly \$29.1 billion dollars in 2014. Included in this total amount are expenditures on the following services administered by child welfare agencies:

- 7) Services for children and families to prevent abuse and neglect;
- 8) Family preservation services;
- 9) Child protective services (intake, family assessment, investigation, and case management);
- 10) In-home services;
- 11) Out-of-home placements; and
- 12) Adoption and guardianship services and supports.

Nationally, federal funds comprised slightly less than half of money spent on child welfare. States varied in their child welfare expenditures. In some states, most child welfare dollars come from federal funds, while in other states, state and local dollars far exceed federal dollars. The Washington state’s child welfare spending ratio was 43 % federal and 47 % local in the fiscal year of 2014.

Although the remaining half of child welfare expenditures come from state and local sources, much more detailed information is available about expenditures of federal money because of the highly regulated nature of the funding structure. (DeVoogh & Cooper, 2012; Child Trends, 2015)

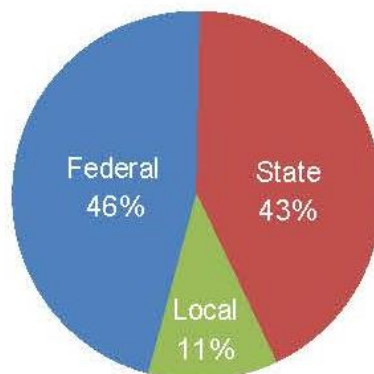


Figure 2
on the left is the “federal, state, and local share of all child welfare expenditure in the United States”

SFY 2012 Federal Child Welfare Spending in the United States, by Funding Source

Total Federal Spending: \$12.7 billion

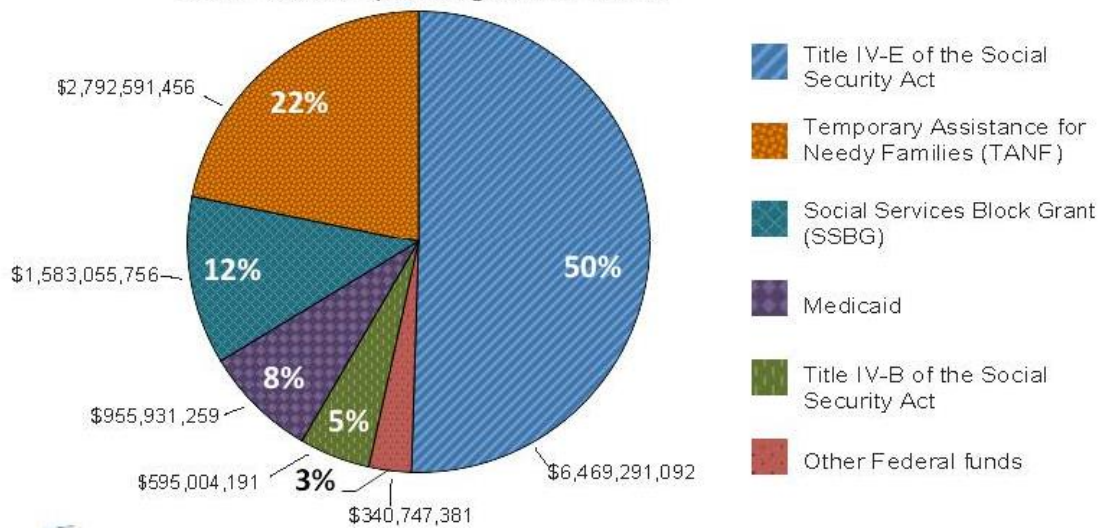


Figure 3

on the right is the “federal child welfare spending in the US by funding source”

Historically, the United States passed a series of laws related to foster care and child welfare. In section II., this literature review will focus on the following **four major federal legislative acts** that are most relevant to today’s child welfare practice.

5. The Child Abuse Prevention and Treatment Act of 1974 (CAPTA)
6. The Indian Child Welfare Act of 1978 (ICWA)
7. The Adoption Assistance and Child Welfare Act of 1980 (AACWA)
8. The Adoption and Safe Families Act of 1997 (ASFA)

In the state of Washington, the **Revised Code of Washington (RCW)**☆ and the **Washington Administration Code (WAC)**☆ both contain sections on foster care, Indian child welfare and adoption. RCW are statutes that are passed by the state legislature or by the vote of the people, whereas WAC are administrative regulations and rules adopted by state agencies.

2. Analysis of the Developmental Cycle of the US Child Protective System

a) Formation of the Child Abuse Prevention and Treatment Act of 1974 (CAPTA) - the First Major Federal Legislation in the United States’ Child Welfare History

Before CAPTA was enacted in 1974, private agencies supported by charities were

responding to child maltreatment. Media attention on child abuse and neglect increased during the 1960's and concerned pediatricians, legal and child welfare experts gathered together to discuss solutions to the growing problems in meetings organized by the Children's Bureau.

In 1962, Dr. Henry Kempe, Chairman of the Department of Pediatrics at the University of Colorado School of Medicine, published a report, "The Battered-Child Syndrome (BCS)" in the Journal of the American Medical Association. In this report, Dr. Kempe described BCS as clinical evidence of injury resulting from non-accidental trauma in children, and illustrated the gravity of the problem by providing data on the prevalence, etiology and consequences of child battery. Immediately after the report was published, child abuse became a national issue. (Children's Bureau April, 2014; Myers, 2004) *1) Social Discovery Phase*

In 1970, the White House Conference on Children and Youth was held and focused on child maltreatment as one of the most serious problems that the nation was facing. As a result of this conference, the federal government started providing all 50 states with a special budget to establish councils designated to monitor the status of children and to collect information about the problem and survey current local child protection programs and efforts.

At that time, almost all 50 states had child abuse reporting laws as well as a legal framework for child protection practice. However, due to the lack of institutional and financial support and basic social worker training, the states were unable to sustain adequate support and preventative services necessary to safeguard their vulnerable children. (Children's Bureau 2014) *2) Precursor Phase*

The **Child Abuse Prevention and Treatment Act (CAPTA)** was enacted in 1974 and, with a special focus on improved investigation and reporting, authorized federal funds to improve the state response to physical and sexual abuse and neglect. CAPTA also authorized funds for training, for regional multidisciplinary centers focused on child abuse and neglect, and for various demonstration programs. Furthermore, responsibility for administering CAPTA was placed in a newly established agency, the National Center on Child Abuse and Neglect (NCCAN).

CAPTA also brought the following notable changes:

- The categories of individuals who are required to report is suspected have grown to include not only medical professionals, but also school teachers, law enforcement officers, and clergies.

- The definition of child abuse was also broadened to include physical, sexual and emotional abuse, abandonment and neglect.

The US Congress periodically renewed this legislation and its funding and this important legislation remains in force today. (Children’s Bureau, 2014; Gainsborough, 2010)

3) **Achievement Phase**

As a result of this first national child abuse legislation, reports of suspected child abuse have skyrocketed. By 1974, approximately 60,000 were reported. In 1980, the number exceeded a million, and by 1990, reports of suspected child abuse reached two million. (Myers, 2004)

As the number of reported cases of child abuse increased, so did the investigation and interventions of child protection agencies. Valuable child welfare resources were directed almost solely toward investigating and intervening instead of preventing child maltreatment and helping families and children in needs. Investigation and assessment became the primary functions of state child welfare systems and this trend continues today. (Lindsay, 2004; Gainsborough, 2010)

Critics of CAPTA argued that CAPTA formed the nation’s child protection system as a “product of errors in design” because this law made mandated reporting and investigation the cores of the system. Moreover, child protection services were sidetracked from the task of increasing the safety of children and are mostly engrossed instead in evidence gathering and preparation of actual or potential court cases. In the meantime, economically disadvantaged families were dissuaded by the fear of being reported from seeking help from the system. (Molton, 2004)

The other criticism had to do with poverty. Just like other federal child welfare legislations, CAPTA did not address poverty as a major factor contributing to child abuse and neglect. Builders of CAPTA deliberately separated issues of child maltreatment from poverty and legislation that specifically address families with financial needs such as AFDC (Aid to Families with Dependent Children) and TANF (Temporary Assistance for Needy Families). United States child welfare policies unswervingly lacked clear directions on helping low-income children and families and this propensity had an enormous impact on the state and local foster care practice for decades following CAPTA. (Children’s Bureau, 2014; Nelson, 1984; Lindsay, 2004; Gainsborough, 2010)

4) **Review Phase**

b) The Making of the Indian Child Welfare Act of 1978 (ICWA)

It has been almost 40 years since **the Indian Child Welfare Act (ICWA)** was enacted in 1978. Before 1978, a disproportionately large number of Native American children were removed from their families and from their own native traditions and culture. Records

indicated that 30% of Indian children were placed in non-Indian foster and adoptive homes, and institutions far away from their tribal homeland. The per capita rate of Native American children in foster care was almost 16 times higher than the rate for non-Indian children. (Jones, Tilden & Gaines-Stoner, 2008; Myers, 2004)

The United States Congress enacted ICWA to address this “racial disproportionality” of the Native American children’s foster care and adoptive placements. The legal document states that “There is no resource that is more vital to the continued existence and integrity of Indian tribes than their children,” and “that an alarmingly high percentage of Indian families are broken up by the removal, often unwanted, of their children from them by nontribal public and private agencies. “(Pub. L.No.93-247, 88 Stat.4, 1974)

The United States government recognized that there were systematic due-process violations against Native American families during child-custody procedures and a lack of culturally competent state child-welfare standards.

ICWA established a federal standard that defines what was in the best interests of Indian children. This standard was different from the standard for other children partly because Indian children had a different status in the judicial system because they were also part of tribes which had distinct sovereignty.

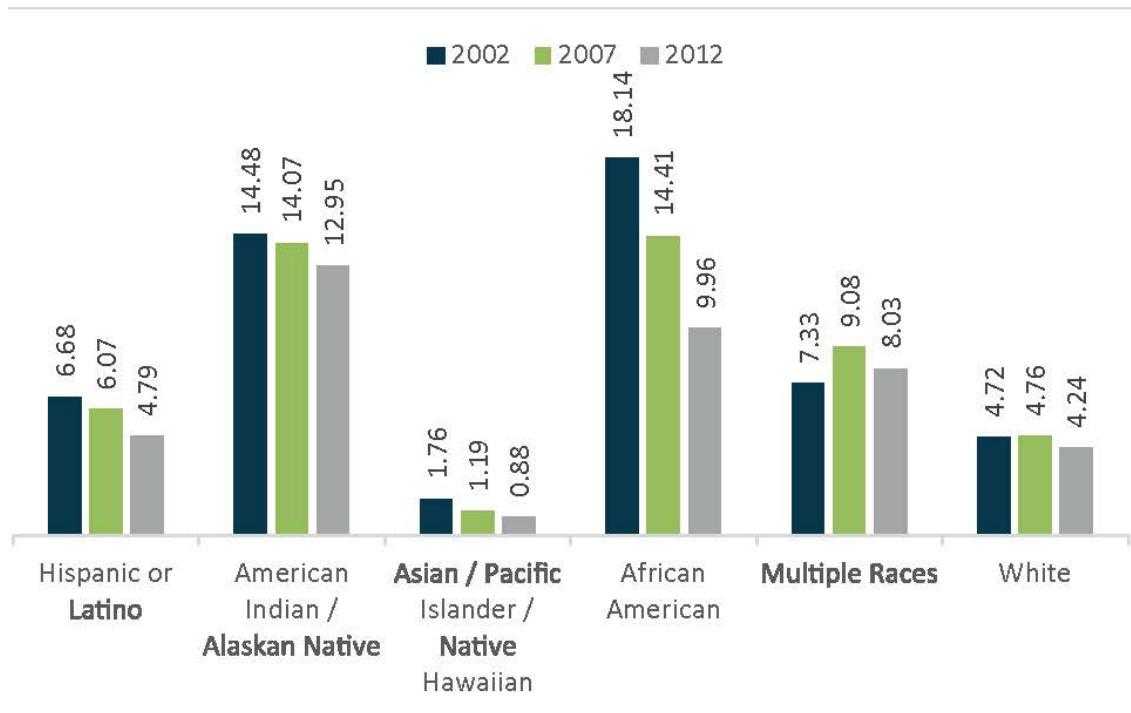
In order to preserve the well-being of Indian children’s rights, the following standards were set in the legislation:

- 1) ICWA applies only to Indian children who are either a member of a federally-recognized tribe or eligible for membership in a federally-recognized tribe and are the biological child of a member of that tribe;
- 2) If it is suspected that a child is Native American, a child welfare agency must immediately contact the child’s tribe to determine whether the child is an Indian child as defined in ICWA;
- 3) Under ICWA’s provision, during termination of parental rights proceedings, child welfare agencies must prove that they have used “active efforts” (a higher standard than “reasonable efforts” standard) to provide services to prevent removal of the child from his/her home.
- 4) Under ICWA, when a termination of parental rights petition is filed, the burden of proof rises to “beyond a reasonable doubt” which is higher than “clear and convincing evidence” for non-ICWA cases. (Pub. L.No.93-247, 88 Stat.4, 1974; Jones, Tilden & Gaines-Stoner, 2008)

The Center for the Study of Social Policy released a report in 2015 highlighting the various strategies used by states to address racial disparities in child welfare. The report identifies the greatest disparities among Native American populations. (CSSP, 2015) In AFCARS reports that summarize changes in the size and racial and ethnic composition of the US foster care population, African American and Hispanic children’s rates dropped 30 to 50 % in the 10-year period between 2002 and 2012. However, Native American children’s rate dropped only a few points. (AFCARS, 2014)

UNITED STATES FOSTER CARE PLACEMENT RATE BY RACE

(per 1,000 children)



Foster Care Data Source: Child Trends analysis of data from the Adoption and Foster Care Analysis and Reporting System (AFCARS), made available through the National Data Archive on Child Abuse and Neglect. **Child Population Data Source:** Population Division, U.S. Census Bureau. Data accessed via Kids Count Data Center: <http://datacenter.kidscount.org>. Foster care rate calculations completed by Center for the Study of Social Policy.

Figure 4 Child Trends–AFCARS

c) How the Pendulum Swung Between the Two Major Child Welfare Legislations - the Adoption Assistance and Child Welfare Act of 1980 (AACWA) and the Adoption and Safe Families Act of 1997 (ASFA)

After CAPTA was enacted, the numbers of child abuse and neglect cases continued to soar, and policy makers, child welfare professionals and other stakeholders pointed out the

problems associated with child welfare in the United States:

- There were no comprehensive services for parents who lost their children to the system;
- Children were experiencing multiple foster placements without being reunited with their families. This phenomenon was called “foster care drift”;
- Children were living out of home without clear permanency goals and they were often separated from their siblings;
- Child protection and other public agencies did not pay careful attention to the needs of minority children, disabled children and adolescents;
- There weren’t adequate data on children who were under the supervision of child protection agencies around the country.

(U.S. House of Representatives 1992; Pecora, Whittaker, Maluccio & Barth 2009)

1) Social Discovery Phase

The Adoption Assistance and Child Welfare Act (AACWA) was enacted in 1980 to address the problems listed above. With the introduction of new federal funding program (Title IV-E), the following new practice transformations were realized:

- The reasonable efforts to preserve families was the central component of AACWA. The federal government required states to make “*reasonable efforts*” to prevent parents from maltreating children.
- When removal was necessary, “reasonable efforts” were again required to reunite families. Various family preservation programs and methods were utilized to meet the challenges to preserve and reunite families.
- A legal timeline was established to ensure children’s permanency, and court mandated child protection agencies were required to establish permanency plans for every child.
- For children who could not return home, the federal government provided states with financial incentives for adoption.

Changes that AACWA brought to child welfare policies and practice did not reduce the number of children living in foster care, and the phenomenon of “foster care drift” persisted. In fact, children were languishing in care for many months and sometimes years due partly to the cocaine epidemic that was sweeping the country between 1985 and 1999. In the meantime, an increasing number of children who were returned home died in the hands of their parents. The media brought this tragedy to the public, and critics of ACCWA argued that over dependence on family preservation programs that were not effective or adequate led to the increase in child fatality. (Gelles 1996, Gainsborough 2010)

2) Precursor Phase

Public outrage and crisis over child death cases brought another wave in the United States child welfare, and the pendulum swung in the other direction when Congress passed the **Adoption and Safe Families Act (ASFA)** in 1997. After 17 years from the enactment of AACWA in 1980, emphasis moved from preserving families to ensuring children's safety and permanency. ASFA attempted to reform the nation's child welfare with the following new principles and policies: (Allen & Bissell, 2004; Myer, 2004)

- For the first time in federal law, ASFA made explicit that a child's health and safety are paramount, and while it recognized that children's primary case plans brought reunification with their biological parents, it asserted that reasonable efforts should be made to place children in a timely matter in accordance with their permanency plans.
- ASFA highlighted the nature of foster care as their temporary alternative option, and required permanency hearings to be held no later than 12 months after a child entered foster care (6 months earlier than AACWA). The law also required states to initiate termination of parental rights when a child had been in foster care for 15 of the previous 22 months. ASFA included placements with relatives or legal guardians as viable permanency options.
- ASFA also placed emphasis on states' accountability and required the Department of Health and Human Services to establish outcome measures to track state performance in protecting children and to develop a performance-based incentive system to provide federal foster care and adoption payments.
- The federal government expanded its financial incentives for adoption. (PL 105-89 H.R. 867 1997)

3) **Achievement Phase**

Changes in Foster Care Resulting from the Adoption and Safe Families Act of 1997

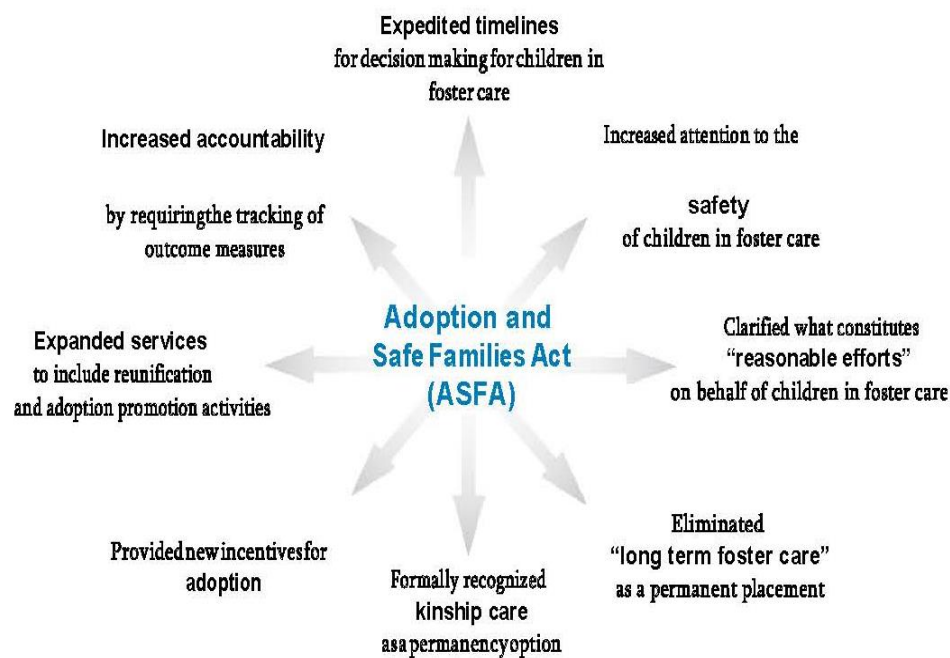


Figure 5

From Allen & Bissell, 2004, "Safety and Stability for Foster Children"

ASFA's goals were to achieve children's "Safety, Permanency and Wellbeing" and these three goals are still reflected in today's child welfare practice. ASFA strove to make this third goal of achieving children's "**well-being**" by providing them with services that meet their educational, emotional, physical, and mental health needs. More specifically, ASFA required states:

- 1) To develop health and mental health oversight and coordination plans for children in foster care. Plans were to be developed collaboratively with the state Medicaid agency and in consultation with pediatricians and other medical experts.
- 2) To have their child welfare agencies to coordinate with local education agencies to ensure that children stay in the schools that they were originally enrolled in at the time of placement in foster care.
- 3) To provide health insurance coverage for children with special physical and psychological needs. (Urban Institute, 2009)

ASFA's emphasis on children's permanency brought a new social work practice approach called "**concurrent planning**".

Concurrent planning considers all possible options for permanency at the earliest possible point after a child enters into foster care and concurrently pursues those options that will best serve the child's needs. The goal of this approach is to reduce delays in achieving permanent families for children in the child welfare system. The primary plan of permanency is reunification with the child's own family. In concurrent planning, an alternative permanency goals such as adoption and guardianship are pursued at the same time rather than being pursued after reunification with birth family has been ruled out. (Schene & Spark, 2001; Katz, 1990; Berrick 2009)

ASFA set the **adoption incentive** payment to the states to \$4,000 for each adoption of a foster child above the base number, plus \$2,000 for a total of \$6,000 per special needs adoption. For these incentive payments, \$20 million was authorized for each of four years following the passage of ASFA in 1997. (PL 105-89 H.R. 867 1997) This financial incentive promoted the adoption of nearly 100,000 children between the years 1997 and 2002. (Klee, 2002) Today, over 40 % of all adoption cases (60,000 per year) in the United States are from the foster care system. (AFCARS, 2016)

There have been many debates regarding positive and negative aspects of ASFA as one of the most monumental child welfare legislation in the history, and these debates continue to the present time.

A difficult challenge for addiction treatment professionals and parent advocate is to meet ASFA's permanency deadlines. ASFA requires that a child welfare agencies file a petition for termination of parental rights (TPR) when a child has been in foster care more than 15 months. Not all cities and counties in the United States have adequate and appropriate substance abuse treatment service facilities. Many parent advocates argue that the TPR timeline is too short for parents who suffer from serious addiction and need long-term inpatient and outpatient treatment to successfully reunite with their children. Considering that relapse is a part of the normal addiction recovery process, having permanency proceedings at the 15-month point is unrealistic for many drug and alcohol addicted parents. (Children's Bureau, 2014)

ASFA's outcome brought timely permanency for many children. However, ASFA's permanency requirements also created a pool of children, especially older and minority youth, who are waiting to be adopted and are staying in foster care for a long period of time. Ever since ASFA was enacted, the number of these "waiting children" kept the level between 100,000 and 120,000 each year. (Klee, 2002)

In addition, while numerous policy makers and child welfare professionals lean towards the importance of providing abused and neglected children with permanent homes,

biological parents and their advocates contend that ASFA's core principle of early permanency for children overlooks the infinite value of children's biological bond with their natural parents. (Roberts, 2002)

3. Analysis of Child Protection Agencies' Provision of Child Abuse Prevention and Family Support Services

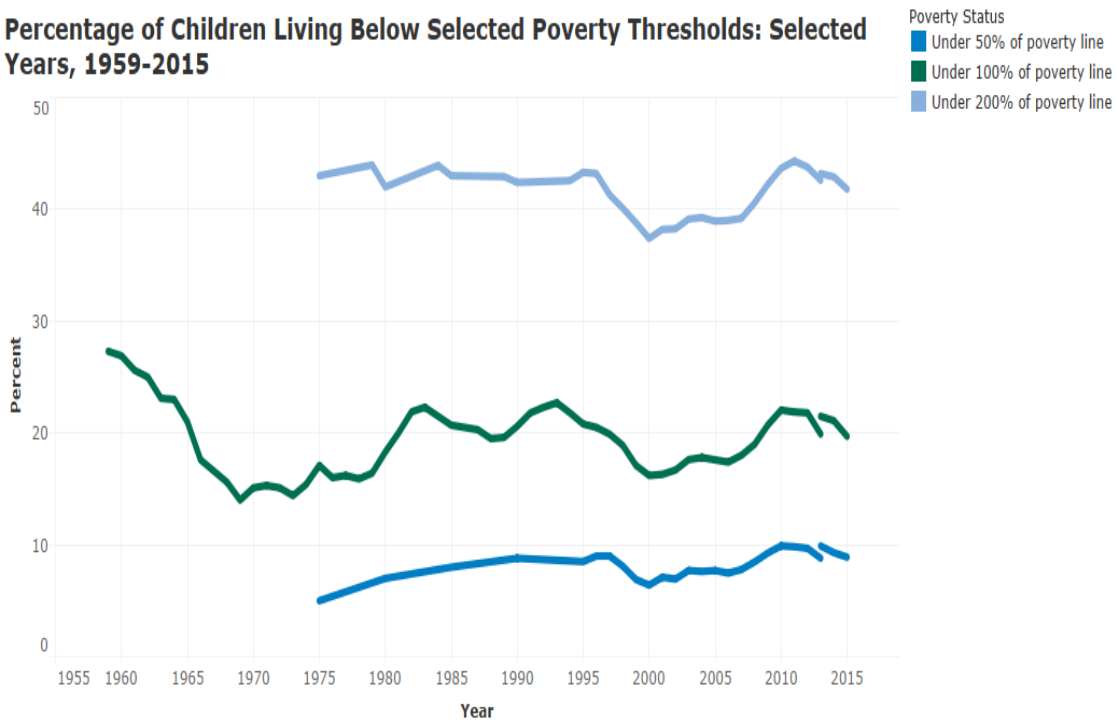
How are American children doing 20 years after the enactment of ASFA?

The two key factors that should be paid much attention to are the high child poverty rate and persistent child neglect as a maltreatment pattern in this country. These two social problems, poverty and neglect, are intricately connected in the field of child welfare, and should be studied and discussed in parallel.

Continuing from the previous section in this review, the writer will discuss the Washington state Children's Administration's most current foster care practice reform as well as the circumstances preceding the reform efforts by using the 4 stages of the child welfare cycle: 1) *Social Discovery Phase*; 2) *Precursor Phase*; 3) *Achievement Phase*; and 4) *Review Phase*.

In the United States, more than 1 out of 5 children under 18 years of age live in families with incomes below the poverty line (defined as income \$24,036 or less in 2015 for a family of four with two children). The graph below shows the trend in the national child poverty rate for the last several decades. Astounding number of children (9 % of all American children) live in the condition of "deep poverty" (below 50% of the poverty threshold).

Percentage of Children Living Below Selected Poverty Thresholds: Selected Years, 1959-2015



Sources: Poverty level data for 1959-2001: U.S. Census Bureau, Historical poverty tables-People: Current Population Survey, Table 3. Available at <http://www.census.gov/hhes/www/poverty/data/historical/people.html>. Other data 1975-1985: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, (2002), Trends in the well-being of America's children and youth 2001, Table ES 1.2.A. Author. Available at: <http://aspe.hhs.gov/hsp/01/trends/>. Other data for 1990-2000: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, Poverty in the United States: detailed tables. Available at <http://www.census.gov/hhes/www/poverty/data/ncpovhlth/index.html>. Data for 2001: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, Income, poverty and health insurance in the United States: detailed tables. Available at <http://www.census.gov/hhes/www/poverty/data/ncpovhlth/index.html>. Data for 2002-2015: U.S. Census Bureau, CPS Table Creator (online tool), available at <http://www.census.gov/cps/data/cpstablecreator.html>

Figure 6 US Census Bureau-Historical Poverty Table

The recent government study found that, over the last 24 years (1990 to 2013), there was a dramatic decline in the numbers of physical abuse and sexual abuse incidents in the United States. On the contrary, the child neglect rate stayed at the unchanged high level with only a small overall decline for the same period. David Finkelhoe and his group of researchers carefully studied the causes of the decline in physical and sexual abuse and concluded that there was no clear consensus regarding the causes of this decline. However, they state that some possible factors for the decline coincided with the period of sustained economic growth, the increase in the numbers of police and child protection personnel, the more aggressive prosecution and incarceration policies, the growing public awareness about child physical and sexual abuse and increased mental health treatment options and invention of new psychotropic medication. Finkelhoe and his group state that there was no obvious reason why neglect trends have differed so distinctively from those of physical and sexual abuse, but speculated that neglect has not declined because it has not been the subject of the same level of policy attention and public awareness as physical and sexual abuse. (Finkelhoe 2008, Finkelhoe, Saito & Jones, 2015; Jones, Fionkelhoe & Halter, 2006; Finkelhoe,2008)

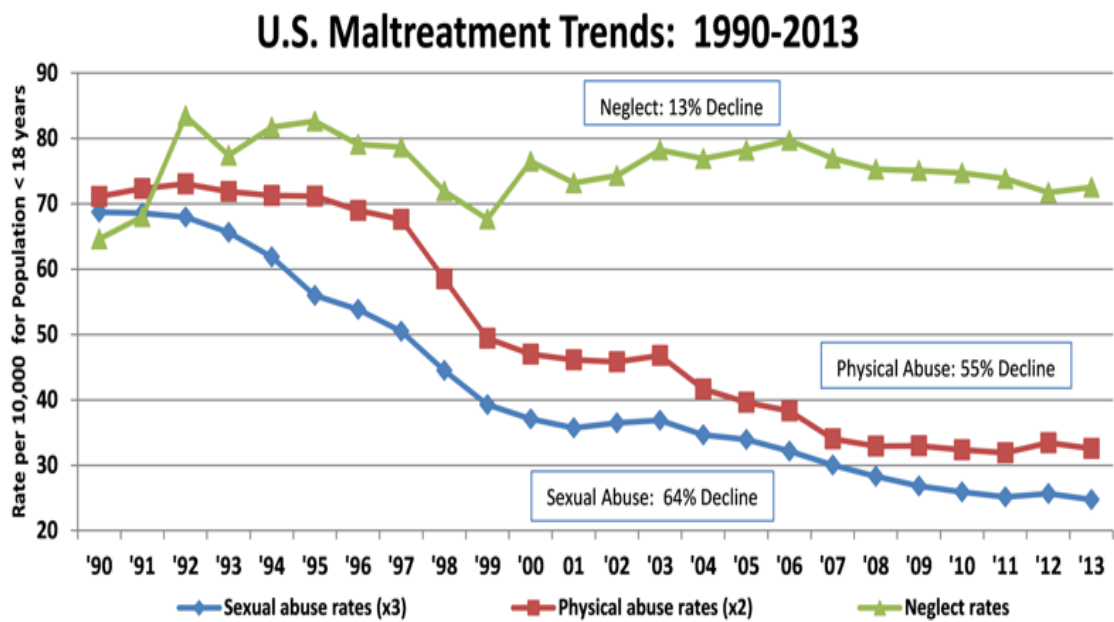


Figure 7 University of New Hampshire 2013

It is a well-documented fact that child maltreatment is closely linked with poverty and its related difficulties such as single parenthood, social isolation, unemployment, poor education and being a member of a racial minority. A recent federal government report found that poor children are seven times more likely to be neglected than other children. (NIS-4) Not all children in low income families are neglected, but for many families, especially those who live in communities of prolonged and severe poverty, it is virtually impossible to avoid harm to children whose basic needs cannot be met.

When parents are unable to provide their children with daily necessities, they may feel anxious, depressed and overwhelmed, and the stress of living in harsh and deprived conditions can have a disabling effect on parenting ability potentially resulting in risks to safety. In addition, in the United States, parents who are entrenched in poverty turn to substance abuse as a method of coping. (Martin & Citrin, 2014; Shaughessy, 2014)

Regarding the child protection system’s inability to solve the problem of neglect, social scientists and child welfare scholars point out the child protection system’s lack of concrete methods, policies and theories to effectively work with child neglecting families. Some even argue that, for decades, child welfare administrations and practitioners used “coercive” techniques to make child-neglecting parents participate in offered services that were initially designed to treat parents who seriously abuse their children physically or sexually. (Molton, 2004) Dee Wilson and William Horner assert that “CPS agencies need to develop another approach for chronically neglecting and chronically maltreating families, and this (in their experience) they are loath to do.” (Wilson & Horner, 2005)

(1) Social Discovery Phase

In the United States, as early as 1990s, some states passed legislation to make their child protective services systems responsive to varying degrees of risk and to innovative and alternative approaches in working with families reported to the agency. **Differential Response (DR)** emerged from the concern that investigative response to child maltreatment reports was stringent and adversarial and did not provide adequate services to meet families' vital needs. Many states joined the national reform efforts to redesign their services with a supportive and collaborative approach that is free of the limitations and humiliation of an investigation, and these efforts became a larger child welfare reform movement in this country. (Waldfoegel, 1998)

The State of Washington's answer to foster care reform was also the implementation of the Differential Response model. Below is a summary of the steps in which the Washington Children's Administration acquired federal funding to implement DR in their state.

Robin Arnold-Williams, Secretary of the Washington State Children's Administration, stated at the time of writing her January 2013 report, "Initial Design and Implementation Report", that all suspected child abuse reports were evaluated by intake staff who screened the information provided to determine if the report met the criterion for an investigation as outlined in Washington Administrative Code (WAC). The investigative route focused primarily on children's safety, the reported allegations and the possible risk of serious harm or neglect. At that time, child neglect allegations represented approximately 60 % of all accepted intakes. These allegations contained an array of different family circumstances and concerns. However, all intakes were assigned to the traditional investigative track for response.

Arnold-Williams states that "many of the families involved in the Washington State child welfare system needed essential concrete resources, such as stable and safe housing, transportation, basic household items, clothing, and food." Parents' lack of resources to meet their children's needs influenced their innate ability to perform safe parenting and their isolation further removed them from available resources in the community. (Arnold-Williams, 2013)

Differential Response (DR) is also referred to as dual track, alterative response, and family assessment response. Child protection agencies organized on the methods of DR typically have two pathways to serve families: 1) an investigation pathway and 2) a non-investigation pathway.

The investigation pathway is usually restricted to those referrals in which the child has been severely maltreated, or in which there is imminent risk for further abuse that typically involves court's intervention.

The non-investigation pathway is identified for cases that have been initially determined as low or moderate risk and its purpose is to engage the family in an assessment process to determine what they need for the children's safety and well-being. (Children's Bureau, 2011; Children's Bureau, 2014)

In order to implement a differential response to child abuse and neglect allegations, the State of Washington has applied for the federal government's *Child Welfare Title IV-E Waiver Demonstration Project*++ grant, and named their new differential response model "**Family Assessment Response (FAR)**"☆. The Children's Administration hoped that FAR would be their new, alternative pathway to engage families, and to maintain children safely at home.

Child Welfare Title IV-E Waiver Demonstration Projects, ☆are funded by the US federal government's Children's Bureau and provides states with opportunities to use federal funds to experiment with innovative approaches to child welfare service delivery and financing.

Title IV-E of the Social Security Act is the most significant source of open-ended entitlement funds for foster care, but its restrictions limit the use of the money to placement and maintenance of foster children in out-of-home care. Since 1994, the federal government has used waivers from these restrictions in the IV-E program to allow states to try innovation in child welfare practices.

When the reform movement towards FAR implementation started in 2013, Washington already was utilizing several well-established practice models that included: 1) Structured Decision Making (SDM) and Child Safety Framework(CSF); 2) Solution-Based Casework (SBC); and 3) Evidence-Based Practice. FAR implementation was going to be built upon the Washington State Children's Administration's child welfare practices that were already in place state-wide:

1) Structured Decision Making (SDM) ☆ and Child Safety Framework (CSF) ☆:

Washington State utilizes both SDM and CFS as its assessment tools. SDM was implemented in 2008 as the state's primary assessment protocol. This is an evidence-based approach that uses clearly defined decision-making criteria for screening of initial investigations, determining response priority and estimating the risk of future child abuse and neglect.

CFS was rolled out as an additional assessment tool in 2012. This model is not an evidence based practice but is widely used in the country. At the intake screening stage, CSF separates all at risk cases into two categories, "Present Danger" and "Impending Danger", and risk factors that threaten child's safety are itemized as "17 Safety Threats".

In addition, 4 assessment steps, “Gather”, “Assess”, “Analyze”, and “Plan” are utilized throughout the life of the case. (Children’s Administration CSF Training Manual)

- 2) Solution-Based Casework (SBC) ☆: a case management approach that is designed to help social workers engage families to promote safety and well-being of their children. The goal is to work in partnership with the family to help identify their strengths, focus on everyday life events, and to help them build skills necessary to manage difficult situations. This approach addresses specific everyday events in a family that have caused the family difficulty and combines the best of the problem-focused relapse prevention approaches that involve work with addiction, violence, and helplessness and with solution-focused models evolved from family systems casework. (Christensen, Todahl, & Barrett, 1999)

- 3) Evidence Based Practice (EBP) ☆: a treatment, intervention protocol or practice that has scientific and empirical research evidence for its efficacy with its intended target problems and populations. (Chadwick Center) *The California Evidence-Based Clearinghouse for Child Welfare (CEBC)* website lists available evidence-based treatment and practice models and rates their efficacy with the “Scientific Rating” from 1 to 5, and categorizes them into 3 different “Child Welfare System Relevance Levels” according to the models’ relevancy to the field of child welfare. Washington State enacted a law requiring Children’s Administration to expand the use of evidence-based practices in 2012 and has been using contracted service organizations and individual practitioners who provide various evidence-based in-home services, parenting techniques and mental health interventions. The state-wide Children’s Administration contractor lists are available in this website.

<https://www.dshs.wa.gov/ca/contracted-providers/statewide-contractor-list>

(2) Precursor Phase

In 2012, the United States Congress reauthorized funding for 10 new Title IV-E waiver demonstration projects. Washington state submitted its Title IV-E waiver application to Congress and was selected as one of the 10 demonstration projects. During the same year, the demonstration project using Family Assessment Response (FAR) was signed into Washington state law. (Senate Bill 6555)

Children’s Administration’s FAR implementation plan was proposed to the State legislature in December 2012. The implementation office leads were selected and some upper management personnel were trained on FAR in February 2013. Children’s Administration then started developing its online data collection system (FamLink’s)

components that included assessment and practice information on FAR non-investigation pathway clients. FAR curriculums for training line caseworkers were developed early 2013. By the fall of 2013, the Phase 1 FAR training was started and on January 1st, 2014, FAR implementation officially started. At the present time, all 3 regions in Washington States practice FAR as their non-investigation pathway.

Figure 1: Family Assessment Response Logic Model

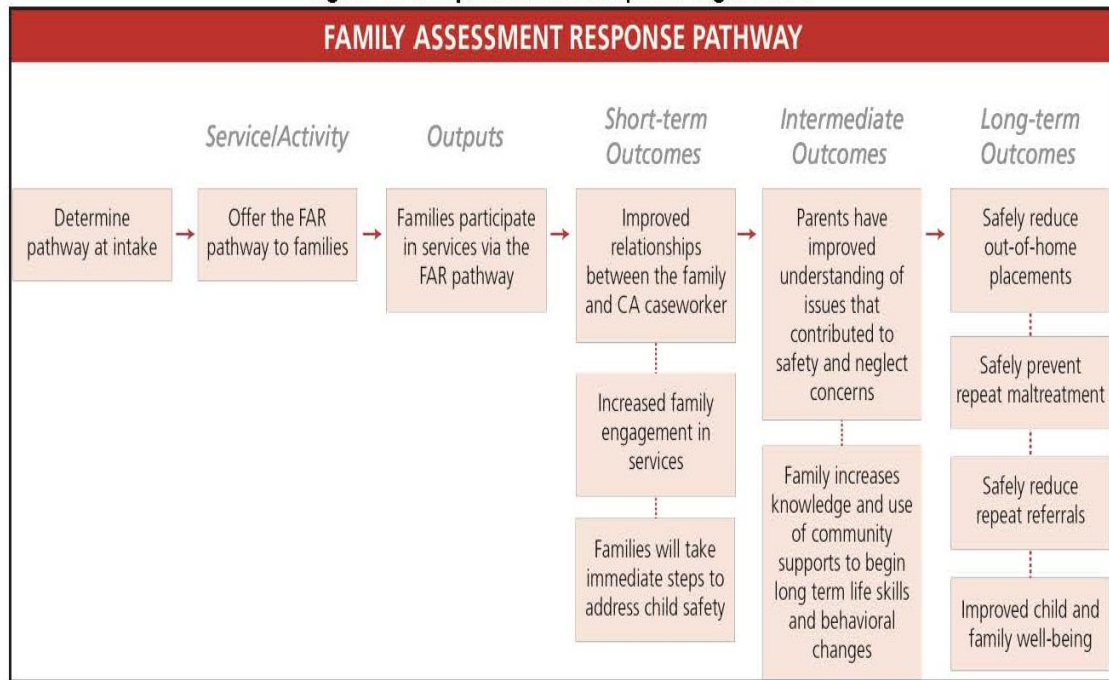


Figure 8 Washington State DSHS Children's Administration

Currently, Children's Administration uses the above "Logic Model" to conduct on-going monitoring and measuring of FAR effectiveness and outcome.

In addition to concrete family support services that includes public and community housing programs, Children's Administration utilizes all three social work practice models described earlier in this review:

- 1) Structured Decision Making (SDM) and Child Safety Framework (CSF) Washington's case review team uses federal measurements and Washington State legislations and policies to review all FAR cases. For quality assessment, the case reviewers look into case workers' compliance with regular practice of Structured Decision Making (SDM) and Child Safety Framework (CSF). In Washington, contracted services providers outside of Children's Administration are also trained to practice CSF in casework.

- 2) Solution-Based Casework (SBC) plays a vital role in providing services to families in the FAR caseloads. SBC's strength-based approach and family engagement and problem solving skill components are well suited for delivering FAR practice model.
- 3) Evidence Based Practice (EBP) is a vital part of Washington's FAR project. The following Evidence-Based Practice programs are frequently being used to stabilize and strengthen family units and to improve children's well-being:
 - Incredible Years ☆
 - Positive Parenting Program (Triple P) ☆
 - Project SafeCare ☆
 - Homebuilders Intensive Family Preservation Services ☆

(3) Achievement Phase

In Washington, a comprehensive FAR evaluation was scheduled to be compiled at the end of fiscal year 2016. However, it has not yet been made available. According to the Children's Administration's FAR quarterly review publications, of the 1,263 cases referred to FAR pathway between January 2014 and August 2014, only 33 cases were referred to the investigation team, and dependency petitions were filed on only 22 cases (Washington State Far News, 2014; DSHS, June 2016)

Nationally, more than half of all 50 states have been practicing various differential response models. Adaptation of this model has brought mixed reviews and outcomes. A 2014 Children's Bureau publication reveals that DR evaluations have been completed in at least 20 states. The publication concludes that "while many DR evaluations generally have demonstrated positive outcomes, overall results have been mixed".

More specifically, available evaluations suggest that:

- Differential Response (DR) families received more services and received them earlier than did Investigative Response (IR) families;
- DR parents were more cooperative and willing to accept services and were reported to have more positive responses to child protective agencies;
- Child safety has not been compromised where DR has been implemented except for a few states including Illinois where DR families were more likely to be re-referred to child protective services than IR families. In Missouri and Ohio, evaluations demonstrated modest reductions in child removal for families on DR;
- Some states have identified problems with fidelity and inconsistent practice of DR particularly in early multisite initiatives. (Children's Bureau, 2014)

(4) Review Phase

4. **Child Welfare Organizations and Agencies Promoting Children’s Rights and Family Engagement**

Involvement with child protective services includes complex and prolonged court proceedings, especially if a child is removed from his/her home or is at risk for removal. Both parents and children are provided with not only legal representation to protect their rights and to let their voices be heard, but also with assistance and services to navigate the judicial systems.

Attorneys for **parents** are usually selected to prepare parents for the court hearings. In the state of Washington, most parents are represented by public defenders whose legal fees are covered by the government. ☆☆☆

There are couple of programs in the state of Washington that are designed to empower parents and to steer them through the complexity of the court system:

- a. “Parents for Parents Program” ☆ in King County, Washington, connects parent allies (parents who have successfully navigated the dependency court system) with parents who are new to the system. Parent allies provide support and helps new parents understand what they should do to successfully reunite with their children.
- b. Family Treatment Court (FTC) ☆ had many successes in reuniting children with their parents in a timely manner and became a model program in the United States. FTC hears selected abuse and neglect cases with parents who are suffering from substance abuse. Judges, attorneys, social workers, and treatment personnel unite to provide parents with a supportive environment and the necessary services to become drug and alcohol free. FTC helps parents in regaining control of their lives and promote recovery to enhance the chance of family reunification within mandatory legal timeframes set in the federal legislation (ASFA).

Foster children under 12 years of age who are involved in the Washington state dependency court proceedings receive representation from the county CASA (Court Appointed Special Advocate) ☆ office. CASA is also known as *Guardians ad litem* and provides a court approved volunteer whose role is to gather information about the children, their placements and families and service providers. CASA submits reports based on the gathered information to the juvenile dependency court.

According to the National CASA Association, there are more than 70,000 CASAs serving approximately 250,000 children each year. CASA volunteers in Washington State receive 30 hours of pre-service training. They appear in court and explain what is happening

with their assigned cases. CASA volunteers also recommend services and permanency options to the judge on behalf of the best interests of the children and monitor case plans and court orders.

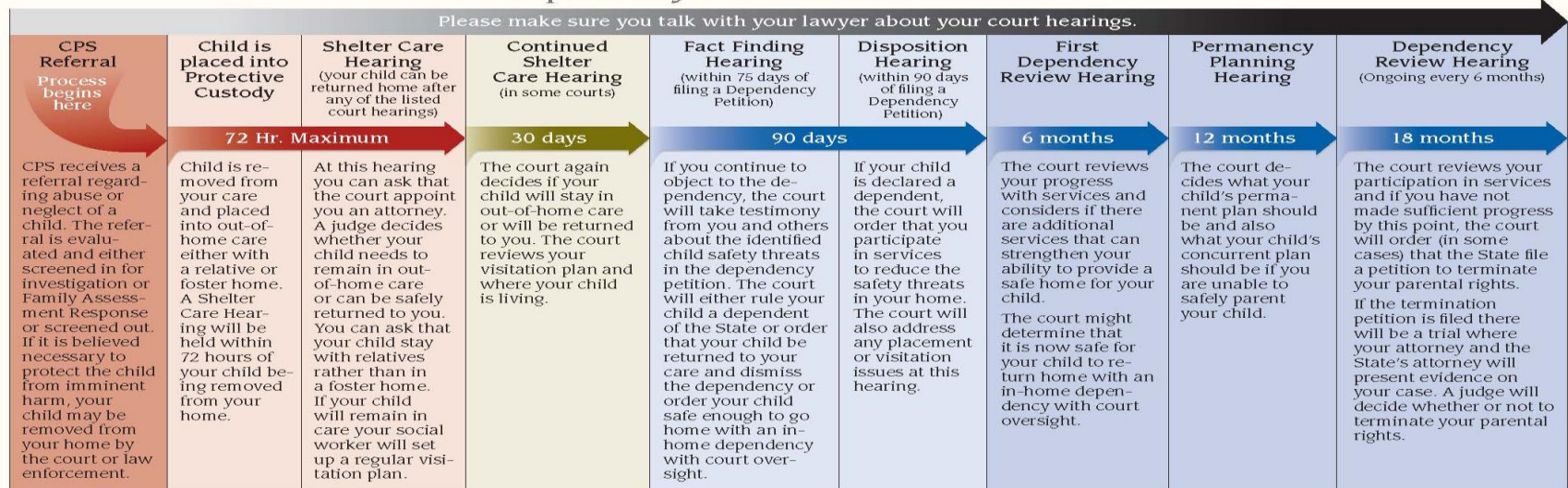
In Washington, the dependency court involves **foster youth** who are older than 13 years of age and receive free attorney services. Attorneys inform and advise youth on their legal rights. They also ensure that youth's previously unmet needs are addressed and bring any unresolved issues to the attention of the court. ☆ ☆

Washington law (RCW 13.34.020) states that children in foster care have a right to permanency and a timely resolution of their foster care proceedings. Attorneys for youth can prevent children from languishing in the foster care system. It should be noted that, in Washington, youth who have had their parental rights terminated, but have not reached permanency in over three years, can request a reinstatement of their parental rights. (RCW 13.34.215)

Important to know

At any point during the court process, a judge can decide that your child can be safely returned home. However, if you are unable to make the changes necessary to keep your child safe, you could lose the right to parent your child. Children's Administration will offer you supports and services to help you to avoid this outcome and reunify with your child.

Dependency Court Process Timeline



Shared Planning Meetings

Your involvement in all Children's Administration shared planning meetings is very important. You will help develop your family case plan to eliminate safety threats and create permanency goals for your child.

Family Team Decision Making (FTDM)

FTDM meetings occur throughout the life of a case. They bring together your family members and supports as well as involved professionals to make recommendations regarding your child's temporary and permanent placement.

Child Protection Teams (CPT)

Child Protection Teams include doctors, school personnel, mental health practitioners and other community professionals. Together these individuals provide confidential consultation and recommendations to Children's Administration regarding cases in which there is a risk of imminent harm to a child six years old and younger, or in which there is a dispute about the need for out-of-home placement.

Permanent and Concurrent Planning

In addition to working with you to reduce or eliminate safety threats, Children's Administration staff will work with you to develop case plan goals for your child's short term and long term care. Our first goal is to return your child to your care, but we must also have another (concurrent) plan if the case plan goals are not achieved.

Local Indian Child Welfare Advisory Committee (LICWAC)

If you or your child are identified as Native American or possibly Native American your case may be staffed by the Local Indian Child Welfare Advisory Committee. The LICWAC is a group of volunteers who staff and consult on CA cases when your Native American status has not yet been determined or when the child's tribe is unavailable.

Figure 9 Washington State DSHS 2014

As indicated in the chart above (Figure 9), biological parents, children, youth and caregivers are all entitled to participate in various “Shared Planning Meetings” to pose their questions and to voice their opinions and concerns about their own cases at the important junctures of their court cases. Children and their families’ attorneys, CASAs, therapists and other service providers, and tribal members also participate in these “Shared Planning Meetings” to ensure that their clients’ well-being are addressed and to advocate for their clients’ rights.

Foster care reforms come in many different shapes. In Washington State, one of the largest foster care system’s reforms was brought by foster youth as plaintiffs and their defending lawyers in a class-action lawsuit called *Braam Vs. State of Washington*. ☆ Filed in 1998 and settled in 2004, this lawsuit involved a 12 year-old foster youth named Jessica Braam who had lived in 34 placements. Jessica and 12 other foster youth who were placed in unsafe foster homes without appropriate mental health services were the plaintiffs of this lawsuit. Two law firms, Columbia Legal Services and Youth Law, represented these 13 foster youth and this legal case became the biggest class action lawsuit in Washington State.

In the Braam court hearings, plaintiffs’ attorneys revealed that approximately 3,500 foster children were experiencing 3 to 10 placements. The jury argued that this child placing practice was clearly a violation of children’s basic rights, and supported the plaintiffs. State Children’s Administration appealed the lower court’s decisions in favor of the plaintiffs and this lawsuit was brought before the state’s highest court. Needless to say, this legal action was not just for protecting the rights of the 13 young plaintiffs, but for advocating for all foster children who were entitled to be treated with safe and sound care. From the filing of this case in court in 1998, it took 6 years to establish a set of settlement agreement between the foster children and the State of Washington.

As part of the settlement agreement, Washington State Children’s Administration (CA) agreed to make reforms in the following six areas:

- 1) CA shall guarantee placement stability for its foster children;
- 2) All foster children shall receive quality care in safe foster homes and other out-of-home placements;
- 3) Foster parents and other caregivers shall receive proper training and support;
- 4) Within 30 days of out-of-home placement, all children shall have rights to receive health and mental health assessments;
- 5) It is in the best interest of all state foster children to be living with their siblings. If they can’t live together, they shall have frequent contact; and
- 6) Teenage foster youth shall receive adequate preparation during their transition to adulthood.

As a result of this settlement agreement, “Braam Oversight Panel” was established with 5 prominent child welfare experts as panelists. The panel submitted yearly compliance plans and progress reports to the court each year until it produced its final report in 2013.

In the United States, one another form of foster care reform was brought by **foster youth’s advocacy movement**. Several years before ASFA was enacted in 1997, foster youth in California started using their voices to bring awareness and to change the conditions of youth who are aging out of the foster care system. This is one of the first foster youth advocacy groups called California Youth Connection (CYC). ☆

In 1997, ASFA was enacted and this legislation focused on safety and legal permanency for foster youth. The concept of “Youth Voice” was applied in much of the federal legislation passed after ASFA.

The 1999 Foster Care Independence Act (FCIA) was passed when individuals from foster care, child welfare advocates from nonprofit organizations, and members of congress came together to address the very obvious problems of youth aging out of foster care without being prepared for adulthood. This was one of the first times that foster youth and alumni shared their personal stories in front of decision makers in foster care. As a result of this effective youth voice campaign, in 2001, this legislation was amended to include additional funding for higher education and vocational training of youth transitioning out of foster care. Under the provision of FCIA, the federal government directed the states to use part of the funding for activities to increase youth engagement and youth advocacy. (Pub.L. No. 106-169 H.R. 3443 1999)

From 2001 to 2008, many state-level groups of foster youth began galvanizing in large part because of the enactment of the FCIA in 1999. It was in these local and state-level groups that youth advocacy movements were first sustained.

The propagandas and methods that California Youth Connection (CYC) built in the early 1990’s became the model of the United States’ foster youth movement, and many state and local level youth associations and nonprofit organizations started utilizing CYC’s model to organize youth groups. In Washington State, examples of such organizations are Passion to Action, ☆ a group of youth commissioned by the State of Washington to advise on State-wide policies and practices, and the Mockingbird Youth Network, ☆ a private nonprofit youth advocacy with state wide membership of about 400 foster youth.

In 2014, the nation’s foster youth made direct and large contributions to every part of a piece of legislation called the Preventing Sex Trafficking & Strengthening Families Act. This law included many items that foster youth had been asking for many years including a rule about a bill of rights for foster youth. (Pub, L, No: 113-183 H.R. 3443 2014)

5. Child Maltreatment Database and Data Archives in the United States

In this section, the two most frequently used federally funded data systems will be discussed:

1. **The Adoption and Foster Care Analysis and Reporting System (AFCARS); and**
2. **The National Child Abuse and Neglect Data System (NCANDS)**

The data files for both AFCARS and NCANDS are housed at the **National Data Archived on Child Abuse and Neglect (NDACAN)** ☆ at Cornell University.

1- The Adoption and Foster Care Analysis and Reporting System (AFCARS) ☆ is the only national data system that collects case level information on all children in foster care with Title IV-B funding plan and children adopted with the involvement of the child welfare system. The federal law requires the Children's Bureau to regulate this national data collection system to provide comprehensive case level information such as:

- Demographics on foster and adopted children and their parents and caregivers;
- The number of children entering and exiting foster care and children awaiting adoption;
- Information on placements and permanency plan goals.

AFCARS data are used to develop budgets, to calculate payments for the Adoption Incentive Payment program, the Child Welfare Outcomes Annual Report, and to monitor States through the *Child and Family Services Review (CFSR)**.

AFCARS was first implemented in 1993 as a mandatory report to meet the CAPTA protocols and all 50 states submit their reports to the federal government twice per year to meet the standards. Child welfare agency receiving federal Title IV-E funds are obligated to submit their data on time and the content must meet the standard, and if they cannot fulfill these conditions, they are subject to penalty from the federal government. (Children's Bureau 2010-2013)

2- The National Child Abuse and Neglect Data System (NCANDS) ☆ was established in 1988 as part of CAPTA amendments and consists of information on child maltreatment reports to Child Protective Services (CPS) agencies from participating states.

Unlike AFCARS, NCANDS is not mandated by the federal government. States voluntarily submit data annually to the Children's Bureau from their administrative data systems. However, the vast majority of states do participate.

NCANDS includes data on the following topics (among others):

- Demographic information about children and perpetrators
- Types of maltreatment experienced by children
- Dispositions and findings of investigation
- Services provided after the assessment

Two data files, a child file and an agency file, are compiled for each fiscal year.

- a) The child file contains case-level data on children who received investigation for abuse or neglect. States submit case-level data by constructing an electronic file of child-specific report of alleged child abuse and neglect that received a CPS response in the form of an investigation or differential response.
- b) The agency file contains data that are not reportable at the child-specific level and are often gathered from agencies external to child protective services.

The NASCANDS data are critical resource of information for many publications, reports, child welfare professionals, researchers and others. They are used to measure the performance of several federal programs, and are an integral part of the ***Child and Family Services Review (CFSR)****, the Child Welfare Outcomes (report to the US Congress) and the annual Child Maltreatment Report series. (Child Maltreatment 2015: Wulczyn, 2009)

*All states are required to submit **Child and Family Services Review (CFSR)*** to the Children's Bureau. CFSR is mandated by the US Congress in 1994, and is the first attempt to evaluate how well state child welfare agencies are meeting national standards. States are evaluated on an array of systemic, family, and child outcome measures to decide how well they are meeting the goals of promoting safety, permanency, and wellbeing for children in foster care.*

States that do not meet federal standards are required to submit "Performance Improvement Plans (PIP)" to the government to demonstrate how they plan to address their deficiencies. States then have two years to prove that they are making progress toward meeting national performance standards. Significant financial penalties may be set if states failed to demonstrate significant improvement. (Children's Administration CSF Training Manual, 2009)

In 2012, Washington State Children's Administration launched a new automated case management system called **FamLink**. This system is a part of the **Statewide Automated Child Welfare Information System (SACWIS) ☆**, a federally funded, voluntary, comprehensive, and automated case management tool.

Caseworkers, supervisors, managers and administrative staff enter all case and systems level information using FamLink. Service providers in foster care and adoption assistance case management staff also enter their data into FamLink.

One of the functions of FamLink is to collect state level SACWIS data to support the following federal data systems:

- Adoption and Foster Care Analysis Reporting System (AFCARS);
- National Child Abuse and Neglect Data System (NCANDS); and
- National Youth in Transition Database (NYTD).

In the United States, there are independent research organizations that are dedicated for gathering and analyzing data on foster care. Below are some of these organizations:

- Casey Family Programs
- Chapin Hall
- Child Trends
- Center for the Study of Social Policy

6. Implications (“Lessons Learned”)

Looking back at the time when CAPTA was enacted in the 1970’s to the present, American child welfare policies and practice were a perpetual history of “trial and error”. This writer has been involved in child welfare in the United States as a social worker for the last 30 years, and based on this long journey, it is probably fair to state that the field of child welfare in this country is highly experimental and optimistic. There were constant shifts in the way state and county child protective services perform their foster care assignments and duties.

One of the most noticeable changes was in the movement to increase “prescriptive and standardized frameworks” in child abuse and neglect assessment. A series of child maltreatment assessment tools were developed and tried to improve investigative practices and prediction of families’ risks to harm their children in the aim of finding the “right formula” to reduce case worker discretion and to achieve practice consistency. There was a profound faith and optimism in child welfare professionals and researchers’ efforts to discover the scientific means to standardize child abuse and neglect assessment. As stated earlier, Washington State is now settled with the two assessment methods, Structured Decision Making (SDM) and Child Safety Framework (CSF).

This year marks the 20th anniversary of the enactment of ASFA. ASFA’s main objective was to bring permanency ☆ to all foster children. In the last two decades, many national, state and local initiatives were developed to ensure foster children’s exit to permanent homes within legally defined time frame. In Washington, Family Team Decision Meetings and other shared meetings are consistently held to include family and relative members in achieving permanency for their children. To improve older children’s chances to attain permanency, innovative adoptive parent search programs were designed. Living in the most family like setting increases the chance of achieving permanency for children. For that reason, the majority of Washington foster children are placed in family based care such as licensed foster homes, kinship homes and fictive kin homes. Over the years, Children’s Administration used vigorous in-home support and wraparound services ☆ to reduce children living in group and other congregate care facilities to 5 % of the foster care

population. (Berrick, 2009)

In the last 20 years, there was a voluminous growth in administrative data systems and in usage of performance indicators to track child protective agencies' performances. Data driven practice became increasingly more common practice in this country, and at the same time, services and practices for children and families are expected to be backed by empirical research. There has been a movement in shifting inadequate in-home and therapeutic services to Evidence-Based Practices (EBP).

Just like the rest of the nation, the most significant transformation in Washington State's foster care practice was its implementation of Differential Response (DR) system that started in 2014. As both positive and negative outcomes are being released in recent years from the states and counties that implemented DR much earlier, the State of Washington plans to continue their DR (Family Assessment Response in their state) implementation for years to come.

The number of children in foster care increased during the 1990's from 400,000 in 1990 to 567,000 in 1999. Then it dropped to 397,000 by 2012. However, the number has increased again to 415,000 in 2014. The recent opioid epidemic is said to be one of the biggest reasons for the recent increase in the number of children in foster care. (Child Trends, 2015)

Good intention, high hopes and optimism in the field of child welfare cannot always successfully solve the problems of wide spread drug addiction, poverty☆ and other social phenomena. As illustrated in the section I and II of this literature review, child welfare in this country was not always shaped by its policies and practice. It also was deeply influenced by unavoidable adversities and tragedies like child fatality. This national trend of sudden increase in foster care population is also happening in the State of Washington. The state is losing licensed foster parents in recent years, and case workers are facing not only increased caseload, but also dire situations of inability to find appropriate placements for children removed from their parents. (Wiltz, 2016; Abramo & Ray, 2016)

After 20 years from ASFA's passage, the biggest challenges in the United States' child welfare continue to be persistent child poverty, racial disproportionality of children in foster care and the allocation of federal, state and local funds in foster care. Child welfare in the United States has gradually been more active in putting its dollars in child abuse and neglect prevention interventions, but more efforts for creating the "front loaded" system with innovative and effective child abuse prevention programs are imperative.

Before concluding this literature review, it is noteworthy to mention the two new approaches that are gathering a lot of attention for prevention and treatment of abused and

neglected children:

The **Adverse Childhood Experience (ACE) ☆ Study** is a research study and assesses the effects of child abuse and related adverse childhood experiences as a public health problem and the results shows promising future utilization in prevention of child maltreatment. (Anda)

Children in care are vulnerable to the effects of childhood traumatic stress. Therefore, child welfare systems are recommended to use **Trauma-Informed Care (TIC)**'s ☆ comprehensive approach to raise awareness, to use validated screening methods and to provide trauma-specific treatment interventions. (Klain & White, 2013)

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<https://www.dshs.wa.gov/ca/parent-resources/child-protective-services>

Children's Bureau: <https://www.acf.hhs.gov/cb>

Revised Code of Washington (RCW) 26.44 Abuse of Children

<http://app.leg.wa.gov/RCW/default.aspx?cite=26.44>

Washington Administration Code (WAC) 388-25 Child Welfare Services

<http://apps.leg.wa.gov/wac/default.aspx?cite=388-25>

8. Analysis of the Developmental Cycle of the US Child Protective System

NICWA (National Indian Child Welfare Association) <http://www.nicwa.org>

9. Analysis of Child Protection Agencies' Provision of Child Abuse Prevention and Family Support Services

10.

Family Assessment Response (FAR-Washington State):

<https://www.dshs.wa.gov/ca/advancing-child-welfare/family-assessment-response-far>

Child Welfare Title IV-E Waiver Demonstration Projects Overview: National Conference of State Legislature

<http://www.ncsl.org/research/human-services/child-welfare-title-ive-waiver-2012-thru-2014.aspx>

Structured Decision Making (SDM-National Council on Crime & Delinquency) :

<http://www.nccdglobal.org/assessment/structured-decision-making-sdm-model>

Assessing Child Safety-The 17 Safety Threats: Alliance for the Child Welfare Excellence:

<https://files.acrobat.com/a/preview/2b5cac7b-18e4-477d-acf5-a2d5b34cf347>

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<https://www.dshs.wa.gov/ca/advancing-child-welfare/family-assessment-response-far>

Solution Based Casework (SBC): <http://www.solutionbasedcasework.com>

California Evidence Based Practice Clearing House: <http://www.cebc4cw.org>

Incredible Years: <http://www.incredibleyears.com/programs/>

Positive Parenting Program (Triple P): <http://www.triplep-parenting.com/us-en/triple-p/>

Project SafeCare: <http://homvee.acf.hhs.gov/Model/1/SafeCare-In-Brief/18>

Homebuilders Intensive Family Preservation Services:

http://www.institutefamily.org/programs_ifps.asp

1 1 . Child Welfare Organizations and Agencies Promoting Children’s Rights and Family Engagement

Washington Defender Association: Why Appoint an Attorney for a Youth in Foster Care?

<http://www.defensenet.org/childrens-representation-project/why-appoint-an-attorney-for-a-youth-in-foster-care>

Information of Rights: Dependency Proceedings (Washington State Office of the Attorney General): <http://www.atg.wa.gov/DPY.aspx>

Who Will Be In Court ? (DSHS-Washington State):

<https://www.dshs.wa.gov/ca/parent-resources/who-will-be-court>

Parents for Parents Program (King County):

<http://www.kingcounty.gov/courts/superior-court/dependency/parents-for-parents.aspx>

Family Treatment Court Program (King County):

<http://www.kingcounty.gov/courts/superior-court/dependency/family-treatment-court.aspx>

National CASA Association:

http://www.casaforchildren.org/site/c.mtJSJ7MPIsE/b.5301295/k.5573/National_CASA_Association.htm

Washington Defender Association: Why Appoint an Attorney for a Youth in Foster Care?

<http://www.defensenet.org/childrens-representation-project/why-appoint-an-attorney-for-a-youth-in-foster-care>

A Youth Dependency Guide (Washington State):

http://www.defensenet.org/childrens-representation-project/dependency-court-handbook/Foster%20Manual_Final.pdf

Braam Settlement (Columbia Legal Services): <http://columbialegal.org/braamkids>

DSHS: <https://www.dshs.wa.gov/ca/acw/braam-settlement-agreement>

California Youth Connection (CYC): <http://www.cal youthconn.org>

Passion to Action (Washington State):

<http://independence.wa.gov/self-advocacy/make-a-difference-and-get-involved/self-advocacy-resources/passion-to-action/>

Mockingbird Youth Network:

<http://mockingbirdsociety.org/index.php/mockingbird-youth-network>

1 2. Child Maltreatment Database and Data Archives in the United States

NDACAN website: http://www.ndacan.cornell.edu/NDACAN/Datasets_List.html.

AFCARS: <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/afcars>

NCANDS (Child Maltreatment Reports):

<https://www.acf.hhs.gov/cb/research-data-technology/reporting-systems/ncands>

SACWIS (Child Welfare Information Gateway):

<https://www.childwelfare.gov/topics/management/practice-improvement/reviews/external/federal-monitoring/sacwis/>

Casey Family Programs: <http://www.casey.org>

Chapin Hall at the University of Chicago: <http://www.chapinhall.org>

Child Trends: <https://www.childtrends.org>

Center for the Study of Social Policy: <http://www.cssp.org>

1 3. Implications

National Resource Center for Foster Care & Permanency Planning at the Hunter College School of Social Work: <http://www.nrcpfc.org/projects-and-products.html>

Wraparound Model (Washington State Legislature RCW 71.24.061, 2014):

<http://app.leg.wa.gov/rcw/default.aspx?cite=71.24.065>

National Center for Children in Poverty: <http://www.nccp.org/topics/childpoverty.html>

ACE: <https://www.cdc.gov/violenceprevention/acestudy/>

Trauma-Informed Care (SAMHSA): <https://www.samhsa.gov/nctic/trauma-interventions>

services for children and families. Following the enactment of the Child Abuse Prevention and Treatment Act in 1974, Illinois established a state law on child abuse report ahead of the other states, and was also fast to set up a state wide hotline system along with the mandated reporting law. Illinois also established the first juvenile court to handle child protection cases.

Chicago, the largest city of Illinois, has produced great figures in social work, such as Jane Addams, Helen Harris Perlman, and Edith Abbott, and is replete with activities by private social work agencies and community organizations.

Illinois has 102 counties, which come under the five jurisdictions of the DCFS. The DCFS has 64 branches (including one emergency response center), divided by zip codes.

The head of the DCFS is the director, which is appointed by the governor. The current Director as of February 2017 is George H Sheldon (since February 2015). As with the former Director Bobbie M. Greg, Mr. Sheldon is a former attorney. Historically, however, most of the previous DCFS directors have social work background with long time practical experience. Before being appointed as DCFS director, Mr. Sheldon worked for the Child Welfare Bureau in Florida, and was credited with achieving a drastic cut in spending without reducing workforce. He also worked for two years as the acting assistant secretary for the Administration for Children and Families of the federal government under the Obama administration.

The mission of Illinois DCFS is:

- To protect children who are reported to be abused or neglected and to increase their families' capacity to safely care for them
- To provide for the well-being of children in the care provided by the department.
- provide appropriate, permanent families as quickly as possible for those children who cannot safely return home
- To support early intervention and child abuse prevention activities
- To work in partnerships with communities to fulfill this mission

Illinois DCFS administers the following services:

- Respond to child abuse notifications
- Provide home care (family preservation)
- Provide alternative out-of-home care (foster care and institutional care)
- Support adoption
- Support independence of children under alternative care
- Wholesome child-rearing including early detection and prevention of child abuse
- Licensing of day-care facilities and providers

2. Flow of reporting and response

The acceptance of reports on child abuse has been consolidated into one, and all reports are received through the hotline center and entered into the State Central Registry (SCR) at Springfield. The hotline center receives reports of abuse occurring in the state through a toll-free number on a 24/365 basis. In response to the federal law, Illinois has set up the Abused Neglected Child Reporting Act (ANCRA) as a state law to respond to reports on abuse. This law mandates that in Illinois, any professional pursuant to the ordinance who comes into contact with children report when he or she finds a child suspected of being abused. Failing to do so may result in punishment.

Calls received by the hotline are answered by intake workers. The content of the call is checked for whether it fits the “definition of abuse and neglect” and determined on whether it is accepted as a report of abuse. The definition of neglect includes the case of prenatal drug exposure . Absenteeism itself is not regarded as educational neglect pursuant to the education ordinance.

The number of reports received by the hotline center was 222,719 in FY2015, about half of which (110,098) were accepted as a report of abuse (Department of Children and Family Services, 2016).

The report accepted by an intake worker is checked for the following information with the reporter and input to the Child Abuse Neglect Tracking System (CATNS). The CANTS constitute a part of the Statewide Automated Child Welfare Information System (SACWIS), a child welfare information database mainly on the content of the report. Information to be input to the CANTS is as follows:

1. For the child suspected of being abused or neglected
 - 1) Child’s name
 - 2) Child’s birth date or approximate age
 - 3) Child’s address (if known)
2. For the alleged perpetrator of abuse or neglect
 - 1) Name
 - 2) Birth date and approximate age
 - 3) Relationship to the child
 - 4) Address
3. Categories of abuse or neglect (attached with subcategory codes by the intake worker based on the content of the report)

- 1) Physical abuse
 - 2) Sexual abuse
 - 3) Risk of danger to the child
 - 4) Neglect
 - 5) Death
4. Details of the abuse or neglect case
- 1) Details of the actual event
 - 2) Whether the case is deliberate or not
 - 3) Exact time and place of the case
 - 4) Information about other witnesses of the case
 - 5) Evidential matter (injuries, behavior indicative abuse or neglect, confession by the child, etc.)

Each report accepted is assigned a State Central Register (SCR) number. The SCR number ends with a capital letter. If the report is the first for the family, the number ends with "A," the third time, with "C," and so on, so that how many times the family has been reported is obvious. Other than the SCR number, all family members relevant to the reported case are given a 6-digit number. The first four digits are the same for members of the same family. The last two digits are assigned in the order of seniority, like 01, 02, and so on. Therefore, when referring to the CANTS, you can have a match with the SCR number, the family name, or the name of a family member (if you refer with the person, you need his or her full name and date of birth or social security number). The period of each report being stored in the CANTS archive and the content of the report vary depending on whether the report is determined to be of abuse or not, or on the content of the abuse or neglect. Any person who applies for a job that comes into contact with children, such as in education or childcare, is required to be referred by the employer to the CANTS to check whether or not the applicant has a history of being reported.

The SACWIS is an online database. When the intake worker has finished data input into the CANTS, the accepted case is sent to a DCFS branch, where the case is assigned an investigator of the branch. The investigator makes in-person contact with the alleged child within 24 hours and assess his or her safety. . The "investigation" stated here is not an assessment but an investigation to determine whether the child is abused or not beyond reasonable doubt. The results are determined as "indicated" (evidence is sufficient to determine the case to be of abuse) or "unfounded" (evidence is insufficient to determine the case to be of abuse), and the status of the results are remained in the CANTS database as well as disclosed to the family. If the safety of the child is threatened during the investigation, the child is taken into protective custody (PC; emergency custody). However, since PC lasts

for only 48 hours, during this time period the investigator with a state lawyer have to file a motion of temporary custody (temporary suspension of parental rights) with a juvenile court.

Not all of the indicated cases (cases determined to be of abuse) are subject to judicial intervention. In Illinois, unlike in other states, intact family services are rarely under court's order; only the cases that have been placed in out-of-home care for go through the judicial system for the matter of disposition and permanency hearing

The period of intact family services is six months, and the service plan is reviewed every six months. For out-of-home placements, service planning aimed at securing the child's permanency is developed based on permanency planning. This is a procedure based on the federal laws enacted in 1980 and 1997, and common across all states of the US.

3. Cycle of development of the child protective system in Illinois

For the past two decades, Illinois had some issues that triggered reforms in the child protection system. Three major issues among them were: firstly, threat of financial retrenchment; secondly, lawsuits filed by human rights organizations against the Illinois DCFS; and thirdly, change of DCFS Director. Illinois was always under the threat of financial retrenchment, and always challenged to reduce the number of children in foster care.

For the issue of financial retrenchment, Illinois ranked high among all states of the US in the number of children in foster care, and the financial retrenchment has always been one of the most vexing issues for all DCFS Directors ever. The three successive Directors since 1990 (Jesse Macdonald (1990-2003), Brian Samuels (2003-2006), and Erwin McEwen (2006-2012)) had a background in social work. They pursued reforms, having their own values reflected in their efforts, to work out how to reduce expenditures for the entire DCFS.

For the issue of lawsuits, the US is a country of suers and has seen many class actions filed against the Children and Family Bureau. Seen from another angle, however, a lawsuit points to flaws in the DCFS's administration and obligates it to improve – an evidence of sound public surveillance working over the administration.

From these points of view, we review in the following section how reforms were pursued by the three consecutive Directors – Jesse Macdonald, Brian Samuels, and Erwin McEwen – who took office from 1990 to 2012.

(1) Reforms by Jesse Macdonald (1990-2003)

Jesse Macdonald had a long career in DCFS before being appointed as Director in 1990. Around that year, the state finances were heavily strained by the expenditure on child protection, especially for foster care. The number of reports was also high, increasing the burden on investigators. A lawsuit was filed by a human rights organization for the large number of cases assigned to DCFS case workers.

Family First, a family preservation program implemented in Illinois for five years, was proven ineffective in preventing children from being placed in foster care, according to an investigation conducted by the University of Chicago. Partly backed by the harsh criticism taking place across the country against the Intensive Family Preservation program, a decision was made to discontinue the Family First program in 1994. These circumstances required Mr. Macdonald to work out a new program, an alternative to Family First, to prevent children from being placed in foster care.

The reform led by Mr. Macdonald was triggered by the *B. H. v Johnson* case, among many others, filed by the ALCU against DCFS for its failure to provide adequate child protection services. Reconciliation was reached three years after the case was filed, having repercussions in various areas of reform in DCFS (Smith, 1991).

A death that occurred in the Family First program pointed to the safety of children, to which DCFS responded by developing a Child Endangerment Risk Assessment Protocol (CERAP) to provide a defined set of criteria to determine whether the case is in need of placement or not. CERAP is a standardized risk assessment protocol that is applicable to all reports accepted as child abuse cases in Illinois, either at the time of investigation, family support provision, or out-of-home placement (see Material 1). CERAP consists of 16 yes/no questions of risk items, and the item(s) answered with “yes” was taken into account together with family strengths or mitigating circumstances to determine whether the “safety of the child is of immediate concern.” If the safety of the child is determined to be of immediate concern (unsafe), Safety Plan will be developed to control the threat(s) to the safety, and required to be agreed upon by all parties involved. If this is impossible, another placement will be worked out for the child. CERAP thus developed has contributed to a systematic construction of the decision-making process for placement. CERAP has been regularly evaluated by the University of Illinois and, through repeated revisions, confirmed for its effectiveness in preventing children from being placed in foster care.

Around that time, all cases were handled and managed by DCFS caseworkers. Cases handled by DCFS case-workers were of various types, including in-home care and foster care, and some workers handled nearly 100 cases at a time. Aware that Cook County, which ranked the highest in the average number of cases handled by a worker, had many private child welfare facilities, Mr. Macdonald decided to outsource not only care provision services but also case management services to private partners to reduce the number of cases assigned to a DCFS worker. For contract with a private party, the procedures of case management were clearly specified and organized into a protocol, in which the maximum number of assigned cases was specified.

As a measure to address the ever growing number of foster care placements, it was decided that the contracted private partner be remunerated for performance in achieving goals – i.e., not for the number of children or period of placement but for degree of achievement in terms of permanency, i.e., how many children are reunified with their families or adopted by other individuals (or assigned a legal guardian).

Actually, these reforms have reduced the number of children in foster care nearly by half in five years from 1998 to 2003 so that the remaining budget would be used for recruiting foster parents, etc. Mr. Macdonald’s reforms are practiced even now; it would be said that he built the foundation of Illinois’ child protective system.

(2) Reforms by Brian Samuels (2003-2006)

Mr. Samuels had experience in the field of policy making and was good at policy evaluation when appointed Director. Since he himself was an alumnus of institutional care, his policies were focused on improving the quality of care for children in out-of-home care and on strengthening trauma care in social care services. He also increased support for independence of children in social care for whom placement would be terminated at the age of 18.

Mr. Samuels also focused on care for young children. He employed a lifetime approach and, for communities, increased funding for programs for young children such as Head Start and strived to provide services.

Mr. Samuel held his office only for three years and succeeded by then vice-Director Mr. McEwen.

(3) Reforms by Erwin McEwen (2006-2012)

Outcomes/Items – % Substantially Achieved	2003	2009	Trend
Safety 1: Children protected from abuse/neglect	91%	85.7%	Down
Item 2: Repeat maltreatment	93%	81%	Down
Permanency 2: Continuity of family relationships	76%	55%	Down
Item 14: Preserving connections	92%	75%	Down
Item 16: Relationship of child in care with parents	77%	38%	Down
Well-Being 1: Families have enhanced capacity	52%	43.1%	Down
Item 18: Family involvement in case plan	57%	48%	Down
Item 20: Caseworker visits with parents	55%	43%	Down

Table 1 Child protection outcomes in Illinois (Jones, Wolf, Fuller & Kearny, 2010)

The reform pursued by Mr. McEwen was characterized by the introduction of Differential Response (DR) and establishment of Family Advocacy Center. When evaluated with Illinois' child protection outcome indicators, the outcomes in "safety," "permanency," and "well-being" were lower in 2009 than in 2003 for all items, i.e., "repeat maltreatment," "preserving connections," "relationship of child in care with parents," "family involvement in case plan," and "case worker visits with parents" (see Table 1 above).

In the 2007 data, 71% of the screened-in cases were of neglect. Of the neglect cases determined to be of abuse, 21% did not require services, 25% were transferred to community services, and 9.4% rejected services (Richardson, 2008). When compared with the country-wide averages in 2009, Neglect cases accounted for 20.2% of the cases determined to be of abuse (national average: 62%) and 6.4% of those not determined to be of abuse (national average: 31.2%) (Jones, Wolf, Fuller & Kearny, 2010).

Neglect is highly correlated with poverty and ethnic minorities, and in some regions 35% of the cases determined to be of abuse were attributed to African-American (4% in population ratio) (Northern part of Cook County). In the whole Cook County with the state's largest city of Chicago, the rate of African-American in all child protective cases is disproportionately high, which has been confirmed by other studies. Poverty in ethnic communities, especially African-American, and disparities between localities have been major challenges faced by Illinois.

These findings indicate that the child protective service that determines whether a case is abuse or not through investigation is, for the current child protective system burdened with plenty of neglect cases, the needed support is not reaching to the target in need (neglectful families). To "transform the system to connect needed resources to those in need," a decision was made to launch Differential Response (DR), which had already been introduced in many states since 2000.

Firstly, around that time, American Humane Association was recruiting states willing to participate in a project to evaluate the DR program, and Illinois decided to participate as one of the three participating states. The pilot study was schedule to be conducted for five years starting in 2010 in Colorado, Ohio, and here in Illinois. Illinois was the only state of the three that implemented the DR program as a state-administered system, and its assessment was waited for with expectation. Considering this DR practice not only as an attempt to leave out the investigation process by "assigning screened-in cases to an alternative track that does not involve investigation" but also as a "paradigm shift for the child protective system as a whole," Mr. McEwen embarked on the mission with the aim of turning over the wag-the-dog system of child protection that searches for abusive parents to punish them.

DR program implemented by Illinois focused only on neglect cases at low to intermediate risks, and the assessment was performed by volunteer workers from DCFS investigators called DR specialists. After the risk assessment, services focused on specific livelihood support were outsourced to workers from the private partners that had been newly contracted for DR practice. The major difference of DR from the conventional, investigation-based track is not only that the alternative track does not involve the investigation process for determining whether the case is abuse or not, but that the support services provided through the alternative track are provided with the consent of the family. Mr. McEwen intended, by the introduction of DR, to transform the punitive, high-handed child protective system, and to renovate the mind of the whole DCFS by having the existing DCFS investigators alternatively participate in the practice.

Another initiative introduced in Mr. McEwen's reform project together with DR was the establishment of Family Advocacy Centers. The objective of these Centers is to provide support to the local communities without limiting the target. The child protective service usually starts with receiving a report, but without a mechanism to catch the signals from support-seeking families. Reflecting on this issue, Mr. McEwen created centers for families to drop by to seek support that anyone can receive.

However, due to the resignation of Mr. McEwen and the change of policy introduced by the new Director, DR project was discontinued in September 2012 with the outcomes not evaluated. The primary cause of this discontinuance was that the DR project became a target of the budget-cutting efforts in the Child and Welfare Bureau pursued by Mr. Calica, the successor of Mr. McEwen. As a compensation, Mr. Calica increased the number of contracts with private partners to outsource home support services for family preservation. After the resignation of Mr. McEwen, Illinois saw an unprecedented situation of having six Directors in three years including Mr. Calica, requiring stabilization of the system. Great expectations are put on the current Director Mr. Sheldon.

4. Implementation of the DCFS child protection policies for the five years to come

Current DCFS Director George Sheldon announced a new strategic plan with many hopes in October 2016. This plan was agreed upon by Mr. Sheldon, who had been required to plan a new transformation for system improvement as a result of a legal action brought by the American Civil Liberties Union (ACLU), and approved by the District Court on September 28, 2016 (approved implementation plan: <http://www.aclu-il.org/wp-content/uploads/2016/10/531-Amended-and-Revised-Implementation-Plan-no-exhibits.pdf>).

The current trend of child protective services in Illinois was reported at a summit of

transformation plans held on October 17-19, 2016 by Chapin Hall at the University of Chicago, a think-tank in the field of child welfare (Material 2).

Children entering foster care in Illinois were fewer than the national level: the entry rate per 1,000 children was 1.6 for Illinois compared to 3.4 for national average. However, the rate of children staying in foster care was 5.5 for Illinois as of September 30, 2013, comparable to the national average of 5.4.

The rate of change in the number of foster care entries (per 1,000 children) in the period of three years for Illinois ranked around the middle of all states in the US. The median length of stay in foster care for Illinois was the third longest of all states in the US (as of 2010). This figure did not change much with time except for slight fluctuations (21.5-24.8 months). These data indicate that the challenge that should be faced by Illinois is not the number of entries but the prolonged period of stay in foster care.

The rate of children per 1,000 placed in out-of-home care decreased with time: 8.1, 7.0, 6.3, 5.9, and 5.7 in 2003, 2004, 2005, 2006, and 2007, respectively; and then plateaued. This is because of the closure of underperforming large-scale facilities in Illinois, causing the children to be relocated to small group homes and foster families.

In response to these circumstances, the following six goals in each of the four areas were identified in the 2016-2021 five-year Strategic Plan issued in October 2016.

The four areas consist of 1. Strengthening Families, 2. Achieving Permanency through Foster Care, 3. Transition to Adulthood, and 4. Administration – Pay for Value, Quality, and Outcome. The six goals consist of 1. Education and Self-Sufficiency, 2. Moving from Institutional to Community Based Care, 3. Paying for Value, Quality, and Outcome, 4. Prevention and Population Health, 5. Data Integration and Predictive Analysis, and 6. Building relationships and effective communication streams internally and externally by engaging youth and their families.

The most noteworthy in this Strategic Plan is the return to preventive care. Since Mr. McEwen the DCFS had been negative for investing in preventive care as its outcome is hard to measure, whereas Mr. Sheldon, confident of his achievement in Florida, is convinced that it is community-based preventive care that eventually reduces the number of children in foster care. The program, based in four regions of Illinois, is to provide local families with experimental support. It involves a holistic assessment of families as well as the provision of specific life necessities such as food, clothing, and shelter. Shelter in particular is chronically lacking especially in urban areas, for which emphasis will be also placed on securing residence for children leaving their biological families or foster care.

Cooperation will be strengthened between the police and judiciary. This time a new

focus will be placed on children in foster care whose parents, especially mothers, are imprisoned. How to support their reunification will be discussed in cooperation with prison authorities. Also included in the program is the reinforcement of cooperation with the police in the area of juvenile delinquency.

The policy to reduce institutional care and decrease the number of children in foster care has created an imminent threat to survival for private contractors that have provided institutional and foster care as outsourced services. Consideration should be given to how to utilize the accumulated know-hows, services, and human resources and leverage them in the new strategy.

5. Lessons to learn from the development of Illinois' child protective system

Child protective system in the US cannot be simply put as such because it varies with and is unique to individual states. Illinois is characterized by the large scale of its child protective system, the third in the US, while cleverly leveraging the capabilities of local private partners. Major cities in Illinois like Chicago have a long history of privately operated social welfare programs and a large accumulation of knowledge, skills, and values of social work. While Directors of the DCFS have been replaced one after another, many private business leaders stay in their posts and serve the local communities for so long. They are a robust and reliable asset for Illinois. To make a contract with private partners for outsourcing services, however, assessment criteria should be created to maintain the quality of services and to standardize the procedure. Also in Japan, voices are beginning to be heard here and there calling for outsourced services for responding to child abuse. However, it has to be determined before outsourcing what and how much is expected of contracted parties and how to evaluate the outcomes; otherwise neither the contractor nor contractee is able to take accountability. Service is easy to measure but hard to develop criteria to ensure its quality. It would be difficult in Japan to leverage the private sector's capabilities without further consideration into these issues.

In the implementation of policies, DCFS Director needs to work out where and how much of the limited resources should be allocated while upholding their values and ideals. A change in leadership results in a change in orientation; introduction of innovative policies invite a protest against themselves. In Illinois, in response to the withdrawal from the DR program, a backlash was brought up by the labor union, which quoted an investigator as saying, "things are easier for the staff who have enrolled in the new program (DR) as they are assigned fewer cases," and had a great contribution. Child abuse is a very emotional topic – often sensationally reported by the media and tends to be used as a political propaganda. Data are scientifically analyzed to figure out exactly who need support, and frontline supporters and

recipient families are involved in the plan-making process to reflect their views in the plan. Such a bottom-up approach could provide lessons for us in Japan, where everything is decided by the review board at the top regardless of the voices from the frontline and its current conditions.

Finally, what is also interesting is that a class action can constitute a driving force for system improvement. In Japan such incidents are rarely heard in the field of child protection although there are some in the medical field, where a class action is filed against a medical scandal such as a disease caused by a pharmaceutical product and leads to system reform and legislation. It is difficult for affected children and families to speak up, and organizations that provide legal support for human rights like the ACLU are inactive (if they are, they are not yet powerful enough to make a difference in the system) in Japan. We need institutions and organizations for child protection that can independently assess the system's performance and facilitate its renovation while cultivating the foundation for them to grow to make the needed difference in the system.

The path of transforming the child protective system is not linear but circular. An attempt that seems like a coming back to the beginning could be a step forward for the improvement of the system by leveraging the experience and knowledge accumulated along the path. What is important is to set up a receptacle inside the system to store experience and knowledge; such accumulation is difficult to achieve by relying on outside sources, so is better development. The system in Japan still has a long way to go before being fully equipped to launch into the transformation.

Material 1

CFS 1441
Rev 5/2013

State of Illinois
Department of Children and Family Services

**CHILD ENDANGERMENT RISK ASSESSMENT PROTOCOL
SAFETY DETERMINATION FORM**

Case Name	Date of Report	Agency Name
RTO/RSF	Date of this Assessment	SCR/CYCIS #
	Date of Certification	
Name of Worker Completing Assessment		ID#

When To Complete the Form:

CHILD PROTECTION INVESTIGATION (check the appropriate box):

- 1. Within 24 hours after the investigator first sees the alleged child.
- 2. Whenever evidence or circumstances suggest that a child's safety may be in jeopardy.
- 3. Every 5 working days following the determination that a child is **unsafe** and a safety plan is implemented. Such assessment must continue until either all children are assessed as being safe, the investigation is completed or all children assessed as unsafe are removed from the legal custody of their parents/caregivers and legal proceedings are being initiated in Juvenile Court. This assessment should be conducted considering the child's safety status as if there was no safety plan, (i.e., would the child be safe **without** the safety plan?).
- 4. At the conclusion of the formal investigation, unless temporary custody is granted or there is an open intact case or assigned caseworker. The safety of all children in the home, including alleged victims and non-involved children, must be assessed.

PREVENTION SERVICES (CHILD WELFARE INTAKE EVALUATION) (check the appropriate box):

- 1. Within 24 hours of seeing the children, but no later than 5 working days after assignment of a Prevention Services referral.
- 2. Before formally closing the Prevention Services referral, if the case is open for more than 30 calendar days.
- 3. Whenever evidence or circumstances suggest that a child's safety may be in jeopardy.

INTACT FAMILY SERVICES (check the appropriate box):

- 1. Within 5 working days after initial case assignment and upon any and all subsequent case transfers.
Note: If the child abuse/neglect investigation is pending at the time of case assignment, the Child Protection Service Worker remains responsible for CERAP safety assessment and safety planning until the investigation is complete. When the investigation is completed and approved, the assigned intact worker has 5 work days to complete a new CERAP.
- 2. Every 90 calendar days from the case opening date.
- 3. Whenever evidence or circumstances suggest that a child's safety may be in jeopardy.
- 4. Every 5 working days following the determination that a child is **unsafe** and a safety plan is implemented. Such assessment must continue until either all children are assessed as being safe, the investigation is completed or all children assessed as unsafe are removed from the legal custody of their parents/caregivers and legal proceedings are being initiated in Juvenile Court. This assessment should be conducted as if there was no safety plan (i.e., would the child be safe **without** the safety plan?).
- 5. Within 5 work days of a supervisory approved case closure.

PLACEMENT CASES (check the appropriate box):

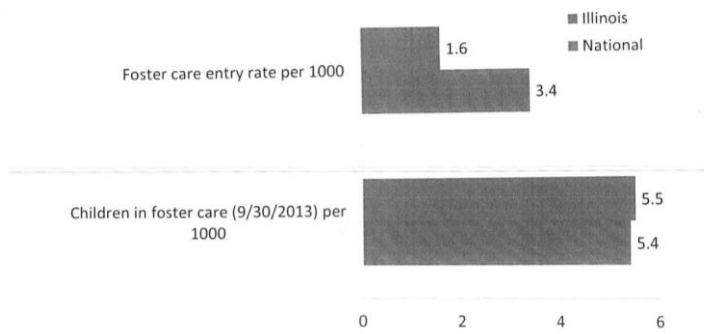
- 1. Within 5 working days after a worker receives a new or transferred case, **when there are other children in the home of origin.**
- 2. Every 90 calendar days from the case opening date.
- 3. When considering the commencement of unsupervised visits in the home of the parent or guardian.
- 4. Within 24 hours prior to returning a child home.
- 5. When a new child is added to a family with a child in care.
- 6. Within 5 working days after a child is returned home and every month thereafter until the family case is closed.
- 7. Whenever evidence or circumstances suggest that a child's safety may be in jeopardy.

For any Safety Threat that was marked "Yes" on the previous CERAP that is marked as "No" on the current CERAP (indicating the Safety Threat no longer exists), the completing worker will provide an explanation as to what changed in order to eliminate the Safety Threat on the next page.

Source: Illinois State Department of Children and Family Services
Material 2

① Foster Care entry and out of care rate

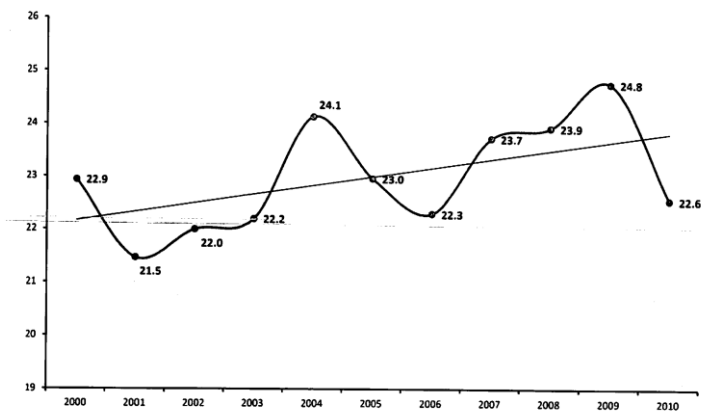
Foster Care Entry and Out of Home Care Rate



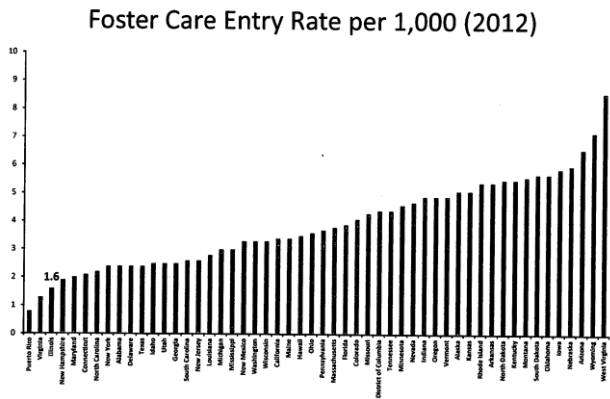
Data from the Child Welfare Outcomes Report Builder
<http://cwoutcomes.acf.hhs.gov/data/overview>

② Illinois median length of stay

IL Median Length of Stay (2000-2010)



③ Foster care Entry per 1000

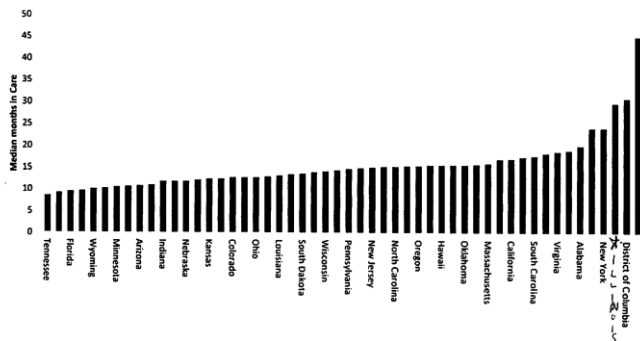


Data Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, www.acf.hhs.gov/programs/af

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④ Median length of stay in Foster Care

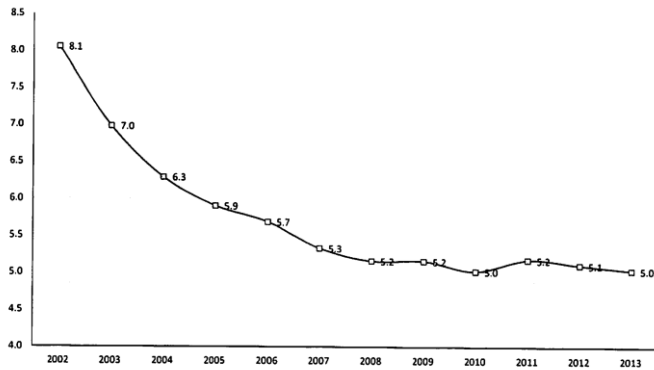
Median Length of Stay in Foster Care (2010)



Data Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, <http://cwoutcomes.acf.hhs.gov/data/overview> 2010 Data Highlights, Children in care on 9/28/10

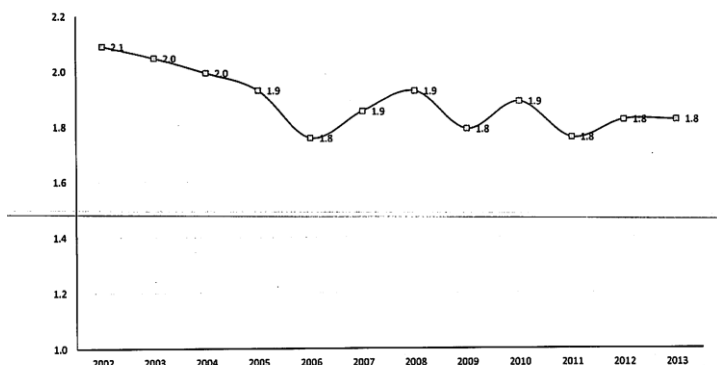
⑤ IL Out of home care rate per 1000

IL Out of Home Care Rate per 1,000



⑥ Illinois foster care rate per 1000

IL Foster Care Entry Rate per 1,000



Source: Epstein, Stiehl, and O'meara (2016) Immersion site practice data and practice trends, Inaugural Illinois Child Welfare Transformation Summit (Published on October 17, 2016)

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7 British Columbia, Canada

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This paper reviews literature regarding the child protection system in British Columbia (hereinafter referred to as BC), Canada, to demonstrate how it has transitioned and established itself since 1990. The contents are divided into: 1. Overview of the Current Child Protection System, 2. Children in Care in BC, 3. Historic Influences in the Development of the Current Child Protection System, 3. Prevention and Support Services, 4. Children's Rights and Stakeholder Participation, and 5. Discussion.

1. Overview of the Current Child Protection System

(1) British Columbia, Canada

Canada is a country composed of ten provinces and three territories. Child welfare laws are based at the provincial level and therefore, each province or territory has its own legislation for child welfare. British Columbia (BC) is the most western province in Canada, with a population of 4, 648, 055 (Statistics Canada Census, 2016). According to the Statistics 2016 Census, the total number of children (up to 19 years of age) was 950,365, ranking second after Ontario, as the province with the greatest number of children.

Canada's supreme law, the "Canadian Charter of Rights and Freedoms," sets forth fundamental human rights and issues concerning antidiscrimination. Cultural protection is stipulated in detailed, multilayered provisions in laws such as the Canadian Human Rights Act, Provincial Human Rights Law, Canadian Multiculturalism Act, etc. (Kikuchi, 2016). In particular, the "Canadian Multiculturalism Act", enacted in 1988, provides a definitive legal basis for promoting Canada as a country of diversity. This law stipulates that all Canadians regardless of economic, social, cultural and political background has equal access and right to participate and contribute to the realization of multiculturalism in all aspects of life in Canada (Kikuchi, 2016).

(2) Legislation regarding the child protection system in BC

In Canada, there are three levels of government: federal, provincial and civic. The authority of provincial and federal governments is distributed as specified in the Constitution

¹ This report was translated by ID Corporation (and partially edited by the writer.)

(British North America Act) (Mori, 2015). Child welfare legislation is based at the provincial level and therefore each province or territory in Canada has its own policies for child protection procedures. Unlike Britain and the United States, the federal government has no role in child welfare policy, nor does it directly fund child welfare services in Canada, with the exception of children normally living on a First nations reserve.

The Child, Family and Community Services Act (CFCSA), first established in 1996, is the main legislation that guides child protection practice in British Columbia. The act states that it is mandatory to report all suspected cases of child abuse or neglect in BC.

According to Section 13 of the CFCSA, a child, 0-19 years of age, requires protection when:

The child has been, or is likely to be:

- physically harmed by the child's parent;
- sexually abused or exploited by the child's parent;
- physically harmed, sexually abused or sexually exploited by another person and the child's parent is unwilling or unable to protect the child;
- physically harmed because of neglect by the child's parent;
- the child is emotionally harmed by the parent's conduct;
- the child is deprived of necessary health care; or her development is likely to be seriously impaired by a treatable condition and her parent refuses to provide or consent to treatment;
- the child is abandoned, the child's parent is dead, or the child's parent is unable/unwilling to care for the child, and adequate provision has not been made for the child's care;
- the child is or has been absent from home in circumstances that endanger the child's safety or well-being;
- or the child is in the care of a director or another person by agreement and the child's parent is unwilling or unable to resume care when the agreement is no longer in force.

(Child, Family and Community Services Act, 1996 as cited in Kozlowski, Milne & Sinha, 2014)

The CFCSA legislation is meant to prioritize and preserve the physical, emotional and cultural well-being of the child. Depending on the situation of the family, the age of the child or the nature of the issue, there are other related legislation acts, such as the Family Law Act (2011), the Adoption Act (1996), the Infants Act (1996) and the Criminal Code (1985), that will need to be considered. There is also legislation called the Children's Rights:

Representative for Children and Youth Act (2006), in which an advocate is appointed to ensure that practice standards are adhering to the standards of protecting the rights of the child.

(3) Delivery of child protection in BC

In BC, the Ministry of Children and Family Development (MCFD) governs child protection practice, protecting the safety and well-being of children in the province. The province is divided into 13 service delivery areas and Ministry offices offer various child welfare services based on 1) Early Years Services, 2) Services for Children and Youth with Special Needs, 3) Child and Youth Mental Health Services, 4) Child Safety Services, 5) Family, Youth and Children in Care Services and Adoption Services, 6) Youth Justice Services (MCFD, 2015).

Child protection services in British Columbia are provided through 429 ministry offices in five regions and 22 delegated Aboriginal agencies that provide child welfare services and an additional eight agencies that are in start up or planning stages.

1) “Child Protection Response Model”

MCFD practices evolved from risk based, which is generally problem-based, to a solutions-based model which focus more on strengths and collaborative practice (Oliver, 2012). The current Protection Response Model came into effect in April 2012. The model includes Structured Decision Making assessment tools that are completed during the process of an investigation. The Child Protection Response Model emphasizes family involvement during the investigative process.

The response begins with intake when the MCFD receives a report or inquiry. If a child aged 19 years or younger is suspected of being abused or neglected, the suspicion must be reported to a child welfare worker. Calls are answered 24 hours a day at a central intake number (1 800 663-9122).²

The range of services provided to children and families under the Child, Family and Community Service Act include: investigation, provision of family services, and placement in out-of-home care. Ministry services begin at intake, when a report or inquiry is first received. Intake will determine if the inquiry is a request for service or whether there is a child protection issue (See Figure 1). A request for service requires screening or collecting information to determine the appropriate services to meet needs of the family, child or youth. If there is an issue in which a child’s safety is at risk, ministry staff will determine if the issue requires 1) no response; a decision is made to not pursue a child welfare investigation, 2)

² <http://www2.gov.bc.ca/gov/content/safety/public-safety/protecting-children/role-as-relative>

Family Development Response (FDR is initiated for low risk cases) or an 3) an investigation is initiated if there is substantial evidence that the child is likely to experience harm.

If a protection report is retained, the family will either be assigned to FDR, where they will receive voluntary family services, or a full protection investigation, which involves an information gathering process aimed at deciding whether the child is in need of protection. Protection reports that are retained thus include court-ordered family service plans, voluntary service plans, and may also include placement of children in out-of-home care. (Kozlowski, Milne & Sinha, 2014)

FDR is a strength-based, collaborative process where the concern regarding the child’s safety can be resolved with short-term services. The Investigation response is required if a child’s safety is in immediate danger or at risk to serious harm. MCFD contracts service providers to directly provide supports such as family preservation, counselling, support for children with disabilities, supervised access, or family support workers.

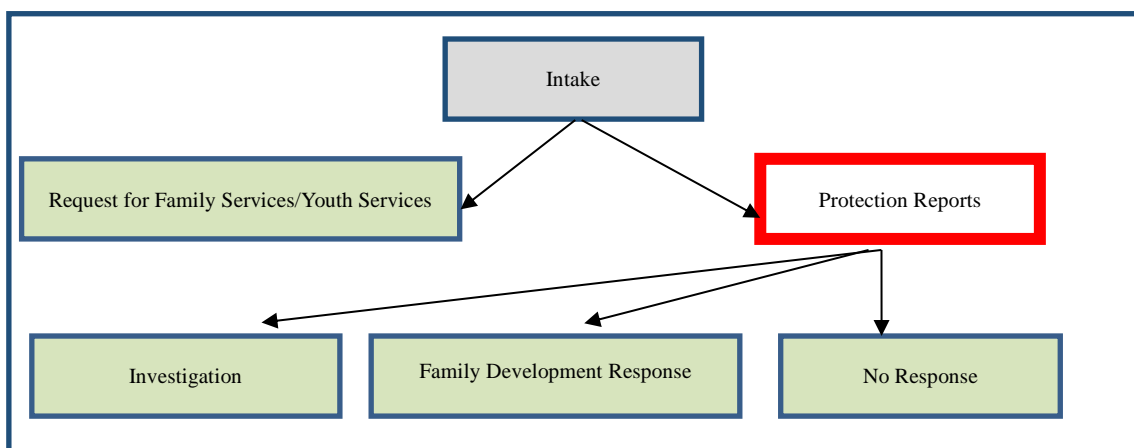


Figure 1 MCFD Intake Process

(Source: http://www.mcf.gov.bc.ca/about_us/pdf/Open_Protection_Reports_Nov_1998_Nov_2010.pdf and Sashikata 2016)

Protection reports

2) Family participation in the plan of care

When a care plan is made for a child, effort is made to involve the family and community members in the decision-making process to develop plans and agreements that protect the child or the youth and meet the needs of his or her family. This method often avoids circumstances that need judicial involvement. These processes are voluntary and confidential as stipulated in the CFCS Act. The processes and methods of decision making are shown in Figure 2.

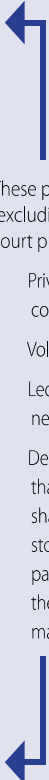
Family Meeting	<p>You and your family and the people who support you, meet with a child welfare worker to discuss and agree on things like goals and plans. Family meetings can help you work through:</p> <ul style="list-style-type: none"> • child protection concerns • visiting schedules • voluntary care or special needs agreements, or • plans for your children to stay with friends or family. <p>Family meetings can also help you learn more about child welfare services. Your child welfare worker leads the process, and there is no neutral person involved to conduct the meeting.</p>	
Family Group Conference	<p>A Family Group Conference (FGC) is a special meeting of parents, children, extended family and those who feel like family to you. A conference helps you and your family come together to solve problems and to make sure your children get the care and support they need.</p> <p>The process is led by a skilled, neutral coordinator, but you as a family make decisions on your own. At the conference you and your family have private time to make a plan that builds on your strengths, and a child welfare worker approves it if it will keep your child safe. You do not need a lawyer to participate in a family group conference, although you may want a lawyer to review the plan before you sign it – to help make sure you're clear about your rights and responsibilities.</p>	 <p>These processes (excluding the court process) are:</p> <ul style="list-style-type: none"> • Private and confidential • Voluntary • Led by a neutral person • Designed so that you can share your story and participate in the decision-making
Traditional Decision-Making	<p>If you are from a culture that has a traditional way of solving family problems, this option might be for you. Using traditional decision-making, you work through any disagreements by following community or cultural traditions. For example, in some Aboriginal communities, elders may have a key role to play in guiding your family and your child welfare worker through a decision-making process. Talk to your child welfare worker and community elders about how these processes might work for you.</p>	
Mediation	<p>Mediation is a way of solving problems with the help of a neutral person (a mediator), who is not a child welfare worker. In mediation, you and your child welfare worker will meet with a mediator who will help you come to an agreement. Mediators are trained, skilled professionals. They are not on anyone's side and their job does not involve judging or making decisions.</p> <p>Mediation is an option that may be used at any time when there are concerns about a child's safety, even before a child is removed or after a court hearing. Anyone can request mediation. Although you do not need a lawyer for mediation, you may find it helpful to have a lawyer come with you and review the agreement that is developed.</p>	
Court	<p>When you go to court, a judge will make all the decisions about your case. This includes:</p> <ol style="list-style-type: none"> 1. where your child will live 2. how much time you can spend with your child, and 3. whether further hearings are needed to reach a final decision. <p>You need a lawyer if you go to court. He or she will make sure that the judge hears what you have to say about your case. Another lawyer will be there to present what the child welfare worker has to say.</p> <p>The judge may order a case conference – where you and the lawyers and the child welfare worker meet with the judge to try to settle things without having to go to trial. The judge may also adjourn the case so that you can use one of the collaborative decision-making processes. If family group conferencing, mediation or traditional dispute resolution do not work for you, or you are not satisfied with the outcome, you always have the option of going to court.</p>	

Figure 2 Process of participation in decision-making
(Province of British Columbia)

3) Judicial intervention and timeline after removal

In circumstances in which a child's safety is at risk, a delegated child protection worker has the authority to remove the child from the home. Within seven days after the removal of a child, a ministry child protection worker attends a presentation hearing to make an explanation about the removal. If the judge determines that the child can return home without the ministry's supervision, there is no further court procedures.

If there is continued concern about the child's safety, the judge has two options: returning the child home under ministry supervision or not returning the child home but keeping him or her in the ministry's care. In either case, a protection hearing is held within 45 days. In the meantime, the worker evaluates the family and prepares a comprehensive plan of care.

If the judge decides that the child needs protection, there are the following three options:

- the child returns home (if separated) or remains with the family under the Ministry's supervision;
- the child is temporarily in the care of another person, such as a relative, under the Ministry's supervision;
- the child remains in the government's care and the Ministry places the child in a foster home. The care can be provided by a relative or close family friends, known as a "kinship care" arrangement.

If the child remains in care, the court grants certain people (relatives or nonrelatives) an access order to communicate with the child (Province of British Columbia 2017, English version of the author's translation).

4) "Continuum of Care"

When it is determined that a child's safety is at risk and the child cannot remain in the home, the decision for placement of the child is based on a Continuum of Care. The priority is to place the child in an alternate care situation that is least intrusive for the child, which starts with extended family or a family friend, whom the child has an existing relationship. This agreement is determined on a voluntary basis and the parent provides written consent for the placement but continues to have guardianship rights.

If measures need to be taken to another level, a formal protection hearing (court) can determine if the extended family can have Temporary Custody of the child. The next level of custody, according to the Family Law Act (2011), would be a Transfer of Custody, where

guardianship is transferred from the parent to the person who has the child in his/her care for a determined amount of time. When the time limit exceeds the Transfer of Custody agreement, the next step would be a Continuing Custody Order (CCO) for a set time period. Another Transfer of Custody agreement after the CCO, with the option of adoption, can then be made.

On the other hand, if extended family is not an option and it is determined that the child must be placed in care of the Director (the Ministry), the least intrusive option is the Voluntary Care Agreement and/or the Special Needs agreement. In a Voluntary Care Agreement, although the child is not living with the parent, the parent continues to have guardianship rights. If there is a protection issue and a removal of the child from the home is required, the social worker representing MCFD, attends court (presentation hearing) to file an Interim Custody Order for a limited time period in which the Ministry assumes custody of the child while placed in care. When the Interim Custody Order time lapses, the next level is a Temporary Custody Order, again which is determined by a presentation hearing. A Continuing Custody is used for children who will need to remain in care. A formal Transfer of Custody and the option of adoption would be the extreme option in the Continuum of Care. (Sashikata, 2016).

2. Children in Care in BC

Currently, the main option when placing children in care in BC is foster care. There are three levels of specialized care; the levels are based on the needs of the child and skills of the foster parent. Level 1 homes are standard foster care homes, while Level 2 and 3 homes are for the children with more complex needs.

When applying to be a foster family, applicants are required to attend an 18-hour orientation. After this orientation, the family is required to make an application with three types of documents. If selected, the family is interviewed for family learning, medical assessment, criminal history, and assessment. If all requirements are met, the family is approved and an agreement is made. Under the partnership with the BC Federation of Foster Parent Association, MCFD provides 53-hour standardized training called the “Foster Family Care Education Program”. The training is free of charge, intended to increase the knowledge and skill of recruited foster families.

Because the specialized skills of a Level 2 and 3 foster parent are more demanding, the pay rates are reflective of the skill. The most recent publicly available date on foster care monthly rates, data from 2019 is as follows:

Table 3: Monthly Family Care Rates (MCFD, 2019)

	Basic Monthly Family Care	Level One Specialized Care (per child)	Level Two Specialized Care (One child)	Level Two Specialized Care (Two Children)	Level Two Specialized Care (Three Children)	Level Three Specialized Care (One Child)	Level Three Specialized Care (Two Children)
Age 11 & under	\$982.90	\$458.02	\$1,140.40	\$1,968.68	\$2,692.92	\$1,816.66	\$3,113.12
Age 12-19	\$1089.04	\$458.02	\$1,140.40	\$1,968.68	\$2,692.92	\$1,816.66	\$3,113.12

Source:

<https://www2.gov.bc.ca/gov/content/family-social-supports/fostering/for-current-foster-parents/foster-care-payment>

In BC, the process of adoption is regulated by several laws and regulations:

- Adoption Act – introduced in 1996, the Adoption Act reflects problems in adoption and changes in the society around adoption and its openness.
- Adoption Act Regulations – History Table, Amendments Table, Adoption Agency Regulation, Adoption Fees Regulation, Adoption Regulation
- Adoption Agency Regulation
- Adoption Fees Regulation
- About the Adoption Act – general information on the Adoption Act
- Child, Family and Community Service Act – legislation that governs child safety and well-being in BC
- Confidentiality and access to information – the Adoption Act makes it easier for parents to adopt and the adult to be adopted in BC to obtain information to confirm with each other.
- Hague Convention – child protection and cooperation in international adoption.
- International adoption – an international adoption shall be completed with four licensed adoption agencies and comply with the conditions specified in Hague Convention.
- Implementation standards and guidelines on adoption – to fulfill the obligations and roles concerning the provision of adoption services by the ministry of BC, the implementation standards specify the practical levels required for the person delegated with authority.

Source: <https://www2.gov.bc.ca/gov/content/family-social-supports/data-monitoring-quality-assurance/reporting-monitoring/accountability/legislation-and-regulations>

According to the MCFD, there are several types of adoption

- Children waiting to be adopted; adoption of a child waiting to be adopted who is under the

“continuing custody order” according to the Child, Family and Community -Service Act

- Between countries / international adoption
- Adoption by relatives / step parents
- Adoption by direct placement
- Custom adoption for Aboriginal children

Source:<https://www2.gov.bc.ca/gov/content/life-events/birth-adoption/adoptions/how-to-adopt-a-child>

To adopt a child through MCFD, an interested person can make an application after the initial interview with an adoption social worker. Next comes the process of family investigation including medical assessment and crime history investigation. After the family investigation, the social worker starts a matching process to find a child who matches with the family. If there is a possible match, visits are exchanged between the child and the family to establish a relationship between them and to determine the degree of matching. If the visits before placement turn out to be satisfactory, the placement will be implemented.

3. Historic Influences in the Development of the Current Child Protection System

In this section we will discuss how the current child protection system developed, especially with the involvement of the family and community when creating a plan of care for the child. In particular, the history of colonization and its consequences in the need to recognize human rights when protecting children.

(1) History of Indigenous people in Canada

Indigenous people are recognized as the first people living on the land of what is now known as Canada. The history behind the treatment of Indigenous people is influential in the development of current practices within child protection systems in Canada. Currently, the rate of children placed in care is significantly higher for Indigenous children than all children in Canada, having a great impact on child welfare in BC (Sashikata, 2015). Of the total number of children (0-18 years old) in BC (910,000 as of 2011), about 8% (about 80,000 as of 2011) are Aboriginal children. However, 50-60% of children in care are Indigenous children.

The first Residential School opened in BC in 1863, four years before Canada became a federation. Residential schools were part of a policy implemented to assimilate Indigenous people into the Eurocentric Christian culture. The objective of this policy was to “eradicate the Aboriginal (Indian) cultures” and, for this purpose, to prevent the next-generation of children from inheriting the cultures of their predecessors (Sashikata, 2015; Kikuchi, 2017).

The colonial practices resulted in Indigenous children being forcibly taken from their families and enrolled in the residential schools. Children were forbidden to learn and inherit their indigenous languages, lifestyles, spiritual worlds, human relationship within communities, and bonds with their immediate families. And ancestors. Consequently, many children grew disconnected to their culture. (Sashikata, 2015; Kikuchi, 2017).

Indigenous Canadians suffered harsh assimilation education for more than a hundred years, with the last Residential School remaining open until 1996. Not only were children deprived of their cultural identity, it was also revealed that some church officials running the residential schools were engaged in abusing the children placed at the schools, committing serious human rights violations (Sashikata, 2015; Kikuchi, 2017).

The abuse was concealed by church officials until the 1970s, years after the abuse occurred, when survivors began talking about their experiences in residential schools. According to testimonies from residential school survivors, Indigenous children experienced painful and traumatic childhoods that included cases of neglect, physical, emotional and sexual abuse. It was suspected that residential abuse caused nearly 50,000 deaths of children, without proper burials. (Kikuchi 2017). Many Indigenous communities are still healing from intergenerational trauma where families are still coping with the effects of trauma and faced with issues such as abuse, drug addiction, mental illness, and suicide.

(2) Establishment of new systems and practice in BC

In BC, the last residential school closed in 1984. In 1991, the provincial government decided on delegating authority and funding for child welfare of Indigenous children to the First Nations. In 1996, the Child, Family and Community Service Act (CFCSA) was enacted, profoundly reflecting the principles of the UN Convention of the Rights of the Child, which was ratified by the Canadian government in the same year. At the same time, a new adoption act was introduced to include the recognition of aboriginal traditional adoption processes.

On June 11, 2008, in the House of Commons, then Prime Minister Stephen Harper delivered, an official apology to the Indigenous people:

“The government of Canada built an educational system (residential schools) in which very young children were often forcibly removed from their homes, often taken far from their communities. Many were inadequately fed, clothed and housed. All were deprived of the care and nurturing of their parents, grandparents and communities. First Nations (indigenous communities; Indians) Inuit and Métis languages and cultural practices were prohibited in these schools. Tragically, some of these children died while attending residential schools and

others never returned home. The government of Canada sincerely apologizes for failing them so profoundly.” (Kikuchi, 2017, partly edited by the author)

To reveal the truth of residential schools in order to recommend policies towards reconciliation, a “Truth and Reconciliation Commission” was assembled and many residential school survivors were interviewed. Based on the information revealed by the Commission, specific policies will be developed to reconcile with Indigenous people (Kikuchi, 2017).

(3) Implementation and subsequent challenges

The recognition of Indigenous rights saw the authority for protection and care of Indigenous children return to their communities, a right that was deprived since the colonization of Canada by the British. This meant that the traditional way of childrearing where children are brought up by their bands within the communities, is in the best interest of the child (Kikuchi, 2017).

The aim of delegating authority is limited not just to legal procedures but extended to implementing the legal system in order to preserve families. After the official delegation of authority in 2001, delegated agencies have now reached the stage where Indigenous staff initiate reviews of skills accumulated through practice and action, and are exploring challenges in child welfare in Canada (Yamashita, 2017).

In BC, the Vancouver Aboriginal Child and Family Services Society (VACFSS) is one of the Aboriginal agencies delegated with authority to decide and implement child family support services. These services include child protection and social care with the aim of restoring lost human relationships in Indigenous communities (connection), child raising culture (children), major sources of livelihood (resource), and language that supports unique spirituality (language). The delegation of judicial authority regarding child welfare from the provincial government to Aboriginal agencies has been implemented in more than 2,000 communities across Canada.

3. Prevention and Support Services

(1) Child maltreatment

It appears that the repetition of inappropriate care for children leading to maltreatment, even with early intervention, points to childbirth as a key point in the life cycle. Increased attention to preventive intervention has been targeted to support the challenges faced by the perinatal mother and child and their family (Yamashita, 2017).

(2) Child abuse prevention in BC

BC has established a system to provide support for children at risk to remain with their biological families. However, there are various systems in place for children who, even with such support, are unable to stay with their biological families (Otani, 2001).

When it comes to protecting children from abuse, the first challenge is how to identify families in need of support. Victoria, the capital city of BC, provides a universal screening program starting at pregnancy. There are general mental health supports for all expectant mothers as well as enhanced support programs for expectant and nursing mothers with mental health and psycho-social needs who may be at higher risk for abusing a child. The Vancouver Island Health Authority, responsible for regional healthcare, has integrated both approaches and implemented a program called Right From The Start, which continues from pregnancy until the child is two years old (Yamashita, 2017).

Many non-profit agencies offer support programs for at risk mothers with drug dependency or trauma. Some of these programs, which have operated for over 20 years, are delivered as outreach services for individuals dealing with drug addiction or involved in the criminal system (Yamashita, 2017).

4. Children's Rights and Stakeholder Participation

(1) Legislation and advocacy services to protect the rights of children in care

Since the 1980s, Canada has multiple systems to receive appeals from children in care who do not feel safe in their placement or have complaints about their circumstances. Firstly, children are informed on various occasions that there are systems to protect their human rights and they have a right to legal representation. Children can access these services for themselves (許斐 1999).

The Child, Family and Community Services Act (CFCSA) offers provisions for the rights of Indigenous children, reflecting the multiculturalism in Canada. In BC, the legislation that guides advocacy for children and youth in care is called the Children's Rights: Representative for Children and Youth Act (2006). The Representative for Children and Youth Act was established in 2006 and the body that advocates for the rights of children and youth is called the BC Representative for Children and Youth (BCRCY). According to their website, the Representative can:

- Advocate on behalf of children, youth and young adults to improve their understanding of and access to designated services
- Monitor, review, audit, and publicly report on designated services for children and youth

- Conduct independent reviews and investigate into the critical injuries or deaths of children receiving reviewable services

The BCRCY has authority to review or investigate services under the Child, Family and Community Services Act and the Youth Justice Act such as:

- family support
- child protection
- foster care
- adoption
- guardianship
- children and youth with disabilities
- early childhood development and
- child care services
- mental health and addiction services
- for children
- Youth justice
- Services for youth and young adults during their transition to adulthood
- CLBL services for young adults between their 19th and 24th birthdays

In BC, the Federation of BC Youth in Care Network, a network for youth in social care, was established in 1993 as an advocacy body that involves the youth themselves (see the site-visit investigation report).

(2) Phases of policy development for protection of the rights of children in care

1) Stakeholder participation: “Social Discovery Phase”

Canada has supported various efforts to help children exercise their rights to opinion, participation, and self-determination (Kikuchi, 2015).

Takahashi (1992) reported on a symposium he attended in Ottawa titled “Children in Canada: First Priorities in 1990.” What impressed him most was children were not only seen as a target of “protection” but also of “prevention”, in addition to the “participation” by the children themselves when discussing child welfare. The children and youth who attended the symposium included representatives of youth organizations, college students who grew up in foster families. Sixteen year old students were seen as equals when engaged in hot debates with adult participants. The youth went beyond discussion, working almost through the night to hammer out a policy proposal. On the last day of the symposium, they rallied in Parliament to deliver a detailed report to the Minister of Health, Chairman of the Parliament, and executive members of the three leading parties, requesting answers from the politicians. Three

of the four representatives who spoke at Parliament were youth. The leading politicians attentively listened and responded to the concerns of the youth (Takahashi, 1992).

2) Children's rights legislation: "Pre-cursor Phase"

Canada ratified the Convention on the Rights of the Child in 1996, which policies regarding and children's rights representation and advocacy in BC were incorporated into the Child, Family and Community Services Act.

3) Implementing legislation: "Achievement Phase"

To protect the best interests and rights of children, BC enacted the Representative for Children and Youth Act in 2006, which delegates authority to the Representative to review and investigate cases and implement recommendations for child protection services. This legislation increased efforts for representation and advocacy for children's rights in BC.

5. Discussion

(1) Multiculturalism

Like other provinces and territories in Canada, BC formally apologized to Indigenous people and their children for historical injustices, which validated a move forward to new social systems and methods of response. Taking history into consideration, Canada is building on a society that appreciates diversity and institutional measures are taken to bring systems to the next level.

Such an approach for affirmative action should be considered in Japan as well, especially in areas with pronounced social gaps.

(2) Stakeholder participation in planning and policy making

BC seems to be driving forward a system that involves stakeholder contribution. Stakeholder participation can occur at any phase, ranging from decision-making in care plans, representing children in care, to youth who experienced being in care participating in activities towards improving the system.

In Japan, the mechanism that involves stakeholders in the areas of child protection and social care still requires development. It is of great significance to learn how stakeholder participation is practiced in Canada.

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8 Korea

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1. Overview of the current child protection system

Korea's child protection system is built on a residual model to protect children who lost their parents after the war and solve children's problems resulting from rapid industrial development. A residual child protection model is a model that provides retroactive services for impoverished children alienated from normal families or living with collapsed families, such as war orphans, impoverished children, and those in need of protection from collapsed families. The official child protection system took form in 1961, when the Child Welfare and Benefit Act was enacted. The development of child welfare services can be divided into three phases based on their functions and characteristics: up to the 1960s, the initial phase characterized by society-based protection; 1960s to 1970s, the phase of selectivity that emerged after the establishment of the child welfare system; and from the 1980s onward, the phase of transformation to universality in the provision of child welfare services. The period from 2000 onward, in particular, can be regarded as the phase of expansion and settlement of universality. In the initial phase, Korea's child welfare system responded with low-level public assistance and residential care or with international adoption² in cases where protection was unavailable in Korea. In the following industrialization and economic development, the needs for universal welfare increased and led to the development of childcare services for working mothers and children and of consultation and protection services for families with problems and abused children. The authority responsible for child protection in Korea, however, is divided into two lines of administration, led by the Ministry of Health and Welfare (responsible for protection services for children) and by the Ministry of Gender Equality and Family (responsible for protection policies for youth). Furthermore, the protection of children at risk at school was the responsibility of the Ministry of Education. Such an administrative structure has created a vulnerability in the network of inter-departmental services and is obstructing the functions of the child protection system³

¹ This report was translated by ID Corporation (and partially edited by the writer.)

² 養子縁組

³ リュジョンヒ,パクセキョン,イジュヨン,パクジユン, He Lijun . Morita Akemi . Yu Jianming(2015)少子化を乗り越えるための児童保護体系に対する国際比較研究：韓中日の比較を中心に、韓国保健社会研究院,p4

(Ryu, et. al., 2015).

(1) Legal system for child protection

Table 1 Legal systems relating to child welfare in Korea

Structure		Contents	
Basic Child Welfare Act	Child Welfare Act	Basic considerations to child welfare	
Special Child Welfare Act	Directly related laws	Infant Care Act	Care for infants
		Single-parent Family Support Act	Welfare to single-parent families
		Act on special cases concerning adoption	Adoption and procedures
		Mother-and-child Health Act	Mother and child health
		Act On Protection and Support of Missing Children, Etc.	Protection of missing children
		Framework Act on Low Birth Rate in an Aging Society	Measures against declining birthrate
		ACT ON THE PREVENTION OF DOMESTIC VIOLENCE AND PROTECTION, ETC. OF VICTIMS	Response to children victimized by DV
	Indirectly related laws	National Basic Living Security Act	Children in deprived families
		Emergency aid and Support Act	Emergency support for children in families in danger
		FRAMEWORK ACT ON JUVENILES	Basic items for youth welfare
		JUVENILE PROTECTION ACT	Protection of youth
		Social Welfare Service Act	Social welfare services and operation of institutions
		ACT ON THE TREATMENT OF PROTECTED JUVENILES, ETC.	Delinquent children
		ACT ON PROBATION, ETC.	Protective observation of delinquent children
		ACT ON WELFARE OF PERSONS WITH DISABILITIES	Items regarding the welfare of disabled children
		ACT ON SPECIAL CASES CONCERNING THE PUNISHMENT, ETC. OF CHILD ABUSE CRIMES	Protection of abused children and protective treatment of perpetrators

Revised from the “Child Welfare” by オジヨンス・ジョニクジュン (2008)

Korea's legal system for child protection has its base on the Child Welfare Act, under which many laws have been established to supplement the law. The Act, which was originally enacted in 1961, was revised in 1981 with the focus placed on institutional protection. Thereafter, in step with the changing social environment and diversified child welfare needs, the Child Welfare Act has been partly revised and supplemented, which makes it far from a well-organized system as a basic law. The laws introduced so far in association with the Child Welfare Act are related to social welfare services, unable to run a program to provide benefits to support childcare and family income, such as child allowance. Table 1 shows the current legal system concerning child welfare.

(2) Composition and functions of Korea's child protection system

Korea's child protection system makes it a priority to provide selected targets regarded as "children in need of protection" with alternative protection and supportive, supplementary services on behalf of their caregivers. It is stipulated in Paragraph 1, Article 15 of the Child Welfare Act that the head of a municipality, when he or she detects a child in need of protection or is requested by his or her guardian, place the child in protection, etc. according to the principle of giving priority to the interests of the child (Table 1).

A child in need of protection is a child who has no guardian or who has been abused by his or her guardian – i.e., where the guardian is inappropriate for or incapable of caring for the child. (Paragraph 4, Article 3 of the Child Welfare Act)

Guidelines recommend, as types of placement, giving priority to reunification or placement in alternative care of someone known to the child. If these are not feasible, placement in a foster family, child welfare facility, treatment facility, or adoption are available. However, after consultation and instruction with the children and his or her guardian, they are advised to give priority to reunification or placement in alternative care of someone known to the child, and if foster families are not available, then institutional placement is provided⁴. The functions of typical facilities in the child protection system are as follows. Foster homes, temporary protection or protection therapy facilities, and independence support facilities provide children who need to be removed from their families because of developmental crises, with daily lives in a protective facility for a certain or a long period of time. On the other hand, under the influence of the deinstitutionalization, there emerged a type of child protection, as an alternative to institutional care, which is provided in a home-like environment, such as

4 児童の保護者及び縁故者が保護養育が出来るように支援方案を模索、家庭委託(日本の里親に当たる)の保護養育を積極的に推進し、満2歳未満の要保護児童は家庭委託に優先配置(ただし、児童福祉法で児童保護による流れあるいは優先順位を定めるわけではなく、単に「児童分野事業案内」で“家庭保護の優先”を指針として定めている。)

foster family care and adoption, as social care services.

Agencies responsible for social care ① are directly related to children in need of protection. Foster care centers are engaged in the implementation and public relations of various programs for foster parents, such as recruiting and appointment, psychological therapy, and connection. Specialized child protection agencies, which serve like child consultation centers in Japan, provide intervention and temporary protection, consultation, and therapy for child abuse. Child welfare facilities include foster homes, temporary child protection facilities, child protection therapy facilities, vocational child facilities, independence support facilities, short-term child protection facilities, child consultation centers, children-dedicated facilities, child welfare houses, commune-based homes (group homes), and community child centers.

Agencies responsible for social care ② are related to the agencies responsible for children in need of protection and for social care ①. Dream Start Centers, in particular, are intended for a vulnerable class of children aged younger than 12 years and provide a made-to-order comprehensive services covering healthcare, welfare, and childcare (education). Community child centers are a facility to provide comprehensive welfare services such as protection and education, recreation, and partnership between the guardian and local communities to promote healthy growth of the regional children in need of care, and has 4113 facilities (as of 2015) across the country. Dream Start Centers and community child centers, in particular, find out groups at risk of abuse and provide identification and monitoring services in cooperation with specialized child protection agencies. Korea's child welfare services are divided into support policies for children in need of protection and support policies for children in the vulnerable class (low-income families), and support services relating to social care are as follows.

Sponsorship services: intended to provide material and emotional support for children in institutional care, foster families, and juvenile families through connection with neighbors in the communities, thereby creating an integrated atmosphere and nurturing healthy children. The operating agency Children's Foundation transfers the amount donated by a sponsor to the target child to the personal account of the person in connection.

Support for independence of children in protection: intended to provide children in protection with preparation for independence, strength and stable social advances and independence. Currently, independence support agencies are in operation in seven cities and provinces.

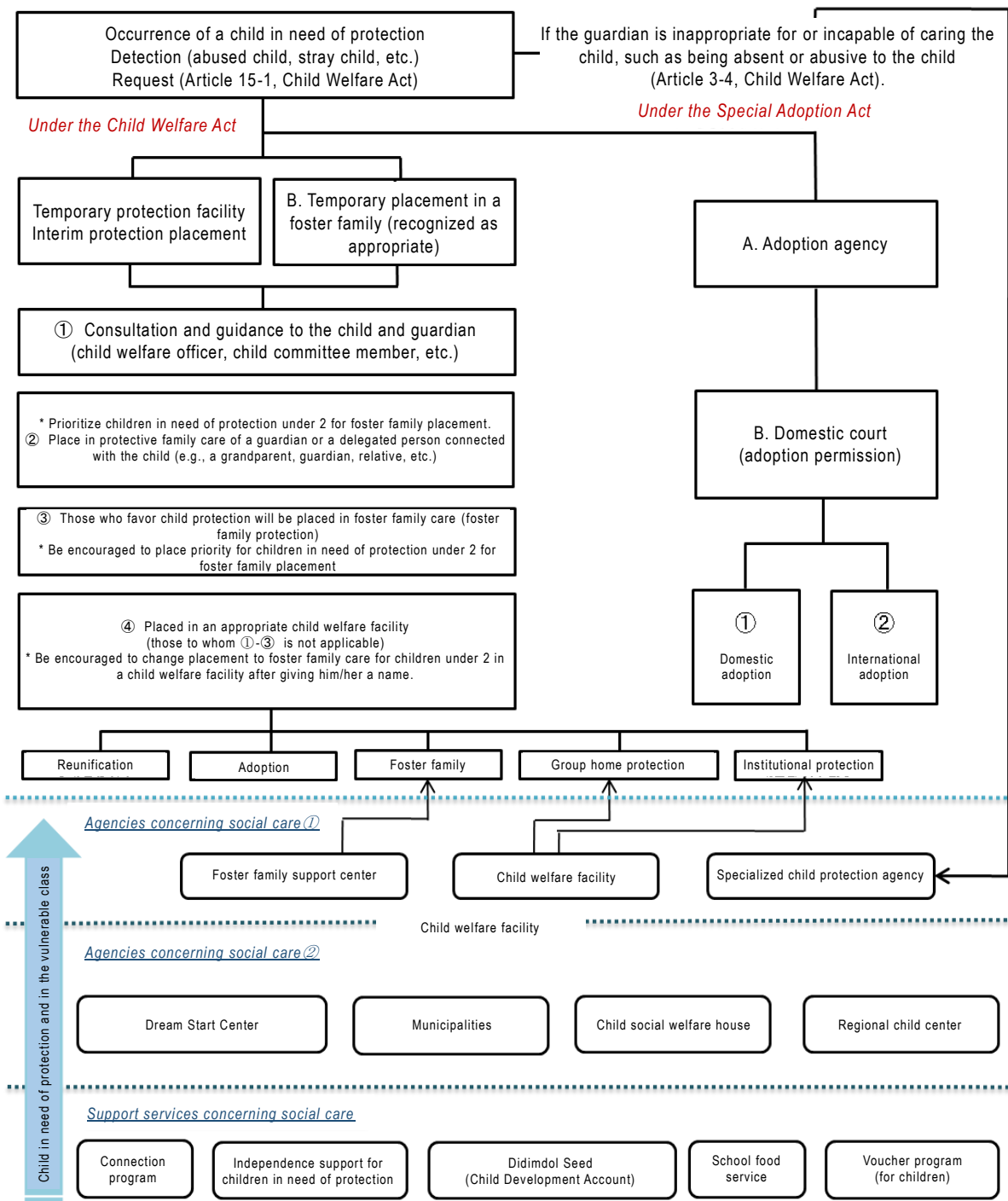
Didimdol Seed: Child Development Account (CDA)

To get low-income children ready for social advances, a long-term proactive support is

required to build seed money to cover the initial expenses for education, employment, and residence when they enter into society. For this purpose, the children in need of protection (institutionalized), children in families on benefits, reunified children, and adopted children (in need of protection) are supported with “① basic matching reserve: where a child is accumulating reserves with a sponsor’s or guardian’s assistance, and if the amount does not exceed 30,000 won per month, the government (municipality) contributes money at a matching ratio of 1:1. ② When the accumulated reserves reach the maximum limit of 30,000 won, the child still can accumulate extra reserves up to 470,000 won per month, but the extra is not subject to the matching program.”

Voucher program: A certificate that allows those certified to purchase services they selected from those available from the government. Services available to children include infant development support, child emotional development support, child/youth mental support, child/youth internet addiction therapy, child development support for multicultural families.

Response to children in need of protection



< Figure 1 Child protection system in Korea >

Revised and reproduced from the 2016 Guide to programs for children, the Ministry of Health and Welfare

2. Analysis of the cycle of development of the current child protection system

(1) Background, events, affairs, and public opinion leading to the current system (① “Social Discovery Phase”)

Korea's child protection programs started after the war when the government and private organizations in Korea and abroad began building many facilities to provide emergency relieves to protect orphans and street children. This is the basis of social welfare in Korea, and of the 592 social welfare facilities operated in 1950-1960 in the country, 472 (about 80%) were child protection facilities⁵. Therefore, until the 1960s, child welfare services lacked principles of the government's responsibility and were not specialized, being more like a social relief project for impoverished children relying on assistance from the private sector and abroad. In the early 1960s, the Public Assistance Act and Child Welfare and Benefit Act were enacted to legally recognize the principle of the government's responsibility; however, most of the welfare legislations were intended to justify the government with such limitations as not to have a negative impact on the economic growth⁶. For these reasons, the policies in child welfare were focused on minimizing public expenses and preventing the occurrence of children in need of protection, which can be interpreted as a residual model in that the government, by placing emphasis on familial protection and thus on the responsibility of the family, tried to evade interference to the investment in economic growth by reducing the burden on the government for child protection. However, the industrialization, urbanization, nuclear families, and changes in values created by economic growth have diversified the needs of child welfare and invited a wide range of child problems including not only poverty, delinquency, and disability in children, but also abandoned children in low-income and general families. In other words, the target of child welfare services was increasingly required to be generalized to include not only children in need of protection but those in general families. To respond to this demand, the Child Welfare and Benefit Act was revised into the Child and Welfare Act to reinforce the basis of the current child protection system. Around 2000, Korea was experiencing various institutional changes in the child protection system, such as fewer children and aging society and rapid changes in society and economy, both internally and externally. In particular, the financial crisis in Korea in 1997 (rescued by IMF) has exposed children to danger in the context of heads of families losing their jobs, leading to familial financial crisis, family strife, domestic violence, and impoverished children. Although the social welfare system was being organized, social problems did not seem to be disappearing, and the lack of human resources for national economy pointed to the need of a comprehensive review of the child welfare system.

5ゴンケシユン・パクヒョンソン・オソンハン・イサンギユン・イヒョンジュ (2003) 児童福祉論、p106

6ジャンインヒョプ・オジョンズ(2001) 児童青少年福祉論、ソウル大学出版部

(2) Exploration leading to the current system and reviewed issues (② “Precursor Phase”)

The enactment of the Child Welfare Act in 1981 was a turning point toward a public child protection system. This Act made clear the government’s responsibility for child protection and welfare, turning the focus of protection from a selected, limited group to all children, and made it possible to orchestrate the increasingly specialized and diversified child protection system. This created a political momentum toward de-institutionalization, replacing the existing large-scale institutional protection services by home- and community-oriented ones, such as group homes (commune-based homes) and foster families⁷. Korea’s ratification of the UN Convention of the Rights of the Child in 1991, in particular, has created a momentum to articulate the reorientation from institutional protection to community-based in-home care with specialized, diversified services. Korea’s typical public services in social care are adoption, institutional protection (care facilities, group homes, etc.) and foster families. Although adoption is an ideal protection tool that can provide a permanent home for the child, it has not been so actively used inside Korea. Institutional care, characterized by housing many children in one place, has been criticized for its inability to provide an environment similar to home. Driven by the recommendation made by the UN Committee on the Rights of the Child, foster family care was sought in which children in need of protection is temporarily placed in appropriate families that meet the protection criteria. A model program Foster Family Support Center was introduced in 2000 and expanded nationwide in 2003⁸. In the 2000s, the human rights and rights of the child and the protection for abused children and child safety became the topic of discussion. Through the revision of the Child Welfare Act in 2000, a system for protecting and preventing abused children was organized, and abuse protection and prevention services were provided through the private sector commissioned by a specialized child protection agency.

(3) New system established through processes (1) and (2) and implementation (③ Achievement Phase)

Years following 2000 have seen rapid changes and developments in legal, institutional, and practical aspects of child protection. Notable above all is the expansion of the focus of child welfare from children in need of protection to general children as a whole, indicating reinforced universalism in the policies for children. In 2004, the Child Welfare Act was

7 イヒョンジュ・カンヘギョ・ソムンヒ・ジョンギョンヒ・ユドンチョル・ジョンゼフン・イソンギョン・ノオンジョン・ヒョンミョンヒ (2003) 公共扶助と社会福祉サービスの体系分析及び再編方案、韓国保健社会研究院、p38-40
8 ただし、韓国の家庭委託の展開は1990年代から韓国養父母協会、韓国福祉財団（現、子ども財団）が自主的に家庭委託事業を行った。

revised to pursue child protection policies as a national mission and consolidate the legal basis for the installation and operation of child policy coordination and practices committees. Through these committees, comprehensive measures for child protection were implemented throughout the Department, which include the “Comprehensive Plan for Child Protection and Care,” “Comprehensive Plan for Child Safety,” and “Comprehensive Plan for Children and Youth in poverty.” For institutional protection services, the types and functions of child welfare facilities were expanded and revised under the Child Welfare Act to solidify the legal basis for their diversification and socialization⁹. This served as the basis to promote home- and community-based protection, such as provided by small group homes (commune-based home), foster families, home protection services, and community child centers. The 2005 amendment to the Child Welfare Act provided the legal basis for foster family protection¹⁰.

The Special Adaption Law, adapted from the Act on Special Cases Concerning Adoption Promotion and Procedures, was introduced in 2011 to prioritize foster families for child protection and reinforce the government’s official control and supervision¹¹ and in 2012 led to the basis for establishing Foster Care Centers to help children in need of protection become independent. In 2013, on the other hand, an accidental death of a child due to abuse caused growing political concern over child abuse, leading to the adoption of the “Act on Special Cases Concerning the Punishment, Etc. of Child Abuse Crimes,” reinforced procedures for punishing child abuse offences and protecting victimized children. This also provided an opportunity for the government to take a proactive intervention while recognizing abusive act deviating from “family disciplines” based on Confucian thought as a socially serious offence¹² (see Table 2).

(4) Evaluation after implementation of established new systems and practice and discovery of new challenges (④ “Review Phase”)

As described so far, Korea’s child protection system has made various efforts and attempts to develop into a new responsive system, but has not seemed successful in specific programs and performances. This is because, with all varieties of related legal measures, the attempts for change in the child protection system have been invariably oriented to retroactive, residual projects focusing on problems of children in need of protection. Furthermore, Korea’s

9 ジャンインヒョプ・オジョンズ(2001) 児童青少年福祉論、ソウル大学出版部

10 2006年からは家庭保護のケースが施設保護のケースを上回りはじめた(国連児童権利協約3・4次国家報告書P87)。

11 イヨンギョ・キムヒョンテ・オソンハン・ジョンギョンウン・ジョンミンギ(2014) 児童保護制度の評価及び改編方案に関する研究、光州大学産学協力団・保健福祉部 p23

12 イヨンギョ・キムヒョンテ・オソンハン・ジョンギョンウン・ジョンミンギ(2014) 児童保護制度の評価及び改編方案に関する研究、光州大学産学協力団・保健福祉部 p24

child protection system is primarily led by the Ministry of Health and Welfare (responsible for protection services for children), Ministry of Gender Equality and Family (responsible for protection services for women and youth), and Ministry of Education (responsible for education and welfare services), making it difficult to recognize under which authority the particular service is provided (see Figure 2). However, taking into consideration the diversity of developmental crises in children and their individual perception of risks, the diversity of services might be positively evaluated to a certain degree¹³. Finally, we summarize the challenges for the future in the following paragraphs¹⁴.

The first is to clarify the government's responsibility in the protection of children at risk and ensure the commonality of the child protection system. So far, in Korea's child protection system, the main functions and roles of services concerning adoption of children in need of protection and protection of abused children were administered by private agencies commissioned by the government. In the meantime, the government transferred its responsibility for children in need of protection in a restrictive manner by selecting and managing private agencies. A long-term, specific road map is required to strengthen the commonality of the child protection system.

Secondly, various windows are available from leading administrative departments to address individuality and basic attributes of children in need of protection. There may be some diversity in the provision of services, but the responsibility for protection services is nowhere to be found, the continuity of the service was disrupted and segmented, and a strategy to put pieces together is required.

3. Child maltreatment prevention agencies/ Family support agencies

(1) Overview of child maltreatment support

Agencies that provide support and response for child maltreatment in Korea are specialized child protection agencies. Their legal basis for establishment is found in Articles 45 and 46 of the Child Welfare Act. There are the central specialized child protection agency established by the central government (Ministry of Health and Welfare) and regional specialized child protection agencies established by municipalities. In Japan, the main agency responsible for child maltreatment is the child consultation center, which is a public agency, whereas the specialized child protection agency is a private contract agency.

With the aim of preventing child abuse and protecting abused children, the central

13 리ュジョンヒ, 박세키ョン, 이즈요ン, 박지윤, He Lijun . Morita Akemi . Yu Jianming (2015) 少子化を乗り越えるための児童保護体系に対する国際比較研究 : 韓中日の比較を中心に、韓国保健社会研究院, p89

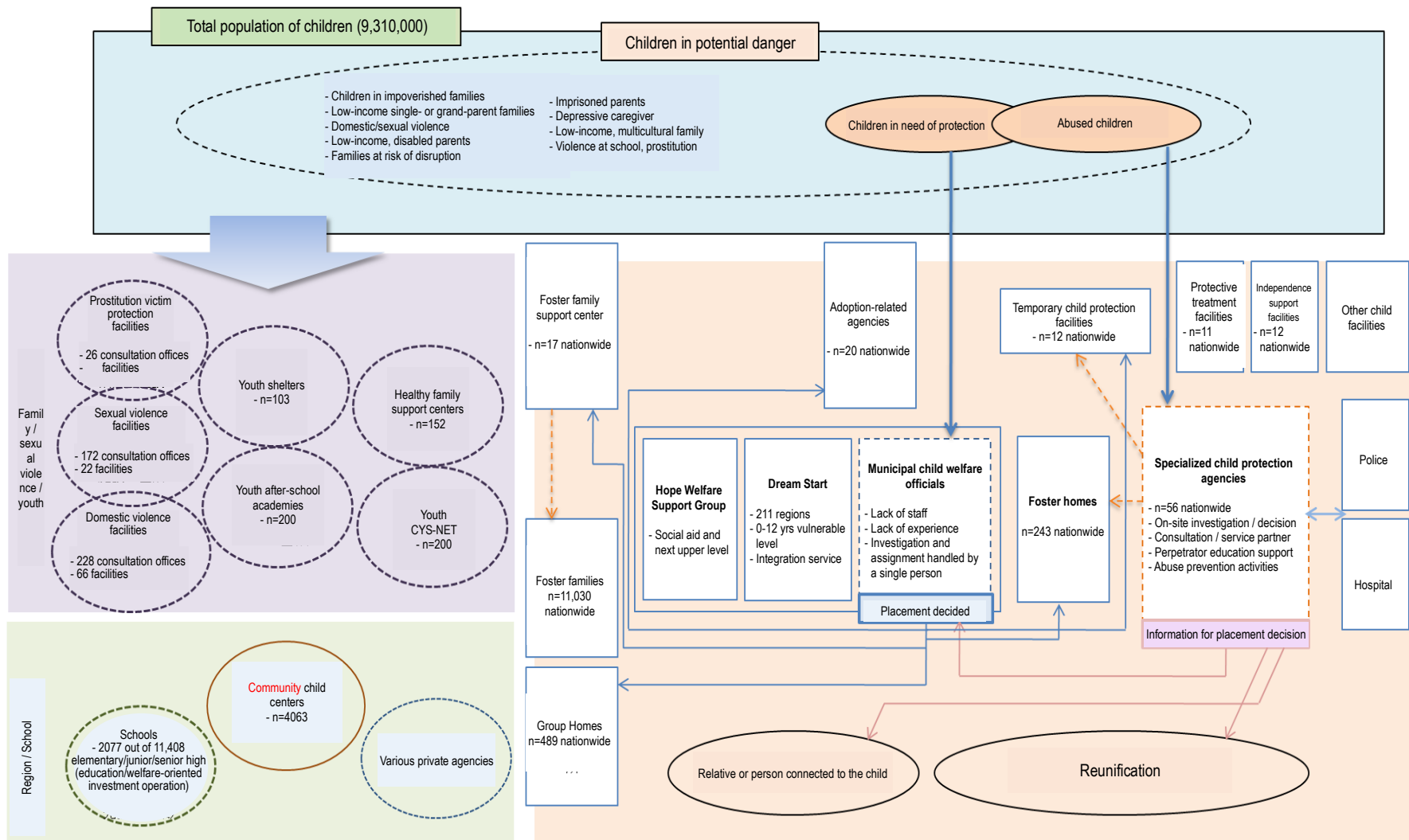
14 리ュジョンヒ, 박세키ョン, 이즈요ン, 박지윤, He Lijun . Morita Akemi . Yu Jianming (2015) 少子化を乗り越えるための児童保護体系に対する国際比較研究 : 韓中日の比較を中心に、韓国保健社会研究院, p89~95

specialized child protection agency is engaged in public relations and education of child abuse prevention, research and policy proposals, and performance enhancement for workers at regional specialized child protection agencies and abused children's temporary protection facilities. Regional specialized child protection agencies are engaged in intervention etc. in matters required for detection, protection, treatment, and referral of abused children. Efforts made after the enactment of the Special Act on the Punishment on Child Abuse Offences in 2014 include reinforcement of reporting by mandatory reporters, expansion of the claim for requesting restriction of custody, reinforcement of site investigation and after-the-fact control, and mandatory education for child abuse prevention. In particular, it was made mandatory that when visiting a site of child abuse in response to judicial intervention, a specialized children protection agency worker should be accompanied by a police officer (Figure 3).

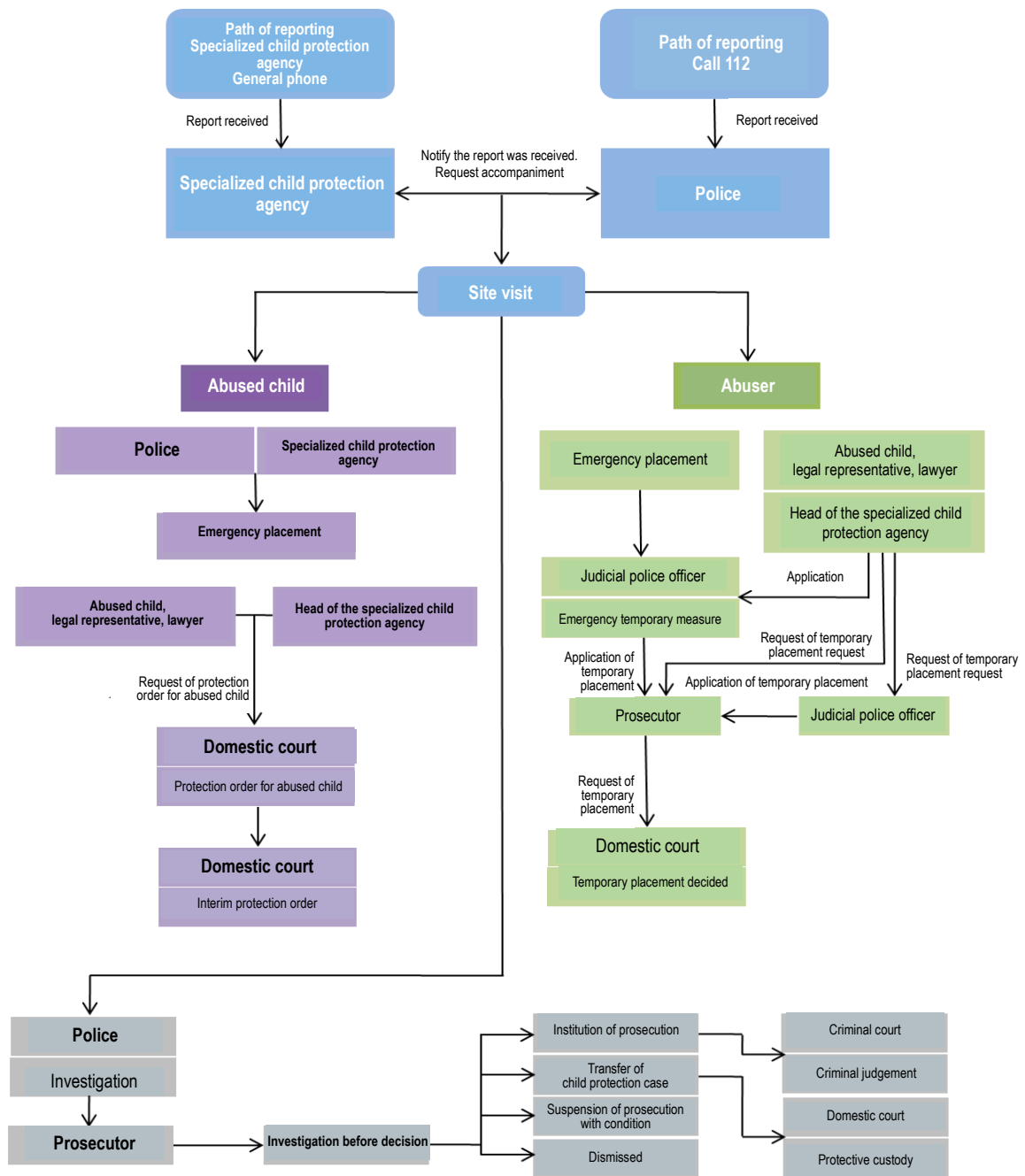
Table 2 Transition of the child protection system since 2000

Year	Events
2000	Amendment to the Child Welfare Act: Child protection agencies established and operation started.
2001	Category of foster families expanded to include relatives.
2003	Foster care centers established. Child safety comprehensive measures implemented.
2004	Amendment to the Child Welfare Act: Child policy coordination committees established; child protection programs activated; regional children centers legitimated; category of child welfare facilities expanded to include communal homes.
2005	Establishment of the Act on Protection and Support for Missing Children, etc. Child Safety Management Department newly established; school food service expanded.
2006	Children' s rights monitoring centers established; regional child information centers established.
2007	A model project Hope Start started (16 sites), renamed Dream Start in 2008. Didimdol Seed, or Child Development Account (CDA), started.
2008	Establishment of the Ministry of Health, Welfare and Family: integration of child and youth policies promoted.
2009	Youth and family services transferred to the Ministry of Women (currently the Ministry of Gender Equality and Family).
2011	Amendment to the Child Welfare Act: basis formed for comprehensive basic plans for children and comprehensive surveys of actual status of children; Special Act on Adoption Promotion and Procedures renamed Special Act on Adoption.
2012	Amendment to the Child Welfare Act; basis formed for establishing municipal foster care centers and for independence support for children in protection.
2013	Occurrence of child death from abuse led to the revision of the Child Welfare Act and establishment of the Act on Special Cases Concerning the Punishment, Etc. of Child Abuse Crimes

Partly revised by イヨンギヨ et. al. (2014)



<Figure 2 Structure of the child (youth and family) protection system in Korea> * Revised and reproduced by 박우성, et al. (2014, 2015)



< Figure 3 Flow of response to a child abuse case >

(2) Prevention of child maltreatment / Analysis of the cycle of development of family support services

1) Background, events, affairs, and public opinion leading to the current system (① “Social Discovery Phase)

In Korea, the history of recognition of child abuse as a social issue is not so long. Although child abuse was recognized as a serious social problem, an actual abuse case was tolerated as an extension of Confucian culture; it was considered a family issue and often expected to be solved within the family. Legislative measures against child abuse started in 1981, when the Child Welfare Act was enacted. Under this law, however, although it was possible to investigate a person who violated the forbidden act of child abuse, there was no institutional mechanism that enables the authority to take a proactive and specialized intervention such as immediate removal of a child at risk of abuse or placement of the perpetrator of abuse¹⁰². Since then, legal and institutional approaches to child abuse were stimulated by momentum from the private sector, such as a draft bill of the Child Abuse Prevention Act issued in 1993 by Korean Society of the Prevention of Child Abuse as well as active movements from academic societies and private organizations. The “Child Abuse Case of Young-Hung and Bo-Ran” broadcasted in April 1998 created a momentum to turn public opinion and attention to child abuse issues, which had not so far been seriously debated except by expert groups, and increased the need for legal intervention to prevent child abuse¹⁰³. As seen above, Korea’s programs to protect abused children before 2000 were mainly implemented by private bodies and lacked legal basis and governmental support.

However, the revision of the Child Welfare Act in 2000 placed a focus on the construction of a system to protect children from abuse and clear idea of child abuse, and provided a clear idea of child abuse and a legal basis for responding to child abuse through reporting and for establishing child protection agencies. Then, a communication networks were immediately established at central and local levels with a reporting system to respond child abuse 24 hours a day. On the other hand, there are increasing number of tragic deaths from child abuse. 141 deaths occurred from child abuse between 2000 and 2012, when the response to child abuse was turned to the government-driven¹⁰⁴. In particular, a death of a child from abuse committed by a step mother in Chilgok (2013) and a death of a child from abuse committed by foster family (2014) has become a social issue, creating a momentum to cause

102 李培根 (1997) 児童虐待の問題と対策方案、保険福祉フォーラム、8、p29-36

103 パクジョンラン、シヨホンラン (2001) 児童福祉論、ヤンシヨウオン、p214

104 Kim, Jihae, Chung, Ickjoong, Lee, Heeyoun, Kim, Kyunghee (2013) “Analysis of Newspaper Articles on Child Abuse DeathsKorean”, Journal of Social Welfare, Vol. 65, No. 2, pp. 131-154

the public to awaken to the seriousness of child abuse in Korea. The government's neglectful response to child abuse became a focus of harsh criticism, demanding legislation that stipulates severe punishment on the perpetrator and, when abuse occurs, allows an official agency to proactively intervene to prevent abuse and protect children.

2) Exploration leading to the current system and reviewed issues (② “Precursor Phase”)

In Korea, child abuse cases are responded at the governmental and private levels. In the 1980s onward, various responses to child abuse were developed, mainly from the private sector, such as the Children's Rights Declaration Office established in 1985 and operated by the Special City of Seoul Child Consultation Center, Korea Association for prevention of Child Abuse and Neglect, a nonprofit organization established in 1989, House of Sharing opened in 1991, Youth Shelter derived from Seoul YMCA in 1992, and social welfare corporation Good Neighbors in 1996³⁾. On the other hand, responses at the government level started in January 2000, when the Child Welfare Act was amended. This amendment, in which the definition of child abuse was first introduced, stipulates prompt detection, protection, and treatment of child abuse by the government and municipalities and establishment of child protection agencies to prevent child abuse.

Child protection agencies were divided into the central and regional ones. The central child protection agency was required to supervise and monitor regional child protection agencies to ensure their smooth operation of services and to engage in legal consultation support, research and development of child abuse programs, and policy recommendations.

Services operated by the central child protection agency :

- ① Support for regional specialized child protection agencies
- ② Child abuse prevention programs and publication of related studies and materials
- ③ Creation of a cooperative system for the efficient implementation of child abuse prevention programs
- ④ Development and evaluation of child abuse prevention programs
- ⑤ Training for consultants and education and public relations for child abuse prevention
- ⑥ Construction of an electronic system for child protection agencies
- ⑦ Other activities relating to the child abuse prevention programs

On the other hand, regional child protection agencies are the frontline agencies closely engaged in responding to child abuse and required to receive reports, provide consultation, take intervention, and after-the-fact management.

Services operated by regional child protection agency:

- ① Acceptance of child abuse reports, on-site investigation, and emergency protection
- ② Consultation and education for abused children and perpetrators
- ③ Education and public relations for the prevention of child abuse
- ④ After-the-fact confirmation with the family of an abused child
- ⑤ Installment and operation of a child abuse case assessment committee and operation of case meetings
- ⑥ Other activities relating to child abuse prevention programs

Also, child protection agencies set up mandatory reporters of, child abuse working for the detection and prevention of child abuse. Mandatory reporters are professionals who are likely to perceive child abuse (21 disciplines including education, health, welfare workers and civil servants), They are required by Article 10 of the Act on Special Cases Concerning the Punishment, Etc. of Child Abuse Crimes to “report to a child protection agency or investigation agency if they notice or suspect a crime of child abuse while engaged in the profession.” Mandatory reporters are required by Article 26 Compulsory Education of the Child Welfare Act to learn twice a year the latest information, knowledge, and related laws and regulations concerning child abuse. The agencies responsible for compulsory education are required to be affiliated with a child protection agency.

3) New system established through processes 1) to 2) and implementation (③ “Achievement Phase”)

The number of cases reported as child abuse in 2015 through 56 child protection agencies nationwide was 19,214, of which 16,651 were suspected cases of emergency child abuse or child abuse. The number of cases reported as child abuse in 2001 was 4,133 which increased about five-fold in 2015. This increase can be explained by saying that the improvement in the legal basis about child abuse since 2000 has led the government to actively get involved in the effort against child abuse, such as the installation and operation of child protection agencies, which brought public attention to child abuse and resulted in the sustainable growth in the number of reports. However, deaths from child abuse were many, leading to the 2014 amendment of the Child Welfare Act (reinforcement of punishment and protection procedures for child abuse) and enactment of the Act on Special Cases Concerning the Punishment, Etc. of Child Abuse Crimes. The aim of this Special Act is, by stipulating special provisions for punishment on child abuse and its procedures, protection procedures for abused children and protection placement on the perpetrators of child abuse, to protect children and help them grow up into healthy social members (Article 1 of the Special Act). The details are set forth in the entire text of Chapter 6 and in Article 64 and Supplements, largely in two

parts: “Punishment to perpetrators of child abuse” (Articles 4-9) and “Judicial procedures for the processing of child abuse crimes” (Articles 10-58). This Special Act, by stating “the crime of child abuse,” makes it clear that child abuse is a criminal offense and deserves a criminal punishment while providing various special provisions for judicial procedures to address a child abuse case to protect the victimized child. Although not intended to establish and implement comprehensive measures and systems for the prevention of child abuse, this Act, unlike the existing method against child abuse that is centering around child protection agencies and administrative bodies, has various special provisions on the recognition of child abuse as a crime and on the premise of the judicial procedures for this crime. For this reason this Act is considered an epoch-making legislation that will make a difference in the processing of a child abuse case.

The Special Act has reinforced not only the punitive intervention in child abuse but therapeutic intervention, details of which include restriction or loss of custody, improvement in on-site investigation system (authority of a specialized child protection agency on the scene and accompaniment of a police officer), reinforcement and expansion of mandatory reporting (expansion of the range of professional disciplines and reinforced punishment on the breach of duty), emergency protective placement system, therapy program order, and integration of the call number for reporting to 112 (integrated with the call number for reporting a criminal offense).

4) Evaluation after implementation of established new systems and practice and discovery of new challenges (④ “Review Phase”)

The introduction of the above-mentioned “Act on Special Cases Concerning the Punishment, Etc. of Child Abuse Crimes” resulted in an increase in the number of child abuse reports, increase in the number of visits by a specialized child protection agency worker accompanied by a police officer, and increase in placements in isolation for child protection, and 67% of these cases were granted a temporary protection order¹⁰⁵. This special law brought drastic changes in child welfare.

The changes include reinforced recognition of child abuse as a “crime,” creation of mutual assistance between partner agencies, information sharing and database building, reinforced legal support (lawyers, legal representatives, etc.), treatment order for abuse perpetrators, and increased number of special workers such as at specialized child abuse agencies. In particular, the articulation of the recognition of child abuse as a “crime” reflects the government’s and municipalities’ notion of child abuse as a crime, and while education is

105 ホナンソン・ゴユンソン (2015) 韓国児童虐待犯罪の処罰をするための特例法における施行以降の問題点と改善方案、矯正福祉研究、37、 pp. 1-19

encouraged to change the people's idea of child abuse, the Special Act is expected to help improve the social recognition about child abuse with varieties of political and institutional efforts against child abuse and violence¹⁰⁶. Furthermore, the fact that a specialized child protection agency worker is granted a legal authority means that the worker can have a police officer accompany him or her to the site upon reporting a crime of child abuse is reported, which has been appreciated as it alleviates the limitations of on-site-investigation.

On the other hand, although the number of child abuse reports has increased and proactive prevention and intervention have been recognized, challenge to be faced will be the lack of temporary protection agencies and specialists, of therapy service specialists and their basis, and of the number of staff in specialized child protection agencies.

4. Organizations and agencies responsible for children's rights and stakeholders' participation.

(1) Current status of child rights representation and children's participation (tools, formats, database outlines etc. for laws, regulations, procedures, assessments, etc.)

The details of children's basic rights in Korea are set forth in the Children's Charter and Youth's Charter. The Children's Charter consists of 11 Articles and includes the principle of indiscriminate and human dignity and clearly states the rights regarding protection in healthy families, nutrition, education, culture, protection from abuse and labor, protection of children with disabilities, etc. The Youth's Charter advocates independence and autonomy of youth and specifies the rights to existence and growth, right not to be discriminated against, right to be protected from violence, right to education, right to culture and art, right to access to information, right to democratic participation, etc. These Charters are of great declaratory significance by stating commissions and resolutions to children in the Korean society

On the other hand, Korea submitted the national report to the UN Children's Rights Committee three times in 1994, 2000, and 2008 since it ratified the UN Convention of the Rights of the Child in 1991. The report was reviewed by the Committee, and based on the Committee's recommendations, multifaceted approaches have been taken to enhance children's rights. In the meantime, the government started a model program by outsourcing the Children's Rights Monitoring Center to a national policy agency¹⁰⁷ and launched a full-scale program in 2009.

106 ホナンソン(2014) 韓国児童虐待の犯罪の処罰などに関する特例法の意味と課題、童光 (子ども財団) p3-24

107 韓国保健社会研究院である

1) Children's rights monitoring center

① Main contents of programs

i. Monitoring and public relations for children's rights in Korea

: The Children's Rights Monitoring Center identifies children's rights violation cases in eight areas – such as definitions of general placement and children, general principles, civic rights and freedoms, family environment and alternative protection, basic health and welfare, education and recreation, and artistic activities – and continuously monitors children's rights. The Center issues publicity materials (newsletters etc.) on children's rights every half year as a PR activity.

ii. Preparation of additional reports

: To prepare an additional report, analyze the changes in laws and policies on children's right, confirm whether the UN Children's Rights Committee's recommendations are met, and figure out areas to be supplemented.

iii. Identification of challenges in improving laws and regulations to enhance children's rights

: To make institutional improvement in laws and policies on children's rights, build and operate a practical council for enhancement of children's rights under a public-private partnership. The practical council holds a meeting on a regular basis to achieve effective and sustainable operation.

② Methods of projects

i. Analysis of legal and political materials and of statistic materials

: Based on various materials from governmental departments, gather and analyze dispersed data on children's rights, activities and budgets, program evaluations, and desire assessments

ii. International documents

: Continuously analyze international documents concerning the transition under the UN Convention on the Rights of the Child.

iii. Construction of an effective child rights monitoring system

: To construct an effective child rights monitoring system in Korea, utilize a children's rights ombudsperson and practical council for enhancement of children's rights. An ombudsperson team consisting of experts in children's rights and the practical council for enhancement of children's rights are expected to play a significant role in the construction of a specialized monitoring system.

2) Child rights indicators

In 2003, the government developed “child rights indicators” to utilize as basic materials for transition under the UN Convention according to the level of children’s rights. The indicators, which are based on the eight areas are proposed by the UN Committee on the Rights of the Child, include: ① Population, ② Survival and health, ③ Family, ④ Civil rights and liberty, ⑤ Education, ⑥ Social welfare, ⑦ Culture and leisure, and ⑧ Special protection. In 2006 the government, recognizing that the current statistic system was not capable of gather data on children’s rights in general, developed 40 key indicators. They are used as basic materials for intervention with the key indicators in early phase of each developmental stage, for establishment of long-term policies for children such as developing childcare programs, and in the variety of child welfare programs.

(2) Analysis of the cycle of development of organizations and agencies responsible for children’s rights and stakeholders’ participation

1) Background, events, affairs, and public opinion leading to the current child rights advocacy and stakeholders’ participation (① Social Discovery Phase”)

In Korea, with the rapid economic growth and industrialization, children tended to be recognized less as the subjects of rights than as a source of alternative satisfaction for parents and as human resources for the future of the country. Since its ratification of the UN Convention of the Rights of the Child (CRC) in 1991, however, children’s rights were becoming the focus of public attention in Korea. The CRC states that the ratifying countries are required to submit a national report on the implementation of the CRC within two years of ratification and every five years thereafter for review by the UN. Korea has submitted a national report three times so far, in 1994, 2000, and 2008 (the 5-6th national report is due in 2017) and received the UN’s review, and the trials and errors identified through the process have been leveraged in the efforts to realize the rights of the child through multiple approaches such as arrangement of related laws and improvement of systems. In the meantime, Korea set up the Child Rights Monitoring Center to check how effectively the CRC is implemented to ensure the viability of monitoring, organize a long-term growth strategy, and eventually, enhance children’s rights.

2) Exploration leading to the current system and reviewed issues (② “Precursor Phase).¹⁰⁸

In Korea, the first discussion about children’s rights monitoring was held in an

¹⁰⁸ キムソンクオン他(2007)UN 児童権利協約の移行対するモニタリング事業に関する研究の「要約」を参照してまとめた

academic convention held in 2002 by the Korean Association of Children's Rights, with a theme of "Children's Rights Monitoring." At this convention, the present status of children's rights monitoring in East Asia and Pacific countries and European countries, and a bill on children's rights monitoring prepared by NGOs and children was proposed as a practical system for monitoring children's rights. The Korean Association of Children's Rights was also working on a bill for installing a permanent monitoring system in Korea by analyzing each country's monitoring system for children's rights and studying how it was implemented in each country. On the other hand, the government-led monitoring for the policies for children was implemented in full scale in response to the study report published in 2004 on the transition under the UN Convention of the Right of the Child (Save the Children, Ministry of Health and Welfare). This study report showed how the Convention of the Right of the Child developed, and presented the status of transition under the UN Convention and problems in eight clusters with their solutions.

The Korean Council of Children's Organizations (2004) conducted a monitoring on the living environment in which children were growing. College students, teachers, parents, workers from child-related agencies were trained as monitoring staff and deployed them to respective areas. In 2005, the Korean Council of Children's Organizations and the Children's Rights Society carried out a monitoring study for transition under the UN Convention of the Right of the Child. They published a comprehensive analysis report on major policies for children in Korea, and proposed political measures required for the elevation of children's rights based on the recommendations from the UN Committee on Children's Right.

As seen above, the movement toward children's rights monitoring in Korea was from the private sectors and academic circles. Studies concerning children's rights monitoring are divided into two categories: one is for understanding the concept of monitoring, content, and system; the other is for monitoring policies for children. The argument over the idea of monitoring and the system of its administration was organized based on actual cases of implementation in foreign countries so that the concept and roles of monitoring were put in order before introduced into Korea.

3) New systems established through processes 1) to 2) and implementation (㉓ "Achievement Phase")

In 2006, the Korean government established and operated the "Children's Rights Monitoring Center" as an independent structure to monitor children's rights. With the aim of monitoring the transfer items in the Convention of the Rights of the Child and making institutional developments and improvements in laws and policies, the Center is operated mainly by the private sector including representatives from civic groups using a children's

rights ombudsperson system. A children's right ombudsperson identifies violation of children's rights through monitoring activities and strives to make institutional improvements in laws and policies. The ombudsperson association consists of experts in children's issues from the private sector, structured based on their expertise such as in disability, multiculturalism, institutions (Phase 1 (2006): 21 adults and 10 children; Phase 2 (2010): 10 adults and 10 children; Phase 3 (2012): 51 people). Furthermore, the National Human Rights Commission of The Republic of Korea¹⁰⁹ administers "Children's Rights Expert Panel" as an advisory body concerning the transition under the Convention of the Rights of the Child. With the aim of enhancing children's rights, This Expert Body actively provides recommendations, human rights consultation, human rights education, public relations, research project, etc.

On the other hand, to monitor the actual status of children's rights, the government has developed indicators for major rights of children that reflect the current state of Korea, such as "Children's rights indicators" in 2003, "Children's indicators" and "Youth's rights indicators" in 2006. The government engages in the collection and distribution of these indicators, contracting out to children-related national policy research institutes, private bodies, and researchers to collect indicators and disclose them to the public. The indicators of children's rights are monitored for change over time. The results obtained in 2008 used in the evaluation of the policies for children and utilized in the "Five-year Plan for Children's Rights" and children's rights monitoring. The children's rights indicators are also used by the National Human Rights Committee to evaluate child welfare facilities.

4) Evaluation after implementation of established new systems and practice and discovery of new challenges (④ "Review Phase")

Korea has upheld the Convention of the Rights of the Child since its ratification in 1991 and implemented various projects concerning children's rights. Korea has consistently moved forward with children's rights monitoring, the entire series of systematic activities including evaluation, analysis, and suggestions for child-related national policies on children and their living environment as well as collection, confirmation, and utilization of information on problems in children's rights. Although the children's rights monitoring center was initially proposed in a bill as a permanently-installed monitoring structure, it was actually installed and operated as an outsourced (model) project, and it did not achieve the efficiency that would be expected through a permanently-installed structure with authority for investigation to ensure the viability of monitoring, although it is true that many efforts were made by the Ministry of

¹⁰⁹ 公的機関によって児童権利モニタリングセンターを運営することであれば国家人権委員会は、“国家人権委員会法”といった特例法によって国家の全般にわたって国民の人権に関して法的に保障される独立的なモニタリングシステムである。

Health and Welfare. Also, the project was continuously monitored by a children's rights ombudsperson. In particular, the fact that a child was assigned as an ombudsperson to monitor children's rights from a child's perspective is commendable in that it reflected to the maximum extent the view of the United Nations Committee of Children's Rights, which emphasizes the importance of children's participation. Concerns were raised, however, by the Committee over the following areas. Firstly, the center has no legal status, and the budget was developed by the Health and Welfare Department; secondly, the center has no rights to proactively supervise or investigate the violation of children's rights or accept petitions; and finally, the authority of the Center for its mission can vary depending on the results of the annual performance evaluation by the Korean government and likely to affect the independence and sustainability of the Center.

Based on these findings, challenges to be faced now and in the future include improving the current outsourcing system to ensure the independence of the Children's Rights Monitoring Center and working out bills by reviewing the problems arising from services implemented under the outsourcing system to complement the constraints of the outsourced services. Consideration should also be given to where to implement the children's rights monitoring structure and what authority should be granted, as well as to appropriate staffing, adequate financial support, and consolidation of the legal basis for the functions and operational methods of the Children's Rights Monitoring Center.

5. Database and data archive on child maltreatment

(1) Outline of the database and data archive for child maltreatment

The database systems for child maltreatment in Korea include the "Child Abuse Information System," which was constructed based on Paragraph 2, Article 28 of the Child Welfare Act (National Abuse Information System)" to manage the information on abused children and their families, perpetrators, and child abuse prevention programs. Since constructed in early 2002, the hardware and software are continuously updated, operated by the central child protection agency, and used by central and regional child protection agencies, the Ministry of Health and Welfare workers, the police, etc. The objective of the operation and management of the National Child Abuse Information System is to protect the rights and benefits of the people of Korea by determining items necessary for recording, storing, deleting, and retrieving of documents processed by a system with information processing capability such as a computer to achieve efficient operation of the services at the child protection

agencies¹¹⁰. The data to be managed are divided for stakeholder management (abused children and perpetrators of abuse), case management, project management, statistics management, service management, website management (Table 3).

table 3 Structure of items in the national information system

Item	Sub-item	Descriptions	
Target management	Child card management	Personal information on the abused child and description of the abuse - Child card information, case management status, remarks on the abused child, and change history	
	Abuser card management	Management of personal information on the abuser and description of the abuse - Abuser card information, case management status, history of accusation/charge, loss or restriction of custody, remarks on the abuser, and change history	
Case management	Case management status	- Case management list and referral	
	Report receipt	- Basic information on the inquiry/report, inquirer/reporter, notification to police, items about the child, items about the suspected abuser, description of the report, presence or absence of re-reporting, presence or absence of false reporting, etc.	
	On-site investigation report	Management of investigation reports on suspected emergency/general abuse cases. - Basic information, description of the target of investigation, investigator's findings, migration information, risk screening indicators for the abused child, abuser's information and risk screening indicators for the abuser, etc.	
	Decision on the case	Basic information (screening indicators), information on case determination	
	Placement Results	- Placement results	
		- Emergency/temporary placement (risk screening indicators)	
		- Accusation/charge/process of the case	
		- Restriction/suspension/loss of custody	
	Services	- Information on case intervention, list of service provision plans, etc.	
		- Service provision	
	Conclusion of case	- Date of conclusion, reason for conclusion, degree of intervention achievement, plans for after-the-fact management, etc.	
	After-the-fact management	- Information on the child and abuser, after-the-fact management dates/categories/target of provision	
	Transfer management	- Additionally, transfer to a specialized child protection agency, and if needed, partnership between agencies	
Case director management	Appointment and replacement of director		
Case meeting minute management	List of minutes of cooperative meetings between agencies, municipalities, case determination committees, and outside agencies; and management of reviewed cases, etc.		
Supervision management	Registration and management of supervisions provided to supervisors, etc.		

¹¹⁰ 保健福祉部・中央児童保護専門機関 (2015) 国家児童虐待情報システム使用指針、p 1

Item	Sub-item	Descriptions
Service management	Regional resource management	Agency information, director information, description of regional resource partnership, etc.
	Educational service management	Education contents, number of participants, materials, evaluation, attached documents, etc.
	Public relations management	Type of public relations, contents, evaluation, attached documents, etc.
	Cooperative service management	Construction of cooperation system, partnership, management of seminar achievements, etc.
Statistics management	Statistics referral	Report reception report, on-site investigation, case determination, placement results, service provision log, conclusion of the case, after-the-fact management, education programs, etc.
	Referral of reports	Referral to reports to submit statistics to municipalities, etc.
Work management	Items for notification	Notice of items for notification
	Archive	Notice in the archive
	education / event application	Application and management of education and events
	Mail management	Mail, list, and receiving/sending management for users of the information system
	Reception/transfer of agency documents	Documents (official), list, reception/transfer management in a specialized child protection agency
Website management	Account management	Self-information
		Affiliated center information
	Administrator management	

Guideline for using the National Child Abuse Information system, Central specialized child protection agency, Ministry of Health and Welfare (2015)

1) Background leading to the current system (① Social Discovery Phase)

Korea's child protection projects, which have been implemented on many legal bases as shown in Table 1, are not only diverse and complicated but also divided into two lines of administration led by the Ministry of Health and Welfare and Ministry of Gender Equality and Family. Many agencies are involved, including child protection-related agencies such as child policy coordination committees, central departments and municipalities, agencies in child protection, adoption-related agencies, child welfare facilities, and child consultation offices as well as medical institutions, police departments, and fire departments. Noteworthy is that the system consists of a mixture of public and private agencies. It has been noted, however, that the lack of smooth cooperation between agencies, with less focus on children in need of protection than on agencies and facilities, has resulted in an inconsistent system of communication, raising the problem of dual administration and of inability to provide appropriate services or precise monitoring over the child protection system¹¹¹. As a solution to

¹¹¹ 김미슈크·얀신욘·김기히욘·하테지욘 (2013) 児童保護体系における連携性の向上方案、韓国

these disrupted cooperation and problematic monitoring, “information control” is proposed as an approach to improve the quality of child protection services. In this approach, information is managed comprehensively and systematically in a children-centered manner away from the agency-centered one. Also needed is a database for information and formats required for all related procedures, as well as the sharing and linkage of information and regular statistical management. The information control systems currently used in Korea to manage data on child protection to support services include: Foster Family Comprehensive Electronic System (used, managed, and operated by the private sector), National Child Abuse Information System, Adoption Information Integrated Control System, Independence Support Integrated Control System, Social Welfare Facilities Information System (used by the private sector, managed, and operated by the public sector), Happy E-on System (used, managed, and operated by the public sector), geolocation system for missing children, and profiling system. In Korea, therefore, the database on child maltreatment has been created in the struggle for information control for the entire social welfare service.

2) Exploration leading to the current system and reviewed issues (② “Precursor Phase)

The National Child Abuse Information System was developed for the first time in 2001, reconstructed in 2011, and has been operated to date. However, since the operational procedures stipulated in the enacted “Act on Special Cases Concerning the Punishment, Etc. of Child Abuse Crimes,” which brought a significant change in child abuse matters, have not been reflected in the current system, concerns are raised over the failure in recording or storing important procedures or investigation materials relating to abused children and perpetrators of abuse in the implementation of child protection services. In line with this Special Act, agencies responsible for child abuse prevention programs, such as the Ministry of Health and Welfare, Ministry of Justice, specialized child protection agencies, and police stations, had discussions in advance about cooperation and operation procedures, but the Child Abuse Information System only serves to supplement and complement the existing systems, leading to consideration about full-scale reconstruction of the system.

3) New system established through processes 1)-2) and implementation (③ “Achievement phase”)

Recent amendment to the Child Welfare Act (January 2014) led to the introduction of related provisions (Paragraph 2, Article 28), reinforcing the legal obligation in building and operating a child abuse information system. Currently, the “National Child Abuse Information System” has been thoroughly reorganized and launched in February 2017.

Major changes include the redesigning of the operational process in response to child abuse according to the “Act on Special Cases Concerning the Punishment, Etc. of Child Abuse Crimes (2014).” Improvement measures were drawn by analyzing the present state of the operational processes in agencies engaged in child abuse such as specialized child protection agencies and partner agencies across the nation; the implementation of services is standardized in like with the Special Act and Child Welfare Act and their amendments, by defining effective operational processes and methods and reflecting them in the information system in a systemic and gradual manner. The creation of an effective operation processing environment and improved quality of implementation of services for child abuse are expected through the operationally standardized and improved information system.

Furthermore, prevention of burned-out case workers and improved quality of case work services were achieved by controlling and supervising the amount of work per case using operational management functions. Through the system reconstruction and submission of multifactorial statistical data and reports, the system has been improved so that policies of effective prevention against child abuse can be reviewed and analyzed.

4) Evaluation after implementation of established new systems and practice and discovery of new challenges (④ “Review Phase”)

After the enactment of the “Act on Special Cases Concerning the Punishment, Etc. of Child Abuse Crimes (2014),” Korea’s database system on child maltreatment has had connections with various services such as police stations and the 199 safety call center. The database system requires mutual coordination with the prosecutors and police investigation system and 199 safety call system but they lack in smooth communication; however, even officers of regional police stations are authorized for input and referral, which enables them to input and refer to the investigation results on the site of abuse. When abused children are placed in institutional or foster care, limitations become evident such as inability to communicate required information to the intended facilities or agencies’ systems in a coordinated manner because of the separate operation of individual services and agency-centered administration. Wired communication also hinders smooth connection with other agencies.

On the other hand, the government declared the year 2016 as the year to establish a system to eradicate child abuse. As part of this effort, the “Children’s Happiness Support System” was proposed as a system to constantly monitor children at risk using big data. Programs scheduled in this effort include characteristic analysis of perpetrators of child abuse as well as prediction and early detection/support of children at risk in cooperation with the

national child abuse information system¹¹².

6. Discussion (lessons to learn, etc.)

Korea's child protection system has transformed from the post-war family-led welfare to the current public welfare through various changes in society, economy, and politics. In the whole field of social welfare in Korea, however, the position of child welfare has not been consolidated and, as mentioned earlier, faced with many challenges.

Among the efforts pursued in Korea's child protection system, here we discuss those pursued by the private welfare sector as lessons we can learn from.

Korea's child protection system is built on a residual model to protect children who lost their parents after the war and solve children's problems resulting from rapid industrial development. Although the public protection system has attempted to change through the adoption of various related bills, the focuses are on providing children in need of protection with retroactive, residual services. Viewed from another perspective, however, the pursuit of Korea toward a small government might have motivated the growth of the private welfare sector in the implementation of the protection system. In the area of child welfare, in particular, post-war international relief organizations and private home facilities have developed into the current social welfare corporations and, through historically accumulated know-hows, complemented areas that cannot be covered by the public protection system (for example, response to child abuse was carried out by private welfare organizations from 1985. Furthermore, indicators of children's rights were uniquely developed and announced by the Child Foundation, and a model program for the Children's and Youth's Rights Center began in 2008 but was not institutionalized and now is supported by private corporations. Private sector-led model programs are perking up). It can also be said that the residual welfare model rather encouraged the participation of the private welfare sector. It is true that the private welfare agencies' practice is more flexible and aggressive than that of the government as seen in the use of various items, but they are facing chronic challenges such as shrinking resources and labor shortage as well as budget cut after a change of government. As stated earlier, since the government transferred its responsibility to private agencies in a restrictive manner by selecting and managing them, the government's responsibility is nowhere to be found. A long-term, specific road map is required to strengthen the commonality of the child protection system.

112 保健福祉部(2016)児童虐待防止対策(案)、児童政策調整委員会会議資料

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9 Thailand

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I .Overview of the child protection system (Legal aspect)

The study of the child protection system in Thailand is needed to understand the development of Thai family system as well as the political and social changes affecting the Thai family system. In this part, it is to inform the history of parental culture in Thai society, 100 years history of Thai family law dating back from Thailand important events to the significant change, that is, the Child Protection Act B.E. 2546 (2003) It's considerable that this act is the turning point of the child protection now.

From past to present, issues of child problems in Thai society have been immensely complex due to a number of their connection and correlation with other problems. Basically, prior to seeking a comprehension of the child protection system in Thailand, there shall be essentially a comprehension of Thai society system relating to the child by addressing to the smallest unit of society i.e. "family system". Referring to a definition of "*Child*" in Thai regime, the "*Child*" means the child whose parents bring up rightfully in the family and filiations between parents and child must materially be subject to the obedience principle. Parents have a duty of care and govern their own child, as the persons giving birth by natural filiations. It is remarkable that an exercise of parental power usually appears punishment process that is lack of a rule of how much the parents have parental power over the child and how its method is. In absence of such rule, it engenders maltreatment against the child in various families with natural righteousness. According to a Thai proverb 'tether the cow and hit the child' (This proverb is equal to 'spare the rod, spoil the child' in English language.) as the advice in bringing up children, it means that hitting is to punish the child in any ways. So, there is not any rules to control this punishment which possibly leads to the righteousness of family violence. In addition, such social system emphasizes on an authoritative relationship in which the parents are superior to the ward, in other words kids as the younger must obey and comply with the adult of older age. As a result, the child has none of authority and has to encounter risk of physical and mental abuse by people around the child and those who exploit the child. (Promchotchai,2014)

Thailand and the child protection prior to enactment of Child Protection Act B.E. 2546 (2003)

The law relating to the child from the past to the present

In 1908 - The former statutes of law relating to the child appeared after Criminal Law in the 127th of Rattanakosin era/B.E. 2451 (1908) stipulated the act done by the child below 7 years old was not considered as an offense and it deserved special exemption, the act done by the child during 7-18 years old, his/her parents are responsible for his/her behavior instead and there was a prohibition of sexual intercourse or indecent act to the girl below 12 years old regardless of consent. In addition, the provision of law prevented abandonment by stipulating a prohibition to abandon the child below 9 years old including the unlawful sale of the child; otherwise the offender must be penalized by imprisonment and fine. Nevertheless, the enforcement of such provisions of law in objective manner appeared less satisfactory result because such sale of the child to be slave, utilized, treated as sexual sensual pleasure or exchanged for paying a debt. Thus, the period of pre-revolution of the country's government regime from absolute monarchy to democracy,

As for ensuring security of the child, it appeared in the reign of King Rama IV (1900-1910) before the revolution of government regime by emphasizing on education and public health for the child including charity for the child in the foster home set up by the aristocracy in that period. Thus, in the period of post-revolution of the government regime (Promchotchai, 2014)

In 1932 a legislation of Civil and Commercial Code on rights of parents and child stated that "*Parents exercising parental power has a right to punish the child in a reasonable manner for disciplinary purpose.*" In fact, such provision of law caused some practical problems i.e. questions about scope of punishment and characteristics of acts classified to be reasonable punishment among different attitudes of parents in each family. There was also none of other criteria to be compared and applied to measure such right's reasonableness.

During 1934-1957, social rearrangement brought about the child rearing into 2 categories i.e. ordinary child and orphan. The "*Orphan*" means the unaccompanied child. The law provided a penalty against his/her parents in case of any child was found as tramp, vagrant, homeless, unearned, annoyed wandering or misbehaved which unfit to their age. The official has a duty to confine the child to be picked up by his/her parents and to punish them by penalty fine. In absence of the parents, the child would be referred to the specific school established for occupational education until the child attains his/her majority. The public sector carried out the charity activities for the child in parallel to public health policy which focused on care of mother and child's health in order to increase population. Policy in

such period aimed at founding political power and arranging for social orderliness.

In 1961, an important economic change of the country arose when the government enacted the 1st national economic development plan B.E. 2504 (1961) focusing on investment of economic infrastructure of the country such as construction of highway, railway, dam for irrigation, improvement of water supply, generating electricity by hydropower. Government viewed sole economic development could not bring about a better quality of life of the people because realization of human values and cultural values in Thai society did not escalate with the economic expansion. A lot of social problems happened from the huge migration from rural area to urban area and the gap between poor people and wealthy people. One of those social problems was the child problem, in the meantime a beginning phenomenon of social acknowledgment of the child being the nation's future in connection with political and economic stability and of violence and possible risks in the future. As a result, the public sector paid attention to solve it urgently anyway. However, at that time, child protection management appeared in the law merely aimed at control and enforcement which was only possible way of the solution at the end point.

From the abovementioned situation, during 1977-1997 there had been increasing number of the child activists in Thai society. The child activists raised several problems that were unseen by the society to public awareness such as tramp children, child labor, child prostitute and problem of judicial process in relation to the child etc. Most of all activists were regardless of whether the policymaker would acknowledge them or not. By such social problems, in 1982 many NGOs working for the child assembled as, so called "child working group" that included Foundation for Child Development, Foundation for Children, Foundation for Slum Child Care, Duang Prateep Foundation, Holt Sahathai Foundation, YMCA Association and Population and Community Development Association to be a network of coordination on policy, operational direction of child rights, freedom and welfare and campaign to disseminate information about child condition for public awareness especially highlighting essential and urgent cases to bring about support and cooperation of public sector and others based on optimum benefit of the child. Moreover, there were regular activities among academics and activists, delegates of government agency for correspondence and learning about experiences of working out for the child. (Promchotchai,2014)

The assembly to carry out activities for the child was funded by UNICEF. In May 1987 the UN agency requested National Youth Bureau and National Council for Child and Youth Development for drafting a Convention on the Rights of the Child. In one following month UNICEF arranged the 1st publication of the draft Convention in Thai language. During August – November 1988 the child working group implemented a plan to disseminate

and campaign to encourage Thailand to be a signatory of the Convention. National Council for Child and Youth Development in collaboration with the child working group and NGOs working for child and juvenile organized a seminar to push Thai Government directly recognized the Convention draft. At last, public sector and private sector worked together to provide several meetings and seminars on related child issues in more frequent manner. During 1987-1990 malnutrition of the child was highlighted.

The international context also influenced definition and handling the child problems in Thai society. The UN General Assembly had a resolution to recognize the draft Convention on the Rights of the Child on 26 January 1989. Thus, a number of countries had been actively encouraged to become its signatories since 26 January 1990 until the Convention on the Rights of the Child (“CRC”) entered into force legally on 2 September 1990. Thailand, eventually, became the signatory by accession of CRC on 27 March 1992 which had its effect to Thailand on 26 April 1992. To become the signatory of CRC was under mechanism to push the State to expedite solving the child problems on urgency basis in every side. In setting a target for operation, the Ministry of Public Health’s statistics in 1989 revealed that one-fourth of the juvenile in range of 15-19 years of age were prostitute. During 1996-1998 approximate 300-500 children were abandoned and under care of 21 foster homes nationwide providing foster for newborn to below 18 year-child. Those abandoned children came from 3 main sources i.e. hospital, public places and nursery or caregiver. Consequently, child operation of Thailand to implement CRC focused on 4 main issues i.e. child prostitute, tramp child and underprivileged child, child labor and maltreatment against the child in particular child in the Juvenile Observation and Protection Center.

II. Analysis of the development cycle of the child protection system

(1) Events, incidents, public opinion etc. leading to the present system

(1. Social discovery phase)

Child Protection in Thailand

The term of child protection as defined in the Child Protection Act means assistance for support, protect and promote the child to be patronized, reared, instructed and developed as well as to behave properly, not be risky to offend, be responsible to the society, have safety away from being maltreated and discriminated unfairly. Its target included 3 groups of the child below 18 years old i.e. the impoverished and unsupported child, the child being risky to offend and the child survivor of maltreatment.

The three significant situations leading to the child protection in Thailand are composed of:

1) Child violence problem in Thailand

Before the Child Protection Act, during 1997-2003 Thailand had encountered child problems arising out of the changing Thai society, i.e. insanitary, lack of educational opportunity, abandonment by parents or guardian, survivor of domestic violence, livelihood in decadent environment or situation of being risky and perilous to occurrence of other problems etc. These problems had not diminished but escalated into higher quantity and transformed into new form of problems which were more difficult for management. Furthermore, change of family size and structure caused increasing number of single family which had over half of whole families. Such change brought about a different nature of the child rearing in comparison to the past. Another trend was a rising number of children being under care of foster/alternative center. Most of them had quality below standard. Although the aged people provided care to the offspring, some problems were found i.e. gap between ages, comprehension and lack of skill in rearing child and juvenile. Child and juvenile who were offenders in various offenses increased in each year. An information of the Juvenile Observation and Protection Centers nationwide regarding child and juvenile offending in 2006 (January-July) revealed 25,320 persons (Department of Juvenile Observation and Protection, 2006). In some years, its number might be diminished as a result of the drug addict suppression policy which endeavored to limit number of the offenders relating to the drug addict by a principle change from the addict being the offender to the addict being the patient instead. But number of child and juvenile in Juvenile Observation and Protection Centers were still high in consideration of appropriateness of supportive system and mechanism in terms of both physical area and related personnel. Such group of child and juvenile have largely faced problem of rehabilitation system in Juvenile Observation and Protection Centers. This was factor of the child in judicial process being inaccessible or lack of protection of rights as it should be. An information reflected an intensified tend of concern i.e. the child who are offender have lower age and the principle of multi-disciplinary action under Criminal Procedural Law revealed that a number of offenders were in record of being those who experienced or were former survivor of violence, in other words anger and pressure forced them to retaliate regardless of the consequential effect in the future.

A lot of children in family and school system who were classified into the child having normal livelihood began to have problems of stress and pressure from competitive environment. Some children were increasingly abnormal in their mind and emotion. Meanwhile, many children had intimate relationship with friend of opposite sex and developed

to have sexual intercourse during the age of study until occurrence of undesired pregnancy and abortion etc. With reference to UNICEF's information in 2003, it was found out the mean of Thai youngster of 15-19 years of age who delivered the child was at 70 per thousand people. In the meantime, the mean of Asia continent was at 56 per thousand people and the global mean was at 65 per thousand people. This reflected Thailand was in top ranking of Asia countries having the problem of undesired pregnant youngsters. Even though a number of academic institutes had provided monitoring system to provide care and help to students including data collection and home visit, a system had not yet set up to help and solve the problem on time. Many academic institutes had spent most of the time to carry out revolution of teaching and studying, competition and upgrade of the school's standard until they failed to develop a system of helping their own students. Accordingly, many children in a number of academic institutes had lonely struggled.

2) The impact of the economic crisis since 1997 onwards

From impact of the economic crisis since 1997 onwards, Thailand had to reduce the annual budget in some parts which caused recession of budget allocation for the child development in the year-end of 1997 including a slowdown of the child and juvenile development projects. In addition, a changed mechanism of local administration pursuant to the Decentralization Act B.E. 1999 made a change of the management of lunch meal and supplementary food (milk) projects both budget and operation which affected spread of opportunity and coverage of access into the public sector's the lunch meal project. As a result, so many poor in remote areas did not receive support of the lunch meal on regular basis and then quality of the child's nutrition interrupted. Moreover, a number of local administration authorities did not emphasize on issues of "the child" or other social issues as their important issues. Accordingly, in each area a definite database of the child had not been set up for further planning to provide assistance and protection in appropriate way. The assistance provided to the child focused on individuals and the nature of urgency or impromptu which did not catch up with the actual problems. Meanwhile, measure and mechanism enabling accession into the child and providing appropriate protection had been less. During the time, none of instrument had been put in place to systemize a screening process in order to isolate the child in need of urgent assistance away from ordinary child who did not face detrimental problems and to protect a lot of children being vulnerable to have problem in the near future. Moreover, none of systematic database was provided to point out actual circumstances of the child. Although civil groups were around the child such as family, school, community and local people who were enthusiastic to set aside the child from various social problems such as

drug addict problem, during the time they have not been able to unite to create a comprehensive and standard system for the child protection. As a result, Thai society had not yet created and developed the child protection system in wide-range preventive approach.

3) The ineffective law and related authorities

From the aforementioned situations, it is still appeared the child abuse news in the newspaper. Only small group of children could approach organization and person whom the child's family expected to help obtain fairness at the end. The actual fact was that numerous children lonely encountered the problems and did not have capacity to share and call for help to anybody. Consequently, in general nobody got access and could help these children on time and in appropriate way. In addition, none of agency/organization was in charge of designing a standardized system for the child protection. Nature of assistance provided to Thai children were in manner of disperse, up to public attention and restricted to specialized capacity of the organization working for the child. Although several organizations assembled to form a loose network so called "child working group" as mentioned above, each of these organizations had its own core missions. Movement of working in this way and of this kind was not sufficiently systemized. Moreover, there was none of definite database of Thai children to illustrate what condition that child and juvenile were living in or what impact they were facing.

(2) Search for the present child protective system, preliminary considerations

(2. Precursor phase)

It was essential to provide care in all dimensions which was not limited to charity or giving and legal measure to arrest the youth offenders only. There must be protection, prevention and assistance of the child pursuant to basic rights of the child, as all factions concurrently agreed to have a mechanism that facilitate and support government agencies and private sectors to take these actions for the most effects. Accordingly, concerned government agencies, academics and NGOs cooperated to draft the Child Protection Act based on a draft of CRC and Constitution of the Kingdom of Thailand B.E. 2540 (Section 53 and 80). It could be seen that this law on child and juvenile adhered to the optimum benefit of the child together with basement from their family. This law was, for the first time in Thailand, originated in the year-end of 2002 and approved by the cabinet in 2003 until having its legal effects on 30 March 2004, so called "Child Protection Act B.E. 2546 (2003)".

In addition, from works of Mr. Sanpasit Kumprapan, Chairman of the board of Center for the Protection of Children's Rights Foundation (2003) led to questioning current

number, situation of the child and what form of assistance should be provided i.e. (1) We did not know how the child's current condition was; (2) How we could know the child's whereabouts (how to access into the child); (3) How we could know what kind of service that the child and his/her family need; (4) What services should be provided; (5) who involved in responsibility in providing service; (6) Who was the inspector of the provided service; (7) Who was the person who audit quality or intervene in case of the service problem arisen; (8) Who provided work system and personnel, developed personnel to prepare for carrying out legal duties and (9) Where was resource came from. These fundamental questions were a part of conceptual development to be the child protection system and pushing for setting up a child protection mechanism as stipulated in Child Protection Act B.E.2546 (2003) in the end.

Mechanism of administration under Child Protection Act B.E. 2546 (2003)

Child Protection Act B.E. 2546 (2003) was considered as a significant progress of solution in relation to the child protection in Thailand because this was the core substantive law proclaimed to the public. Issues of various distressed and detrimental situations encountered by the child would be no longer matters of the individuals or responsibility of the individuals or family only. These would be common responsibility of the public sector, family and society. In providing a mechanism to determine role and responsibilities of personnel working for the child both public sector and private sector would be able to get access to assist, support, remedy, rehabilitate and protect the child facing problems at soonest. In such mechanism, the provincial child protection committee would function to delegate the public sector, the private sector and the civil society sector in order to provide care and assistance to children and juveniles in the local area systematically and under the relevant rules. Such mechanism would work out in these following 4 divisions i.e.

(1.) Mechanism of agency/organization to be a part of compliance with the law including 7 government agencies i.e. Ministry of Social Development and Human Security ("MSDHS"), Ministry of Education, Ministry of Justice, Ministry of Interior, Ministry of Public Health, Social Welfare Bureau, Bangkok Metropolitan Authority and the court of justice

(2.) Mechanism of practitioner and participation of every sector including competent official (appointed by MSDHS), welfare guardian, home of first admission, foster home, Protection, Occupational Development and Rehabilitation Center, NGOs, social workers, Protector under Section 48, executives of the local administration authorities (Provincial Administrative Organization, Sub-district Administrative Organization, Municipality, Sanitation District, Bangkok Metropolitan Authority and Muang Pattaya Authority), Chief of

Division, Administration Division in both central part and regional part, community, civil society, family

(3.) Mechanism of fund and budget including Child Protection Fund, Fund Administration Committee, Operational budget of the Permanent-General Office, MSDHS

(4.) Mechanism of administration in the form of Child Protection Committee divided into 2 levels i.e. national level called “National Child Protection Committee” and in the provincial level called “Provincial Child Protection Committee” and “Bangkok Metropolitan Child Protection Committee”

In the overview of the child protection in Thailand comprises from national level to local level participating in moving forward the child protection work.

- 4) **National level:** National Child Protection Committee determines strategy and policy for implementation by 4 main government agencies’ mandate i.e. MSDHS, Ministry of Education, Ministry of Justice and Ministry of Public Health.
- 5) **Provincial level:** Provincial Child Protection Committee determines strategy and policy for implementation by Provincial Social Development Office, Shelter for Children and Families, Foster Home, One stop crisis center (“OSCC”), hospitals, Probation Office, Vocational Training Center, Juvenile Observation and Protection Center, NGOs in the area, police stations, schools.
- 6) **Local level:** local administration authorities have their mandate to implement policy with participation of social volunteer in the community to assist operation in the local area.

Each agencies/organization would work out the child protection works together by systematic coordination that includes notification, referral, co-proceeding of assistance, protection and prevention in form of multi-disciplinary arrangement.

(3) New systems and practices established through (1.-2.-3.Achievement phase)

Phenomenon on administration and operation after Child Protection Act B.E.2546 (2003) came into force

As for Child Protection Act B.E. 2546 (2003) came into force, Thailand has legislated several laws relating to the child encountering various problems, taking risks and all children. A note was its trend was in preventive manner rather than passive solution such as the Protection of Victims of Domestic Violence Act B.E. 2550 (2007), the Child and Youth Development Promotion Act B.E. 2550 (2007), the Act on International Cooperation in Civil Matters regarding Breach of Custody Rights B.E. 2555 (2012), the Juvenile and Family Court and Procedure of Juvenile and Family Court Act.

At that time, many government agencies were established after the Child Protection Act came into force i.e. 1) the provincial shelters for children and families, Bureau of Anti-trafficking in Women and Children, Department of Social and Welfare Development were established all over the country in 2008 under Child Protection Act B.E. 2546 to be the 24 hours service-place of first admission, temporary shelter for children and families who faced problems until they were unable to live with their family or community such as sexual abused, woman survivor of domestic violence, unmarried pregnant, abandoned etc. They have needed assistance, protection, rehabilitation, adjustment of occupational process and legal measure to enable child and family to pass critical situation on preliminary basis before referral to receive appropriate assistance and relevant actions before reuniting with their family and community. 2) OSCC or Hotline number 1669 provided in government hospital in every province was mandated to be a focal point of providing assistance to child and woman who were victims of violence, of referral for physical and mental health in care of physician, psychologist, social worker and multi-disciplinary team as well as referral to other related agency/organization. OSCC encouraged people in the society to participate by reporting of the concerned matters of child, family and community, as people have role of helping hand to surveillance for public benefits.

(4) With regard to the newly established systems and practices, evaluation and discovery of new issues after implementation (4.Review phase)

After the Child Protection Act, In September 2005, a seminar on assessment of the officials of classes 1-3' operation implementing child protection involved several main issues i.e. strategic analysis, study on strong point, weak point, chance and obstacle in carrying out work after the Act came into force. It found out several strong points i.e. the officials' administration and operation resulting from definite provisions of law that provided role, duties and powers of the officials, the Act contributing creation of system, mechanism and measure of child management to be more standardized, ruled and regulated in carrying out works such as making record or report in writing, taking definite actions to provide screening process to ensure assistance provided to the child on time. In the operational actions, such strong points included the officials having good attitudes to take actions, operation being quick, various sectors participating more and more in management, making broader networking, having variety of ideas from multi-disciplinary team to provide proper assistance and protection of the child. (Wechayachai,2011)

It found out some weak points of administration and operation under the Act such as related ministries being not comprehend and emphasize on implementing the law, some

provinces being lack of arrangement or assignment for protection in emergency, child protection mechanism in each level being not connected one another, being lack of disseminating information about the Act, some officials being not comprehend role and responsibilities under the Act, the practitioners being lack of knowledge, skill, the multi-disciplinary disuniting carrying out the work because each of them having still adhered to his/her own target.

A study on guideline of operation of the child protection system through role of the National Child Protection Committee had findings of problems as follows: (Wechayachai,2011)

(1)Child protection works of Thailand was still lack of definite and united “leading flag”

To apply mechanism of the National Child Protection Committee as the core and leading mechanism to move carrying out missions was unable to create “flag” to determine direction that was definite and had unity. Even though such mechanism was deemed as a good way by wide range of brainstorming and included several related agencies/organization and resources in many fields of work, its meeting like steering committee was highly formal. In any grand forum chaired by the Minister of MSDHS and participated mostly by public sector, the participants’ opinions and comments were usually scarce.

(2)Mechanism became burden of sole Ministry

Current core mechanism of child protection that was originated from MSDHS’s responsibilities, MSDHS became take responsibility of all issues beyond health problems and education which had very broad range and so complication. As a result, several related agencies/organizations were not participatory in the child works as it should be.

(3)Essence of the meetings being lack of main strategy and systematic follow-up

Most issues and agendas of the child protection meeting of the National Child Protection Committee usually were approval of regulation, manual and guideline that were subordinate to their superior law. Although such elements are necessary for detailing how to carry out the work, they were spent too long time. The meetings were still lack of discussion and determination of main strategy and the intensive encouragement to collect comments were missing.

(4)To create participation in the provincial mechanism being not spread and radical

The provincial mechanism comprised with delegates of various government agencies attending the meeting. Sometimes the attending delegates have frequently taken turn; therefore, follow-up has not fully been effective and issues in the meeting have not been applied or developed in the child protection works in their own area.

(5)To develop instrument for systematic strength

It was lack of actions to create and develop effective instruments for implementation such as manual, guideline of carrying out works, fund-raising to carry out works, potential development by training, development of output to be new form and means of carrying out works and providing key performance indicators in carrying out the works by the provincial mechanism.

(6)The child protection mechanism in local level being lack of variety

An empowerment or supportive system in the local mechanism was less. The extensions of target groups were limited to government agencies and were not done to NGOs and community organization in respect of organizational potential development and personnel development. Such mechanism did not emphasize on adequate participation of other supportive parts as it should be for example private business entities that could provide resources support.

(7)Lack of significant national database for child development

Data collection and database in the national level that were not in unity and lack of management system was obstacles to create quality child protection system. As for a verification of child information should include evident and qualitative database in benefit of planning that being suitable in the area and the national level. At present, none of host organization was in charge of providing the child database of Thailand; therefore, data collection were scattered and statistical in service provider of agencies/organizations but it was not centralized to visualize situation or definite scope of the child problems both in quantitative and qualitative manner. The existing information mainly was analogical and not sufficiently proper to make forecast in relation to problems and direction in the future and also to provide precise and sufficient illustration for planning for example:

- Collection of the child data in each agency was not systematic, as the Ministry collected only data from service users relating to its own works.
- Quantify of some child groups was not certain such as the tramp child who always move around all the time. Concept of data collection was different such as figure collection of different age of children.
- The information about maltreated child and abandoned child as supposed to report pursuant to intent of law was not found, collected and analyzed on quantity of problems and to be guideline for their systematic solution from both OSCC and competent official in various areas and regions.

The aforementioned information in conformity with UNICEF's proposal (2011) which pointed out some challenges in application of law into practicing in actions i.e. none of system to provide regular follow-up and report about the child protection problems; therefore, there were hindrances of providing child protection in timely and appropriate manner. The efficient child protection system relied on building technical knowledge and capacity together with financial support for services in order to prevent, follow up and response to the child abuse. But these actions were being separately done. As a result, it caused not only hindrances of monitoring on situation as a whole but also hindrances of developing means of enough prevention as well as providing assistance in timely and appropriate manner to boys and girls who are victims or taking risk of violence, abuse and exploitation.

Furthermore, most families in Thailand were unable to access into family support services where such families were in hardship. In January 2006, the Commission of the child's rights had suggestions to Thailand that *"the Government had limited potential to provide the social welfare series in sub-district level or community level."* The NGOs' report addressed to the Commission added more explanation in the subject of a need for preventive service that *"had better provide welfare service in parallel with developing quality of the service by focusing on poor family, family at risk, family whose member being sick of HIV/AIDS or impacted by AIDS and family whose caregiver was the aged person. Basis services for the child should highlight operation in active and preventive manner by indicating the child at risk and engage operation before the child fell into detrimental situation. In addition, there would have improvement of accession into service by adding number of personnel and training to personnel"*.

Current and future of development of the child protection of Thailand

After the Child Protection Act has come into force for over 14 years, current operation of the child protection has been in objective manner. Situation of the child problems of Thailand has not relatively changed and decreased due to various social problems. In respect of support and solution to ensure protection, the competent officials of the child protection have began comprehension and carried out works his/her own role. In addition, their working is systematic without overlapping of joint operation in multi-disciplinary team especially MSDHS determined policy of "development of quality of child and juvenile's life" which was the agenda-based or urgency basis in 2017.

Furthermore, NGOs have powerfully carried out the child protection works such as "Center for the Protection of Children's Rights Foundation" that has handled preventive works in every level such as disseminate information about the accurate child rearing, potential development of official and practitioners in the child protection in sub-district level,

community protection and child protection school, recruitment of the child guard members who carry out notifying the incident, disseminating news and being mobile development of the child. Besides, the organization having significant role persistently in the child protection is UNICEF which works out in collaboration with Thai government, private sector, NGOs, juvenile group, local community and children in order to promote and protect rights of every children in Thailand by involving in development of the national strategy, funding to support operation of personnel development, providing database of the child protection.

Current policy and strategy relating to development of the child protection system of Thailand focus more on the preventive approach. Current significant policy in connection with prevention of the child problems are as follows:

1) As regards the policy and strategy on the prevention and solution of violence against child and juvenile (2014-2019), MSDHS has so far carried out, throughout 3 years, organizing the workshop for providing plan of actions in the provincial level in order to support plan of actions in such level, organizing training and setting up curriculum to train teach and lecture parents in almost every region of the country.

2) The strategy on the prevention and solution of teenage pregnancy (2015-2024) focuses on reinforcement of integration and cooperation of government agencies, regional network and civil society to render knowledge, advice and assistance to teenage pregnant and her family to sustain their life peacefully in the society, to add more radical and equal access into efficient services, to develop and apply efficient new knowledge and technology into carrying out the works, to monitor situation and problems and to make assessment of operation in line with strategy and plan of actions of main ministries for example to enhance life skill and sex education to teenagers that has been mainly implemented by Ministry of Education, to promote family and community's role in the child rearing, building good relations and communicating about sexual health condition of teenagers that has been mainly implemented by MSDHS, to develop a quality and amicable system for general health and reproductive health services that has been mainly implemented by Ministry of Public Health.

3) Draft strategy on promotion and protection of child and juvenile in the use of online devices B.E. 2560-2564 that has been collectively done by working group including Child and Juvenile Media Institute, Department of Children and Youth, MSDHS and network of public sector, private sector and NGOs. This draft is deemed as new development dimension of Thailand to determine measure for solution of child and juvenile's detrimental use of internet technology which endanger to the child's behavior and learning quality.

4) As for the policy, strategy and measure on anti-trafficking in human being (B.E. 2554-2559), (1) for prevention, it is hosted by MSDHS, having purpose to get people to realize

and cooperation in keep surveillance to the problem of anti-trafficking in human being and get family and community to pay attention to the offspring rearing; (2) for prosecution, it is hosted by Royal Police Bureau, Office of Prosecutor-General and Courts of Justice, having purpose to get cooperation in prosecution against the offender and efficient law enforcement; (3) for protection and assistance, it is hosted by MSDHS, Ministry of Foreign Affairs (by Department of Consular Affairs, Royal Police Bureau and Ministry of Labour; (4) for development of policy and implementation policy, it is hosted by MSDHS and Ministry of Foreign Affairs, having purpose to promote and expand cooperation constantly with domestic and international networks in every level and (5) for information development and administration, it is hosted by Royal Police Bureau and MSDHS, having purpose to indicate progress of carrying out the works and follow up the survivor's condition and the situation of trafficking of human being.

5) Policy and guideline on prevention and protection for the youth in academic institute, hosted by Ministry of Education.

6) Guideline on rearing and care with non-violence in every surroundings, as appeared by UNICEF, Thai Health Promotion Foundation, World Vision in television media, document and internet in relation to the child rearing. Such media contents have influence on a part of Thai people who pay attention to adjustment of their surroundings to reduce risks of violence against the child.

7) Draft national strategy on the child protection which was approved by the national child protection working group in 2016.

III. On agencies providing services to prevent child maltreatment / for family support

“Violence against children” means the child being treated by adult no matter who such adult is in or out of family in unacceptable manner along with social and culture context in that period as a result of the child being detrimental, injured, physically and mentally impacted as well as being neglected to supply basic needs such as food, health care and rearing (Assawapak,2009) .Under the Child Protection Act B.E.2546, “child maltreatment” is defined as any act or omission against the child results in derogatory freedom or physical or mental detriment, sexual abuse, coercing the child to act or behave in the manner probably causing physical or mental detriment or against the law or good moral irrespective of consent of the child.

Thailand has still continually encountered situation of the child maltreatment. The statistic included its 3 forms i.e. physical maltreated, abandoned and sexual abuse. As for the statistic in 2013 indicating children and women who were physically maltreated took the OSCC services, number of maltreated children was approximately 19,229 people or around 53

people per day. Such figure has tended to be continually increased. A preventive operation that would be successful relied on social and legal instrument, working out with multi-disciplinary team and public realization among people in the society. Aside from the Child Protection Act B.E.2546 (2003), the Protection of Domestic Violence Victims B.E.2550 (2007) was provided afterwards to make use of available form, means and procedure which were different from the general criminal proceeding and to take proper action against the perpetrator maltreating the child in the same family. In addition, other developed laws in connection with actions towards the child maltreatment include the Juvenile and Family Court and Procedure of Juvenile and Family Court Act. B.E. 2553 (2010), the Criminal Procedural Code (on child inquiry part), the Penal Code (on measure of safety and penalty parts), the Civil and Commercial Code (on family and guardian parts), the Anti-trafficking in Persons Act B.E. 2551 (2008) [its new legislation, the Anti-trafficking in Persons Act B.E. 2560 (2017)].

The agencies/organizations having roles in prevention of the child maltreatment and in raising public realization among people in the society are government agencies, private sector and international organization. The agencies/organizations having roles in protection and assistance of the survivors and in taking legal proceeding against the perpetrators are mainly government agencies in multi-disciplinary arrangement.

Analysis of the developmental cycle of preventive services for child maltreatment.

(1) Background, events, incidents, public opinion etc. leading to the present support system (1. Social discovery phase)

During pre-2003 period, assistance of the maltreated child had been passive manner. Many researches in Thailand suggested prevention, family support and focusing on multi-disciplinary services. Most researches also indicated coordination among agencies/organizations engaging in the child assistance was so important but there was still lack of coordination with related agency/organization to provide more continual and efficient assistance (Chinlumprasert, 2003). In establishing agencies/organizations to carry out prevention of maltreatment and assistance of the maltreated child, their background or originated situation must be explored for better understanding. Such agencies are government agencies like nationwide hospitals and shelters for children and families which are under supervision of MSDHS.

1) OSCC in hospitals

Formerly, before setting up One Stop Crisis Center (“OSCC”) in various hospitals, Child Protection Division, Department of Public Welfare (currently, its name is changed to Child and Youth Protection Division, Department of Children and Youth, MSDHS) reported that two girls below 15 years old per day in average were raped. In such period, carrying out

assistance and preventive works for the maltreated child had been passive manner and come from referrals of policemen, family members and teachers. None of the assistance system had put in place. Where a child entered into the hospital, such child was treated like other patient under normal system without existence of the official providing proper care, keeping confidentiality of the child/service user and taking various legal proceedings. As a result, after the end of medical treatment, none of any unit or division was in charge of making referral or coordinating resources for further holistically care and assistance. Sometimes, the child was pushed into the original environment which has ever maltreated him/her.

From the aforementioned circumstances, the cabinet resolution on 29 June 1999 approved an establishment of the one stop crisis center for violence-affected children and women in government hospitals and private hospitals and determined 25th November of every year to be the day for the elimination of violence against women and children. Accordingly, Ministry of Public Health implemented such policy by directing various subordinate hospitals to establish the one stop crisis center for violence-affected children and women in area of the advanced level-hospital and the general hospital so called “Reliance Center or OSCC” since 2004. Then, in 2006 onwards it has been expanded to the community hospitals all over the country. In the OSCC’s operation, comprehensive medical service for children and women both physically and mentally were provided in the OSCC’s location without any referral to other section for treatment. Moreover, the OSCC coordinated with other public and private agencies/organizations to provide aid and protection of child and youth welfare and also organized meeting to plan for assistance of children and women in association with other professionals in the multi-disciplinary team which includes internal team and referral to external hospital (Chiangmai Provincial Public Health Office, online).

2) *Shelters for Children and Families*

The situation of child maltreatment had persisted; meanwhile development of the country encountered problem of the anti-trafficking in persons by which children and women were deluded to service as prostitute in core provinces. After the Anti-trafficking in Persons Act B.E. 2551 (2008) took its effect, assistance of such group of children and women was objectively provided. “Shelters for Children and Families” were set up to be temporary accommodation prior to return to their family or domicile and to be service unit for distressed people similar to the emergency home for children, women, families and social affected by state authority in various forms. Most of the service users were referred by hospital, police, family and his/her own. The Shelters were originally set up in 1994 in 9 provinces i.e. Bangkok, Chonburi, Nakornsawan, Phuket, Ubol Ratchatani, Chiangmai, Narathiwat, Udonthani and Songkhla under supervision of Child Protection Division, Department of Public

Welfare, Ministry of Labor and Social Welfare. The revolution of official system in 2002 originated Ministry of Social Development and Human Security (“MSDHS”) which was set up pursuant to the Act on Organizations of Ministries, Sub-Ministries and Department. As a result, the Shelters were shifted to be the subordinate of Bureau of Anti-trafficking in Women and Children, Department of Social and Welfare Development, MSDHS (Prear Shelter for Children and Families, online).

In initial state, area of such operation was limited to only 9 provinces which were core provinces in each region and had huge number of population in top-ranking of the country. Moreover, some of those provinces were the tourism provinces where violence against children and women were abundant. In later stage, quantity of the service users increased and this violence problem took place in every province. By a policy on reducing steps of referral of the service users to other provinces; therefore, the Shelters for Children and Women were set up in additional 15 provinces from 2004 onwards, until the Shelters provided in every province of the country.

Roles of the Shelters for Children and Families include aid and protection for children, juvenile, women and distressed people’s family members by providing temporary accommodation, food, supply of utensil kits and other necessary stuff, medical treatment and impromptu relief of the distress as well as other assistances on appropriate basis in order to get away from crisis moment of their life until they can sustain life by self-reliance, self-confidence and stability. The Shelters are also the place of first of admission and the specific agency of providing care and assistance to the maltreated child under the Child Protection Act B.E.2546 (2003), being temporary shelter under the Anti-trafficking in Persons Act B.E. 2551 (2008). Besides, during 2007 role of the Shelters for Children and Families added a mission of integral part of “Prachabodi Center” which was in charge of taking notification and the rapid mobile unit to provide urgently assistance to the social affected.

The Shelters’ operations were carried out in small-sized scale, resulted by addition and change of policy and laws in relation to works. The study found out several problems of its operation i.e. most assistance still limited to providing temporary shelter, inefficient intervention of social workers or psychologists, officials neither having knowledge on operation for the maltreated people, delay of coordination and working interruptedly with the multi-disciplinary team because each professional having his/her full-time tasks of responsibility, insufficient knowledge of the multi-disciplinary team and operational officials working out child protection and most works carried out in passive manner (Ponnitidolwat, 2009)

(2) Search for the present support system, preliminary considerations

(2. Precursor phase)

During pre-2011 period, operation of protection and assistance had separated between hospitals and the Shelters for Children and Women with a view to taking notification, different problems of the process of assistance provided to service users and inefficient coordination and referral. Later on, integration of works were done and developed into the form of “One Stop Service Center” in 2011 when the Prime Minister directed the Office of Economic and Social Development Commission (“OESDC”) to organize a meeting in the subject of “Moving Forward Development of Children and Women” in 4 main issues i.e. unprepared pregnancy (teenage mother), trafficking in persons, child labor and violence against children, women, elderly and disabled, to provide improved public services in the form of One Stop Service Center for efficient service and referral, to adhere integration of working together among government agencies, NGOs, foundation and civil society to determine frontline, referral, responsible agency/organization in each issue, definite connection. Besides, the IT system was applied in data collection, referral from taking the case to final stage of providing service to ensure follow-up and assessment through the IT system. The MSDHS was assigned to be the focal point of coordination among related agencies/organizations. The OESDC and Ministry of Information and Communication Technology were assigned to develop the information system to be suitable for the aforementioned operations as well as to connect such information with Ministry of Interior in the last goal.

(3) New systems and practices established through (1.-2.-3. Achievement phase)

- OSCC’s operation has been expanded to the local administration authorities, meanwhile community official were trained. At last, OSCC (One Stop Crisis Center) or called the Social Assistance Center were established.
- Better coordination in carrying out works due to definite target
- Flexible working and access into obvious target groups
- Public relations to raise public awareness on violence

(4) With regard to the newly established systems and practices, evaluation and discovery of new issues after implementation (4. Review phase)

During 2012-2015 MSDHS had carried out missions for children and juveniles under organizational structure in the Division level which divided duties, role and responsibilities in policymaking and academics to be separated from taking policy into practice to enhance expertise in specific works. But, with a view to limitation, the actual carrying out of the works could not completely separate both. Consequently, overlap and inefficiency of moving forward overall missions towards target groups of children and juvenile in correlation and

integration manner had arisen. Accordingly, unification and upgrade of various children and juvenile agencies/organizations were done to be “Department of Children and Youth”.

Department of Children and Youth became a policy and operational government agency having missions to promote and develop potential of children and juvenile, to protect and ensure rights of children and juvenile, to promote welfare of children, juvenile and family by determination of policy, measure and mechanism to promote and support government sector and private sector and by follow-up and assessment of operation in line with the determined policy and measure for their better quality of life and security in livelihood.

Department of Children and Youth had 2 significant divisions i.e.

1) Child and Youth Protection Division: has mandate to protect child and youth welfare and to ensure rights of child and youth pursuant to the Child Protection Act B.E.2546 (2003), the Apartment Act B.E.2558 (2015), laws relating to child and youth, Convention on the Rights of the Child, international obligation, agreement and cooperation, global social change, to develop system, measure, mechanism and form of protection of child and youth, to prevent, solve and protect rights of child and youth, to administer the child protection fund, to provide aid and protection of welfare of child, youth and social affected. The Division comprises with one sub-division and 5 sections i.e. General Administration Sub-division, Protection System Development Section, Rights Assurance and Protection Section, Child Protection Fund Administration Section, Secretary to National Child Protection Commission Section and Shelters for Children and Families Coordination Section. In addition, central agencies located in the regions include 77 Shelters for Children and Families.

2) Development, Promotion and Welfare for Child, Youth and Family Division: has mandate to promote, develop and arrange welfare for child, youth and family pursuant to the National Child and Youth Development Promotion Act B.E. 2550 (2007), the Child Protection Act B.E.2546 (2003) and international agreements on promotion and development of the child and youth. The Division has a duty to promote development of child, youth and family by proceeding essentially in every dimension from primary age, to develop the child and youth for readiness for global social change and for comprehension of cultural diversity, and to coordinate working out with network among public sector, private sector, foundation, locality, community, academic institute, religious institute and business operators which have complicated missions to be able to enter into agreement of joint operation and seek way of works to facilitate optimum benefits of every child and youth.

IV. On organizations and agencies associated with children's rights and participation of families

1. Current situation of children's rights and participation of families (i.e. legislations, rule and procedures, practical tools and forms, and the outline of database)

Thailand became a signatory of "Convention on the Rights of the Child" on 27 March 1992 and the Convention has been effective to Thailand since 26 April 1992 onwards. Nevertheless, Thailand made reservation in 3 clauses i.e. personal status, refugee status and educational arrangement for child development. Then, in 1997 Thailand withdrew the third reservation on education with a view to Thailand's education had variety and been available for everybody without discrimination. In 2010, Thailand withdrew the reservation on personal status due to development in several issues i.e. birth registration, naturalization, education and sanitation. Furthermore, a withdrawal of another reservation on refugee status has been pending due to a study on this issue. Nevertheless, Thai government in collaboration with UNHCR and NGOs has provided protection of refugees' rights and welfare in conformity with humanitarian and human rights principles. With reference to the 8th national economic and social development plan (1997-2001) which focused on human as the center of development; therefore, carrying out child-related work emphasized more on the child by keeping in mind of optimum interest of the child. Besides, the plan emphasized on strengthening the family in order to enable the family to bring up the child in good quality, also emphasized on the child's fundamental rights and services in compliance with Constitution of Kingdom of Thailand B.E.2540 (1997) and various international treaties bound by Thailand. Nowadays, Thailand emphasized increasingly on providing aid and development of child and juvenile especially the child facing hardship and needing special care. However, in viewing as a whole, various problems still exist and are of concern in Thai society in particularly the child facing abuse, maltreatment, drug addition, offending, tramp, AIDs-infected, AIDs-impacted, abandonment and disadvantage.

Mechanism in moving forward the child's rights in Thailand includes 1) Legislative 2) Executive which has direct responsibility in rearing or care of child and juvenile by law 3) Judicial 4) Private sector/people which are independent and whether they are juristic person or not. For Thailand, these independent organizations/entities are extremely significant to moving forward the child's rights.

Although Thailand has government agencies engaging joint operation of the child works, this study mentions about "Center for the Protection of Children's Rights Foundation (CPCR)", an NGO having the most significant role in working out for the child's rights by moving forward on policy, law, guideline for solution of violation of the child's rights in

national and international levels and development of a guideline on carrying out the child works in Thailand for over 36 years. Furthermore, the Foundation's personnel taking position of UN committee member on the rights of the child has had significant role in working out the policy for the child's benefits and pushed for legislating laws on child protection or Child Protection Act B.E.2546 (2003) in Thailand, as well as acted as adviser and counselor concerning the child protection works of a number of government agencies and civil society.

2. Analysis of the developmental cycle of organizations and agencies associated with children's rights and participation of families

(1) Background, events, incidents, public opinion etc. leading to current children's rights and participation of families (1. Social discovery phase)

During pre-1992 period, Thai people's knowledge and realization on the child's right was less due to a belief that "the child is the parents' property". After Thailand's implementation to Convention on the Rights of the Child, a part of Thai people came to know that their actions violate the child's rights such as the child abandoned by his/her parents in babies' home, punishment beyond reasonable its cause by teacher, raped child, child labor or even child being arrested and detained in the prison after offending. In another important point, the media still used wording like "Child maltreatment news" to create their selling point and popularity. At that time, society's situation was abusive and affected the child more and more until United Nations provided Convention on the Rights of the Child to protect the child in 4 main issues i.e. right to survive, right to protection, right to development and right to participation. As a result, the Foundation tackled various detrimental problems to solve violation of the child's rights by disseminating accurate knowledge, raising awareness of the child's rights in Thai society and forming mechanism and cooperation among related sectors i.e. government agencies, private sector, people, family and society in order to accomplish a goal of creating society caring the child, protecting the child and preventing violation of the child's rights.

(2) Search for the present situation, preliminary considerations (2. Precursor phase)

In a period when news in relation to the child and exhaustive situation of violence against the child and of legal proceedings against perpetrator were prevalent, in the year 1981 a project (related CPCR) was firstly established under the Foundation for Children's works which related to laws and assistance of the maltreated child. Until 1996, Center for the Protection of Children's Rights Foundation (CPCR) was formally registered as an independent foundation. CPCR carried out missions of assistance, guard, protection and care provided to the abused children from newborn to below 18 years old such as physical assault, sexual

harassed, deluded and forced prostitute, unfair employment and improper rearing. Up to present, CPCR has been considered as the first NGO working out comprehensively the child protection in Thailand pursuant to Child Protection Act B.E.246 (2003).

The CPCR's five missions are set forth below:

- To assist, guard and protect the child being maltreated, raped, neglected and exploited in all forms;
- To patronize and bring up the child so as to obtain education and rehabilitation by multi-disciplinary team that involves social services, medical and legal measure on systematic and comprehensive manner; therefore, by establishing Baan Raek Rab and Baan Oan Rak (in conformity with the Place of First Admission and the Center of Development and Rehabilitation as stipulated in Child Protection Act B.E. 1546 (2003)) to be shelters of the children;
- To move forward policy, law and guideline for solving violation of the child's rights in national and international levels;
- To research for developing knowledge, system for the child rearing and development, instrument and mechanism for assisting and protecting the children;
- To share knowledge, provide training for skill development to related personnel such as social worker, teacher, psychologist, parents and guardian

Nature of CPCR's works divided into:

1) **Protection of the child's rights:** lawyer, social worker and psychologist of the Foundation, parents and guardian providing assistance and protection of the abused child and providing assurance of adequate security through multi-disciplinary process including medical unit, legal unit and social service unit (for 300 abused children / damaged children (per year).

2) **Rehabilitation:** carry out this work for the physically and mentally maltreated children, children in situations of physical assault, sexual harassed, deluded and forced prostitute, unfair employment that greatly affect body, mind, emotion and society of the children and their family especially mental health problem. If the children have not been improperly rehabilitated, such children would not be able to live peacefully with other people or would be repeatedly harmed or would become the perpetrator who would maltreat other people in the future.

At present, the place of first admission and the center of development and rehabilitation provide the child care to both children in and out of the facilities (other foster home, special education center, vocational training center, foster family) for approximate 150 persons.

3) **Child and family development:** support carrying out activities, mechanism and system in promoting, developing and preventing the child from violation of rights. Its works

include child and juvenile development, parents and guardian development, teacher development, community network development and district-level agencies/organization network development. Functioning of works focuses on self-defense against detrimental situation, appropriate treatment of parents, guardian and teachers to the children, and focuses on creation of activities, mechanism and system in promoting, developing and preventing the child from violation of rights in various government agencies, school and community and development of the information center in relation to the abusive children as well as support of academic work/research in benefit of carrying out works in any field.

- Child development activities include the good touch, bad touch activity, the sex education activity, the juvenile development activity
 - Family development activities include the parents classroom for adjustment of the child's aggressive behavior, the parents classroom for guarding the child from sexual threat and promoting appropriate sexual behavior of the child's aggressive behavior and the search for happiness of parenthood activity.
 - School development activity include the child protection school project
 - Community development activities include the family relation activity, the family relationship development activity, the family service center activity, the parents network development activity and the juvenile relation development activity.
- Approximate 3,000-5,000 children and families in each year pass these activities.

(3) New systems and practices established through (1.-2.-3. Achievement phase)

Throughout duration of carrying out works, CPCR has helped not only guard, protect and care Thai children for their safe livelihood, but also help raise awareness and realization of Thai society based on nature of truth of several problems in relation to violation of the child's rights and forming mechanism and cooperation among related sectors i.e. government agencies, private sector, people, family and society in order to accomplish a goal of creating society caring the child, protecting the child and preventing violation of the child's rights.

1. Development of multi-disciplinary network for carrying out child protection works in every level:

- Developing potential of official and practitioners of the child protection in sub-district level

From experiences of carrying out CPCR works in various provinces and learning joint operation, personnel in several provinces can provide assistance and protection in their own areas accurately and appropriately under related procedure and laws. But most functioning only restricts to personnel in Maung district area. As a result, where any incidents arisen in district area or sub-district area, personnel in such areas usually have limitations in response to

the child problems in such areas. Although development of leaders' potential in sub-district level provided in some areas, there have been lack of coordination and referral to multi-disciplinary team in district level and province level. It is necessitate to provide development of the leaders' potential in district level and sub-district level for more knowledge and skill in assistance and protection of the child along with the process from beginning step, fact-finding, verification, follow-up, protection of welfare, support for the child development, rehabilitation, and reunification to the society. Accordingly, CPCR in cooperation with MSDHS by 10 Shelters for Children and Families in 10 provinces determine plan of actions in the development of the officials and practitioners' potential of child protection in sub-district level and coordinate with related agencies/organizations in district level and province level i.e. hospital, police station, local administration authority and civil society.

Result of operation in pilot provinces include formation of the sub-district child protection committee and working group comprehending better about the child protection process, survey of screening individual child in the area by cooperation of public health volunteer helping acknowledge of nature of the child's problems and provide assistance and protection of the child, even in complicated cases. Moreover, working groups are able to report the incident to the Shelter for Children and Families and the provincial social development and human security for taking actions. In addition, working groups are able to learn more about working with multi-disciplinary team, coordination and referral to various agencies/organizations.

2. **Realization of the child' rights:** as to a change of attitudes being fundamental to social change, CPCR's functioning include campaigning to add more knowledge and realization to the child's rights such as training for knowledge enhancement, creating materials being easily comprehensible in every levels from children supposing to know their own rights, family adjusting attitudes and means of the child rearing into accuracy way, community communicating about torture, maltreatment and violation of the child's rights which are not personal affairs, mass media communicating the society to refrain from violation of the child's rights.

3. **Involvement of people in the society into child protection:** from a concept of the child protection which relates to everybody in the society, people are involved in participation in the child protection as "the child guard" which means adult having his/her child in care, adult working in connection with child and family or common people can be the child guard who jointly care and protect to ensure safety, rearing being suitable to their age, development and fundamental rights. Actions in line with this concept include mobile volunteer for child development, fund-raising for child development, building public realization in child

protection by raising realization in people's mind for guarding and protecting the child. It is so important for the caretaker to adjust relationship between himself/herself and the child in the following 3 issues i.e. secure attachment, trust and empathy. All of these must be disseminated and communicated with other people in the society.

4. **Participation in developing the draft of Child Protection Act and other related laws:** from experiences in working with multi-disciplinary team, problems of legal mechanism, legal gap and implementation could be seen.

(4) With regard to the newly established systems and practices, evaluation and discovery of new issues after implementation (4. Review phase)

A support for building the society caring the child is a principle of CPCRF functioning. Its keys to success include joint operation, working out among related sectors such as government, NGOs and civil society. It can be started from creating realization to the child's rights which differ from the adult's, collectively pushing the laws which are preventive and rehabilitated because such laws impact extensively to the society and are instrument in performing duties, carrying out works of officials and related personnel. Development of works and projects can be learnt from CPCRF's functioning.

Nevertheless, building realization to the child's rights in every level of the society in equilibrium manner has still been challenging in carrying out the child protection works in Thailand. In the meantime, other challenges include number of abandoned children being more increasingly, the society's attitudes towards the child offenders being still negative and presence of the employment of foreign children in Thai society. Accordingly, all related sectors i.e. government, private sector, civil society and people must intensively work out together in cooperative manner to set the active plan of actions in relation to the aforementioned issues.

V. Issue of database in relation to abuse/maltreatment

1. Outline of databases / data archives on maltreatment (ie: items, methods, indicators for assessment & evaluation)

Nowadays many related agency/organization emphasize on creation and utilization of database in conformity with the Post-2015 Development Agenda and Sustainable Development Goals: SDGs) that included percentage of children aged 1-14 years who experienced any physical punishment by caregivers in the past month; number of detected and non-detected victims of human trafficking per 100,000 by sex, age and form of exploitation.

At present MSDHS, Ministry of Public Health, Ministry of Justice and Ministry of Justice work out together on the database development until single updated database is provided for those who are interested in study can get access easily and conveniently into Thailand Domestic Violence Information Center's website, <http://www.violence.in.th>. The data report cases from case walk in/website/call center and Mobile application, This database comprises with 4 indicators i.e. nature of violence, nature of solution, challenging violence against women and children and prevention plan.

2. Analysis of the developmental cycle of databases/ data archives concerned with maltreatment.

(1) Background leading to present databases (1. Social discovery phase)

Since Thailand became the signatory by accession of CRC, it's needed to report the situation of child maltreatment to other members. and the organization related to child protection system need databased for plan strategies. Therefore, from past to present, issue of child maltreatment data have been developed.

- During 2000 – 2003

The information system of child maltreatment was not established.

- 2004 – 2006

The data was collected by secondary data from hospital/ Community Hospital.

- 2008 – 2015

The data was collected by website through OSCC program.

- 2015 -

The OSCC program has develop to present.

(2) Search for the present system, preliminary considerations (2. Precursor phase)

In the past, the information about maltreated child and abandoned child as supposed to report pursuant to intent of law was not found, the MOPH report (43 Folder report) wasn't separate number child maltreatment form other injury case report, collected and analyzed on quantity of problems and to be guideline for their systematic solution from both OSCC and competent official in various areas and regions where they received report of such kind of incidents. Database in this regard was mainly made and kept by only Ministry of Public Health. Accordingly, planning for determining policy depended on each Ministry's information existed and collected by their own to satisfy the performance indicators of each Ministry. Moreover, to get access into relevant information was difficult and the publicly disseminated information was not up-to-date and much.

(3) New databases established through (1)-(2) (3. Achievement phase)

OSCC database was utilized to be reference information of Thailand. Most data collections by computerized system were carried out in the hospital where OSCC located. The staff who have been trained about OSCC programs has been note-taker in every stage of carrying out service works throughout the process i.e. history taking that was categorized by group of children and women and by type of violence, forensic medicine assessment, preliminary family assessment, follow-up of care in agency/organization and home visit. Such information was normally kept as confidential and merely disclosed in the form of statistical report. Problems of getting access and up-to-date of relevant information were also found.

Besides, there was a database of child protection monitoring and response, so called (Child Protection Monitoring and Response System – CPMRS) which was a pilot project, funded by UNICEF and operated by Office of Promotion and Protection of Children, Youth, the Elderly and Vulnerable Groups (In the past). The CPMRS was an information system designed to identify the child below 18 years old (including non-Thai national) who is survivor or at risk in various levels from ignorance, maltreatment and exploitation. The CPMRS comprised with two connected sub-systems i.e. Child Protection Monitoring System – CPMS and Child Protection Response System -- CPRS. CPMRS helped enable related persons and people in the local area to 1) identify the child who needed protection and special care or the child who was in risky family and environment; 2) plan and determine means of assistance provided by related agency/organization in community, sub-district and province 3) follow up and assess constantly the child protection system for carrying out the works efficiently based on academic concept and participation of every sectors including child and juvenile and for raising every sector's attention and emphasis on the child protection. (CPCR,online)

(4) Evaluation of effectiveness, problems, and issues and discovery of new issues after implementation of the present database (4. Review phase)

From databases have been established, a new plan for follow-up, assessment and database system i.e.

- 1) Promoting collection of statistics and outcome for comparing occurrence and decrease of all forms of violence, to carry out processing, synthesis and analysis of information, research work in connection with violence against children and women, and to follow up and make assessment of related agency/organization's operation in both central part and regional part
- 2) Creating one set of indicators to be an instrument to measure the violence's impact towards children and women in individuals, family and society levels and to make

assessment of plan and project

3) Establishing the information center and the network in relation to violence both in central part and regional part together with to provide database that collect related important information in every aspect for those who are interested in study, researcher, survivor of violence and common people enabling to search for various data such as statistic, related law, means of assistance and therapy

4) Follow up and make assessment of carrying out assistance to children and women experienced violence. The derived and collected information will be further utilized to determine policy and plan of actions for prevention and assistance.

VI. Implication (including “lessons”)

From the abovementioned information, it can be viewed that operation of child protection in Thailand has increasingly their clarity, development of mechanism and quality system for taking actions. Most of all, they are outcome of collective thinking and active actions taken by unity of both public sector and private sector. Accordingly, the current child protection works have several purposes and operations as follows:

- **Mechanism being accessible to every child:** Thailand has developed mechanism for carrying the works in every level from family to community and to local in order to provide surveillance on conditions of child and family, to indoctrinate new attitudes in Thai society that violence against the child is not the family affairs anymore, but it must be people in the society’s shared responsibility towards the nation’s future (child).
- **Resources, personnel and network of operation to provide radical and equal services to the child and their family:** at present, the curriculum for development of personnel working for the child protection is not only limited to competent official by law, it extends to cover teacher, volunteer, family and juvenile and the services could be provided by not only the public sector but also private sector.
- **The shared responsibility covering national, provincial and community levels:** although this shared responsibility can be moved forward by attempting to raise public awareness of the necessity for the child protection in particular in community level and of the strategy for operation of the child protections in various ministries and NGOs such as UNICEF engaging in building capacity of the local administration authorities,

communities and families to order to develop and protect collectively child and juvenile.

Currently, Thailand has developed the child protection in various dimensions both in term of policy and the authorities as well as strengthened Thai society as “*the child protection society*” which is composed of helpful skills and child participation, attitudes toward children, the supportive authorities and officers in protecting the child, law, the follow-up, the child protection service.

However, the child problems are still challenging to the management of child protection system. Regarding the child protection system in Thailand, it’s concluded that this protective process should be reviewed regularly as for the dynamic progress of Thai society.

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10 Republic of the Philippines

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Abstract

The Philippines established the foundation for upholding the rights of Filipino children through the Child and Youth Welfare Code issued as Presidential Decree (PD) 603 in 1979. The Code contains provisions articulating both the rights and privileges of children and the responsibilities of the State [and its institutions] towards children and youth. The promotion and protection of children's rights was later reinforced and integrated in the Philippine Constitution and the Family Code¹ both issued in the year 1987.

The Philippine National Government, along with other countries, ratified the United Nations Convention on the Rights of the Child (UNCRC) in 1990. This was followed by the ratification of the Optional Protocols on the sale of Children, Child Prostitution and Child Pornography in 2002 and on Children in Armed Conflict in 2003.

In response to its commitments, the National Government developed a comprehensive and integrated approach to children's development along the areas of survival, protection, development and participation entitled the Philippine Plan of Action for Children (PPAC) 1991-2000. This was followed by the Philippine National Strategic Framework for Plan Development for Children for 2001 to 2025, more popularly known as Child 21, which serves as a guide for stakeholders in designing their plans and programs for children towards the realization of child rights in the 21st century.

Child 21 is translated into operational 5-year action plans known as the National Plan of Action for Children (NPAC). One of the goals identified under the 2nd NPAC (2011-2016) focuses on child protection, specifically, said goal is stated as "*children are safe and free from violence, abuse, neglect and exploitation*".

Moreover, the Special Protection of Children Against Abuse, Exploitation and Discrimination Act or Republic Act (RA) 7610 was issued on 17 June 1992 to ensure the protection of the rights of the child and provides penalties for its violation. Said Act is a comprehensive law for stronger deterrence and special protection measures for children against abuse, exploitation, and discrimination and for children in especially difficult circumstances, in situations of armed conflict and those belonging to indigenous cultural communities.

¹ Issued through Executive Order (EO) 209, the Family Code deals with the family as an institution and contains provisions which aim to promote the best interests of the child.

Aforementioned Plans and legislation was, and is still, enforced through the synergy among the executive, legislative, and judiciary branches of the government along with the local government units (LGUs), nongovernment organizations (NGOs), media, and the civil society.

Analysis

1. Social Discovery Phase

The Special Protection of Children Against Abuse, Exploitation and Discrimination Act, commonly known as RA 7610, was drafted and enforced in response to the country's ratification of the UNCRC. Along with other prevalent issues in the Philippines, the Act deals with issues raised under the UNCRC, specifically:

g. Commercial Sexual Exploitation of Children (CSEC)

The Philippines is a known source, transit and destination country for women and children trafficked for sexual exploitation and forced labor purposes. Although there is no available [accurate] data on the problem magnitude nor the number of trafficked victims, concerned NGAs and NGOs estimate that about 60,000-100,000 children are sexually exploited.² CSEC involves pornography, trafficking and prostitution.

h. Children at risk (CAR) in the Streets

Commonly driven by poverty, children take to the streets to generate additional income for the family. Children at risk in the streets, estimated at 246,000, face exposure to substance abuse, accidents, sexual exploitation and its accompanying infections/disease, and involvement in organized crimes.

i. Working Children

Much like CAR in the streets, poverty forces children to work to augment their respective family income. The worst forms of child labor are in mining and quarrying, deep sea fishing, agriculture, sugarcane plantation, domestic work, pyrotechnics and commercial sexual exploitation.

j. Children in Conflict with Law

Based on the Juvenile Justice and Welfare Council, the CICL numbered 5,297 in December 2006 which is the initial year of implementation of RA 9344 or the Juvenile Justice and Welfare Act of 2006.³

k. Children of Indigenous Peoples (IPs).

Most of the children belonging to the indigenous cultural communities have limited access to basic social services for education, health and nutrition due to the distance of their

² CRC@20. A Summary Report on the 20 years of the Convention on the Rights of the Child in the Philippines.

³ Ibid.

residences and poverty. Further, IP children are often victims of bullying and discrimination.

l. Children in Situations of Armed Conflict (CSAC)

The Philippines is affected by the Moro and communist insurgencies in different regions.⁴ Tensions between the Government and non-State groups such as the Moro Islamic Liberation Front (MILF), Abu Sayyaf Group (ASG), and New People's Army (NPA) have led to displacements, undermining the welfare. Moreover, the State and non-State groups have been involved in recruiting and using children in armed conflict, and other identified grave violations against children.⁵ CSAC covers children involved in armed conflict (CIAC), children affected by armed conflict (CAAC), and internally displaced children (IDC)

2.Precursor Phase

Prior to the issuance of RA 7610, the Ateneo University Human Rights Center studied the harmonization of the UNCRC and Philippine laws. Further, a review of existing legislative frameworks was conducted on defining the minimum age of sexual consent, compulsory education and discernment as well as the effect of residential care on displaced children, gender socialization, and indigenous peoples' (IPs) children.

The Local Government Code of 1991 was also considered as it mandated the autonomy of LGUs. Specifically, it places the main responsibility for providing basic health, nutrition, early child development, and other basic social services to the LGUs. This places the LGUs as strategic and convergent points for all interventions designed to address children's rights and issues.

In particular, the RA 7610 is a comprehensive law that encompasses the following; (i) formulation of a comprehensive program on child abuse, exploitation and discrimination, (ii) child prostitution and other sexual abuse, (iii) child trafficking, (iv) obscene publications and indecent show, (v) working children, (vi) children of indigenous cultural communities, (vii) children in situations of armed conflict and other acts of abuse, neglect, exploitation and other conditions prejudicial to the child's development. The following definitions are used based on the Rules and Regulations on the Reporting and Investigation of Child Abuse Cases:

- j. Child shall refer to a person below eighteen (18) years of age or one over said age and who, upon evaluation of a qualified physician, psychologist or psychiatrist, is found to be

⁴ The Moro conflict exists mainly in Mindanao in the fight for the Bangsamoro homeland instigated by MNLF, MILF, Abu Sayyaf Group. Meanwhile, the communist insurgency is spread throughout the archipelago and instigated by the NPA.

⁵ The seven (7) Grave Child Rights Violations (GCRVs) are (i) killing, (ii) maiming of children, (iii) recruitment or use of children in armed conflict, (iv) rape and other forms of gender-based violence, (v) abduction of children, (vi) attack on schools, hospitals, places of worship, evacuation centers and public places where children are usually found, and (vii) denial of humanitarian access to children

incapable of taking care of himself fully because of a physical or mental disability or condition or of protecting himself from abuse.

- k. Child abuse refers to the infliction of physical or psychological injury, cruelty to, or neglect, sexual abuse or exploitation of a child.
- l. Cruelty refers to any act by word or deed which debases, degrades or demeans the intrinsic worth and dignity of a child as a human being. Discipline administered by a parent or legal guardian to a child does not constitute cruelty provided it is reasonable in manner and moderate in degree and does not constitute physical or psychological injury as defined herein.
- m. Physical injury includes but is not limited to lacerations, fractured bones, burns, internal injuries, severe injury or serious bodily harm suffered by a child.
- n. Psychological injury means harm to a child's psychological or intellectual functioning which may be exhibited by severe anxiety, depression, withdrawal or outward aggressive behavior, or a combination of said behaviors, which may be demonstrated by a change in behavior, emotional response or cognition.
- o. Neglect means failure to provide, for reasons other than poverty, adequate food, clothing, shelter, basic education or medical care so as to seriously endanger the physical, mental, social and emotional growth and development of the child.
- p. Sexual abuse includes the employment, use, persuasion, inducement, enticement or coercion of a child to engage in, or assist another person to engage in, sexual intercourse or lascivious conduct or the molestation, prostitution, or incest with children.
- q. Lascivious conduct means the intentional touching, either directly or through clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks, or the introduction of any object into the genitalia, anus or mouth, of any person, whether of the same or opposite sex, with an intent to abuse, humiliate, harass, degrade, or arouse or gratify the sexual desire of any person, bestiality, masturbation, lascivious exhibition of the genitals or pubic area of a person.
- r. Exploitation means the hiring, employment, persuasion, inducement, or coercion of a child to perform in obscene exhibitions and indecent shows, whether live or in video or film, or to pose or act as a model in obscene publications or pornographic materials, or to sell or distribute said materials; and

3. Achievement Phase

An effective child protection system is comprised of existing legal provisions (legislations), institutional and policy frameworks, and governance vis-à-vis action plans implemented by primary stakeholders.

a. Policy and Legislative Measures

As aforementioned, the LGUs are at the forefront in the promotion and protection of children. To this end, respective LGUs are expected to craft the Local Code for Children (LCC). The LCC provides for the operationalization and localization of national policies as well as the provisions in the UNCRC.⁶

On the other hand, national government agencies (NGAs) and NGOs are encouraged to draft their respective Child Protection Policy (CPP). The CPP is a measure to ensure that public servants, as well as child rights advocates/workers, consistently abide with child protection measures and discourage violations of the rights of the child. To date, NGAs with CPPs include the Council for the Welfare of Children (CWC), Department of Social Welfare and Development (DSWD), CHR, Department of Agriculture (DA), Department of Education (DepEd), Department of Health (DOH), and the National Council for Disability Affairs (NCDA).⁷ Meanwhile, NGOs with CPPs include Plan International, Children International, and Educo.

Policy guidelines and standards were also issued to ensure child-friendly management of reports and cases. This includes the Protocol on Case Management of Child Victims of Abuse, Neglect and Exploitation, the Child Protection Standards (for trafficking), the Prosecutor's Manual on Handling Child-Related Cases, and the Guide for Media Practitioners on the Reporting and Coverage of Cases Involving Children⁸.

b. Programs and Strategies

The NPAC (1991-2000) was formulated incorporating explicit measures for the implementation of the UNCRC. In 05 November 2000, EO 310 adopted the Child 21. The vision of Child 21 is translated into clear, actionable and time-bound plan in the NPAC.

One of the accompanying documents of the NPAC is the Comprehensive Program for Child Protection (CPCP) crafted by the Committee on the Special Protection of Children (CSPC). Formulated by the DSWD and the Department of Justice (DOJ), in coordination with other NGAs and NGOs, the CPCP aims to protect children against child prostitution and other

⁶ The first Local Code for Children was enacted by Davao City in 1996. The LCC is one of the four (4) gifts for children; the other three are the Local Investment Plan for Children, the Local Development Plan for Children and the State of the Children Report.

⁷ Thru the DepEd CPP, Child Protection Committees (CPCs) have been organized in schools to protect students from bullying, discrimination and abuse.

⁸ Drafted to raise media awareness on issues concerning the rights of the child and at the same time reinforce journalistic standards, specifically, the confidentiality clause is meant to protect the child's right to privacy and to prevent the child from trauma, social stigma, and further suffering arising from inappropriate publicity or approaches to media coverage

sexual abuse, child trafficking, obscene publications and indecent shows or other acts of abuse and circumstances which endanger survival and normal development.

Specifically, the 3rd CPCP (2012-2016), an accompaniment of the 2nd NPAC, contributes to the achievement of the latter's goal that "children are protected from abuse, neglect, violence and exploitation". Its emphasis is on building and strengthening a multi-level child protection system, putting in place an improved and comprehensive data base and monitoring system as well as infusing a culture of care and protection for children.

Other plans issued thereafter are as follow:

- b. *National Strategic Framework for Action to End Violence Against Children (VAC)*. With shared vision, goals and strategies as the 2nd NPAC and built on the CPCP, the framework summarizes cross-cutting issues as well as settings with specific recommendations/strategic actions on policy, legal and regulatory system, social protection, information management, monitoring and evaluation.
- c. *National Strategic Plan against Trafficking in Persons (2004-2010)* for the prevention, protection, recovery and integration of trafficked persons including children.
- d. *National Framework of Action Against CSEC (2001-2005)* which provides guidance in the formulation, implementation, and monitoring of policies and programs relevant to child trafficking, pornography and prostitution.
- e. *National Program Against Child Labor (2001-2004, 2007-2015)*. Along with that, the Department of Labor and Employment (DOLE) implements the following programs: Child Labor-Free Barangay/Establishment, HELP ME Convergence, project Angel Tree, and Sagip Batang Mangagagawa.
- f. *Philippine Time-Bound Program on Eliminating the Worst Forms of Child Labor (2002-2007)* which provides opportunities for education, livelihood, and training on basic life skills for children in prostitution, mining and quarrying, domestic service, pyrotechnics, agriculture and deep sea fishing.
- g. *Comprehensive Program Framework for Children in Armed Conflict* adopted through EO 138 which established the Monitoring, Reporting and Response System (MRRS) for Grave Child Rights Violations (GCRV) in Situations of Armed Conflict (SAC).

c. *Governance (Mechanism)*

Child Friendly Governance is defined as "Governance that provides the enabling mechanisms for the creation of a true child-friendly society that is sensitive to the needs of the child, and where all sectors interact and cooperate to produce holistic, integrated, and sustainable strategies that promote child rights". This further implies that the best interest of

the child should be foremost in the agenda of the government at all levels.⁹

It is imperative for the National Government to lead in building partnerships among NGAs, NGOs, LGUs and the community to prevent and address child protection issues. Towards this end, the following structures have been established and institutionalized in the Philippines:

1. Local Government Units: Municipality/City

The multi-level child protection system in the Philippines starts from the barangays [of the LGU] to the national level. As previously stated, LGUs play a key role in resolving social issues and addressing other barriers in the promotion, provision and protection of the rights of children and women.

Barangay Council for the Protection of Children (BCPC). As provided in the law, barangays are encouraged to organize the BCPC which draws up and implement plans for the promotion of child and youth welfare in the barangay to effectively address issues of abuse, violence, and exploitation of children.¹⁰ Under RA 7610, case/s of child abuse may be reported to the BCPCs.

City/Municipal/Provincial Council for the Protection of Children (CCPC/MCPC/PCPC). Act as the main source of support [human, financial and technical] to the BCPCs. It is primarily responsible for spearheading advocacy and social mobilization, situation analysis, program development, modeling of innovative approaches, partnership and alliance building, monitoring and impact assessment of interventions, annual reporting of children's situation.

2. Regional Committee/Sub-Committee for the Welfare of Children (RCWC/RSCWC)

The main task of the 18 RCWC/RSCWCs is to assist the CCPC/MCPC/PCPC in all advocacy and programming efforts for child protection. More importantly, under the auspices of the Regional Development Council (RDC), the RCWC/RSCWC can recommend policies

⁹ 2010 State of the Filipino Children Report. Child-Friendly Governance: Focus on Resource Allocation

¹⁰ The mandate for the Local Councils for the Protection of Children (LCPCs) dates as far back as 1949 under the Civil Code of the Philippines and reiterated under PD 603. Their tasks are to (i) Foster the education of every child in the barangay; (ii) Encourage the proper performance of the duties of parents, and provide learning opportunities on the adequate rearing of children and on a positive parent-child relationship, (iii) Protect and assist abandoned or maltreated children and dependents, (iv) Take steps to prevent juvenile delinquency and assist parents of children with behavioural problems so that they can get expert advice, (v) Adopt measures for the health of children, (vi) Promote the opening and maintenance of playgrounds and day-care centres and other services that are necessary for child and youth welfare, (vii) Coordinate the activities of organizations devoted to the welfare of children and secure their cooperation, (viii) Promote wholesome entertainment in the community, especially in movie houses, and (ix) Assist parents whenever necessary in securing expert guidance counselling from the proper governmental or private welfare agencies.

and strategies to address region-specific issues and/or concerns for children.^{1 1}

3. Council for the Welfare of Children (CWC)

PD 603 established the CWC with the mandate to coordinate the implementation and enforcement of all laws as well as to formulate, monitor and evaluate policies, programs and measures for children. The CWC Board provides policy guidelines and directions on all children’s concerns including child protection.

Existing committees under the CWC are as follows: (i) Committee on Family and Alternative Parental Care (ComFAPC), (ii) Committee on Children and HIV/AIDS (ComCHA), (iii) National Committee on Children and Youth Participation (NCCYP), (iv) Communication Committee (ComCom) and (v) Committee on Children in Need of Special Protection (CNSP). Under the latter, the following sub-committees were organized to address more specific issues and/or concerns on children: (i) Sub-Committee on Children with Disabilities (SC-CWD), (ii) Sub-Committee on Sexual Abuse and Commercial Sexual Exploitation of Children (SC-SACSEC), (iii) Sub-Committee on Children Affected by Armed Conflict and Displacement (SC-CAACD), (iv) National Network on Street Children (NNSC), and (v) National Child Labor Committee (NCLC).

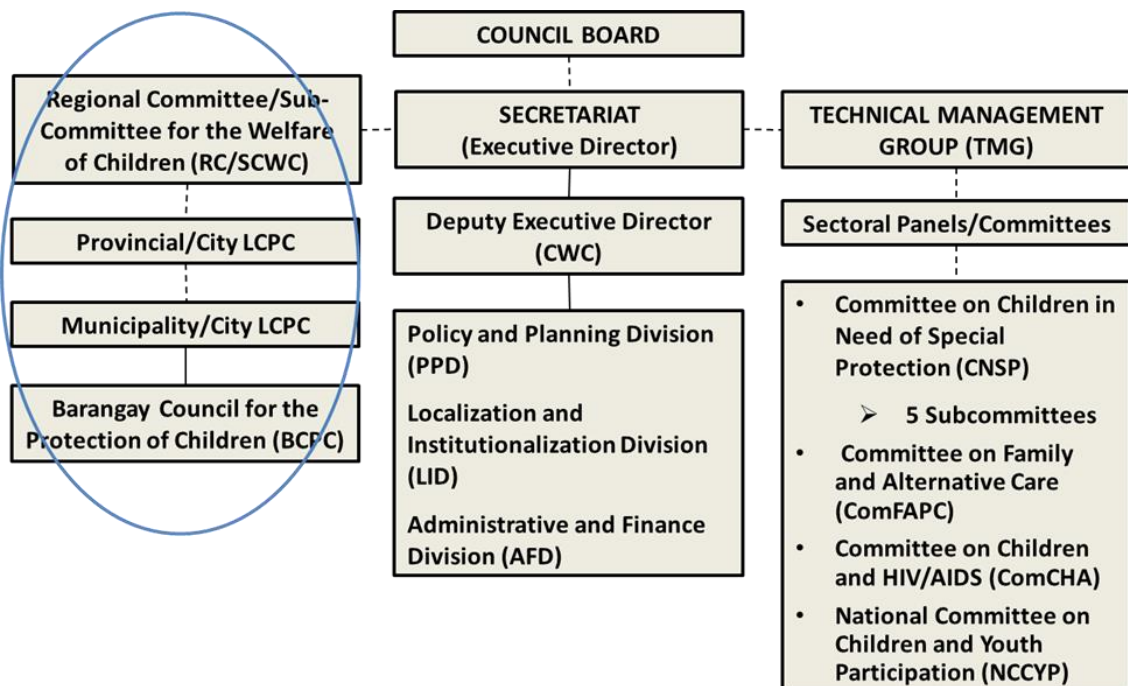


Figure 1. CWC Organizational Structure Establishing the Link to the LCPCs

^{1 1} There are currently 18 geographical regions in the Philippines consisting of several provinces, cities and municipalities. One RCWC/RSCWC is established per region. The RCWC/RSCWC is created under the Social Development Committee (SDC) of the respective RDCs. The RDCs are the regional coordinating bodies for all concerns and issues confronting a specific region.

Other agencies/mechanisms involved in the enforcement of the Act, particularly child abuse cases, include the following:

- h. In 1995, EO 275 was issued to create the Committee for the Special Protection of Children (CSPC)^{1 2} composed of national line agencies to assess, implement and monitor the aforementioned policy. It was strengthened through EO 53 as the body principally responsible for coordinating and monitoring the investigation and prosecution of cases involving violations of RA 7610 and other child-related criminal laws. Further, it is also responsible for the formulation and monitoring of the CPCP. The CSPC is chaired by both Secretaries of the DOJ and DSWD.
- i. The DSWD plays a vital role in the management of child abuse cases and other violations of children's rights. Several legislations mandate the DSWD to lead in the policy formulation, planning, development, implementation, monitoring and evaluation of programs and services towards addressing these cases. Further, DSWD manages Crisis Intervention Units (CIUs), residential care and temporary shelter units for [child] victims of abuse.

The CIUs provide emergency services to victims of abuse on a 24-hour basis which includes counseling services, stress debriefing, financial assistance to defray medical expenses in case the victim needs immediate treatment and medical attention, transportation assistance, and temporary shelter. Through the CIU, working arrangements with appropriate government, non-government, professional and civic organizations are established for the benefit of the clients. Aside from that, there are social welfare and development agencies (SWDA) registered, licensed, and accredited by the DSWD that provides services to children victims and also operated residential and community-based [care] facilities.

- j. Women and Children Protection Center (WCPC) of the Philippine National Police (PNP) which directs and formulates strategies and projects for the functionality of Women and Children's Protection Desk (WCPD), supervise, monitor and evaluate the same as well as having the responsibility to investigate sex crimes against children. The establishment of WCPDs in police stations as well as increasing awareness of the community has encouraged reporting of abuses, thus the increase in statistics.
- k. The Department of Health (DOH), together with the University of the Philippines (UP) Manila, Child Protection Network (CPN)^{1 3}, national and local government agencies and

1 2 Also referred to as Special Committee for the Protection of Children (SCPC) in other documents.

1 3 The CPN is an NGO that supports the training of Child Protection Professionals including judges, prosecutors, social workers, and the police and ensures accessibility of services for abused

non government organizations, has established 79 Women and Children Protection Units (WCPUs) nationwide.^{1 4} To date, said WCPUs have served and cared for a total of 47,814 abused and high-risk children [and their families].^{1 5} Meanwhile, the National Bureau of Investigation (NBI) and the PNP opened centers for medico-legal evaluation.

- l. Bantay Bata 163 is a program managed by the ABS-CBN Foundation that provides shelter, therapy and quality home care for rescued children until family reunification.^{1 6}
- m. Child Rights Center (CRC) of the Commission on Human Rights (CHR) created in 1994 ensures that status, rights and interests of children are upheld in accordance with the Constitution and international instruments like the UNCRC.^{1 7}

4.Review Phase

Despite the Special Protection Act, programs and mechanisms, the number of children victims of abuse, neglect, exploitation and other abuses is still increasing (*refer to Table 1. Violence Against Children by Case Type*). This may mean that current initiatives are still lacking or may be poorly implemented or managed. However, it should also be noted that service delivery is affected by the rapid growth of population which spreads programs, services and budget allocation thinly.^{1 8}

Additionally, the geographical configuration of the country, natural and man-made disasters (i.e. sieges related to armed conflict), decentralization of programs and services, and increasing poverty give rise to both economic and social problems. Further, rapid technological advancement, urban migration and congestion, and increased participation of women in the labor force, among other developments – have both positively and negatively affected families specially children.

d. Policy and legislative issuances

children through the establishment of WCPUs. In 2011, DOH recognized the training given by CPN as the required training of WCPU physicians.

1 4 A WCPU is a unit composed of multi-disciplinary team of trained physicians, social workers, mental health professionals and police providing comprehensive medical and psychosocial services to women and children victims of violence. DOH AO 2013-0011.

1 5 Taken from the Message of the CPN Executive Director Bernadette J. Madrid, MD.
<http://childprotectionnetwork.org/executive-directors-message>

1 6 Bantay Bata 163 is a child welfare program of ABS-CBN Foundation that not only rescues and rehabilitates sick and abused children, but also provides shelter, therapy and quality home care for rescued children until they can be reunited with their family. Description taken from Official Facebook Account <https://www.facebook.com/Bantay-Bata-163-359475654597/>

1 7 The Commission on Human Rights is an independent constitutional body which monitors the compliance of the government with national and international [treaty] obligations.

1 8 In 1990, the population of children was 28.69 million and by 2007, it has ballooned to 38.2 million. This is excluding the number of unregistered children who are mostly from the Autonomous Region in Muslim Mindanao (ARMM).

The 2005 and 2009 Concluding Observations of the UN Committee on the Rights of the Child on the Philippine Periodic Reports on the UNCRC implementation confirmed that the Philippines has a fairly strong legal basis for child protection but lack consistent and effective enforcement of laws. Additionally, existing penalties and fines are insufficient to deter perpetrators.

The following table shows the cases of child rights violations. Moreover, according to the 2015 National Baseline Study on Violence Against Children (VAC), three (3) out of five (5) children are abused, physically and psychologically, and bullied while almost one (1) of five (5) is sexually exploited.

Table 1. Violence Against Children by Case Type

Type of Crime	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total Cases	7,113	7,430	6,217	5,978	6,505	8,504	9,787	13,313	14,221	15,028
Rape	3,019	3,027	2,739	2,136	2,402	2,935	3,040	3,356	3,623	3,355
Incestuous Rape	225	183	188	183	218	229	211	144	183	253
Attempted Rape	293	244	224	169	213	221	251	288	257	253
Acts of lasciviousness	1,089	1,056	932	719	699	874	918	1,111	1,194	1,227
Physical Injuries/Maltreatment	1,939	1,884	1,207	1,168	1,137	1,450	2,368	3,628	3,204	3,566
Kidnapping	42	109	50	23	26	17	37	34	31	56
RA 9208(Child Trafficking)	0	0	0	3	59	68	0	124	88	103
Others	0	0	0	321	130	35	90	56	173	795
Others Forms of RA 7610	239	594	606	882	1,092	2,082	2,118	3,689	4,561	4,025
Child Trafficking	15	18	44	48	0	0	0	0	0	0
Child Labor	48	22	17	5	6	1	6	3	3	4
Child Prostitution	41	37	8	14	15	12	12	7	7	7
RA 9262	-	0	41	50	33	52	60	87	88	84
Other forms of child abuse	135	517	496	765	1,038	2,017	2,040	3,592	4,463	3,930
Other Related Crimes	267	333	271	374	529	593	754	883	907	1,395

Source: As reported under Violence Against Children Section, p. 94
Child Poverty in the Philippines. UNICEF and PSA. Philippines. 2015.

The cases continue to rise despite the following legislations enacted in support to and/or to amend the RA 7610 to provide for stronger measures for the protection of children:

2. RA 9262 issued on 08 March 2004 or the Anti-Violence Against Women and their Children Act which provides protective measures for women and children victims and prescribes penalties. To further support it, a Joint Memorandum Circular (MC) of the Department of the Interior and Local Government (DILG), DSWD, Department of Education (DepEd), DOH and the Philippine Commission on Women (PCW) provides for the Guideline in establishing a VAWC desk in every barangay.

3. RA 9344 or the Juvenile Justice and Welfare Act provides protection rights for children at risk and children in conflict with the law from prevention to rehabilitation & reintegration.
4. Working Children. RA 7658 prohibits the employment of children below fifteen (15) years of age in public and private undertaking. Issued on 19 December 2003, the Act for the Elimination of the Worst Forms of Child Labor empowers relevant NGAs to protect and save children from hazardous working environment provided it is within their mandates. Following that, RA 10631 or the “Batas Kasambahay” prohibits the employment of minors in domestic services. According to the 2011 National Survey on Children, an estimated 2.1 million children aged 5-17 years old were engaged in child labor. Of said number, 61.90% were working in hazardous environments. They are distributed in the following industries – agriculture (58.4%), services (34.6%), and industry (7.0%).^{1 9}
5. [Child] Trafficking. The Anti Trafficking in Persons Act or RA 9208 issued in 2003 amended by RA 10364 or the Expanded Trafficking in Persons Act of 2012. The latter expands RA 9208 to institute policies to eliminate trafficking in persons especially women and children, establishing the necessary institutional mechanisms for the protection and support of trafficked persons, providing penalties for its violations and for other purposes. From 2005 to July 2014, there have been 136 convictions with the number of persons convicted at 154 under violation of RA 9208 as amended by RA 10364.^{2 0}
6. RA 9775 or the Anti-Child Pornography Act provided clear definition of what constitutes child pornography and its corresponding penalties. Tasked to coordinate and monitor the implementation of said Act is the Inter-Agency Council Against Child Pornography (IACACP). Key items of the Act include the criminalization of grooming^{2 1} and mandatory reporting of business establishments and internet service providers (ISPs) upon discovery that their servers or facilities are being used to commit offences related to child abuse materials.^{2 2}
7. RA 10627 or the Anti-Bullying Act which protect learners from bullying, discrimination and abuse.

1 9 As reported in the 2nd NPAC Mid Term Report, CWC, 2016

2 0 Situationer of the Filipino Children as presented by Dir. Marijoy Segui, CWC Deputy Executive Director in the 4TH Philippine National Children’s Conference (PNCC) on May 2016

2 1 RA 9775, Section 3. Grooming is the act of preparing a child, or someone who the offender believes to be a child, for sexual activity or a sexual relationship by communicating any form of child pornography. It includes online enticement or enticement through any other means

2 2 RA 9775, Section 9

8. EO 138 issued in 2013 institutionalizing the Monitoring, Reporting and Response System (MRRS) on the GCRVs in the Context of Armed Conflict (CAC). The primary objective of said system is to prevent the occurrence of GCRVs and ensure provision of appropriate intervention in situations of armed conflict. A designated hotline is managed by the CWC to receive reports of GCRVs.

e. Program

The special protection measures for children need to be strengthened for compliance, enforcement and implementation. Specifically, the 2nd NPAC Mid-Term report states that the following is needed:

6. Establishment of a more forceful and systematic monitoring mechanism to deter the trafficking of children, for purposes of sexual exploitation and labor.
7. Mandatory training of law enforcement officials, prosecutors, and judges on child protection concerns.
8. Ensure timely and adequate investigations of all cases of child abuse and violence within a child-friendly procedure.
9. Provision of free legal support services and protection during case proceedings and access to adequate counseling.
10. Conduct of a comprehensive qualitative and quantitative study to assess the causes, nature and extent of commercial sexual exploitation and pornography.

f. Governance

In the Third and Fourth Country Report to the UNCRC, the Philippines cited the creation of structural conditions conducive to the promotion, protection and fulfillment of human rights, especially children, as its biggest long-term challenge. Additionally, the 2015 Research on Violence Against Children recognized that there are gaps in the capacity and resources, limitations in scope, and challenges in sustainability of the current protection system

Aside from the strong partnership and collaboration among multi-level structures, the functionality of the said structures is necessary for the effective implementation of programs and services for children. Based on the 2015 Child Friendly Local Governance Audit (CFLGA), of the 1,436 audited LGUs, 1,097 reported having functional MCPC/CCPC. Meanwhile, 1,006 LGUs reported that more than 50% of their BCPCs are functional.^{2 3} Despite that, child protection system remains ineffective and the following reasons contribute to this:

1. Lack of awareness and clarity of the role of LCPCs. Further, the issuance of new laws and programs created additional demands on the LCPCs to handle child protection in terms of [technical] capability and fund allocation.

^{2 3} An Analysis of the 2014 and 2015 CFLGA, *Obtinario*, 2016

2. The devolution of services resulted to great diversity in the actual implementation of programs and services. In a recent interview, the Secretary of the Department of Budget and Management (DBM) mentioned that LGUs are not allocating and utilizing enough funds for social services (only 25% of LGU budget).^{2 4} In the 2015 CFLGA Results, 1,099 LGUs reported allocating 0.01% - 4.99% of their total budget for children; however, these were for programs such as supplemental feeding and scholarship grants.^{2 5}
3. Children are not included in the priority agenda of the LGU. The Local Chief Executive (LCE) plays an important role in mobilizing the LGU towards child rights promotion and protection.

In the same way, CWC recognizes the need to strengthen the institutional capacity of the RCWCs/RSCWCs. The assessment of said structure noted that it was unable to conduct regular meetings nor was it able to carry out monitoring of children's situations in the LGU using child well-being] indicators.^{2 6}

At the national level, a Convergence of Councils and Committees for Children, led by the CWC, was created to for collaboration and coordination of efforts. Members include the CSPC, Early Childhood Care and Development Council (ECCDC), IACAT, Inter-Agency Council Against Child Pornography (IACACP), the Juvenile Justice and Welfare Council (JJWC), National Nutrition Council (NNC), National Child Labour Committee (NCLC), National Council on Disability Affairs (NCDA), and the National Council for Children's Television.

On another note, more than half or 43 provinces of the 81 total/targeted provinces have an established WCPU. Additionally, 1,216 LGUs reported the issuance of an Ordinance establishing VAWC Desks in their locality. However, there is no report yet regarding its functionality.

5. Database

The Subabay Bata Macro Monitoring System (SBMS) under the CWC, which has 209 indicators, provides general and aggregated situationer of children on both national and regional levels. It supports the development of the Philippine Report on the Progressive Implementation of the UNCRC and the annual State of the Filipino Children Report (SOFCR). SBMS input is taken from the data generated by the Philippine Statistical System^{2 7} and

^{2 4} "Local Governments not spending enough on social services – budget chief", by Aika Rey published on 27 February 2017.

<http://www.rappler.com/nation/162338-diokno-lgu-spending-social-services>

^{2 5} An Analysis of the 2014 and 2015 CFLGA, Obtinario, 2016

^{2 6} Mid-Term Report, 2nd NPAC, CWC, 2016.

^{2 7} Include, among others, population and household surveys, national demographic health survey, national nutrition survey.

reports provided by CWC member and partner agencies. The following figure illustrates the data flow for the SBMS.

The Results Based Monitoring and Evaluation System (RBMES), also managed by the CWC, provides information on progressive performance and annual reporting on the goals of the 2nd NPAC and its expected results. Additionally, The CWC has proposed to harmonize the SBMS and RBMES into one system.

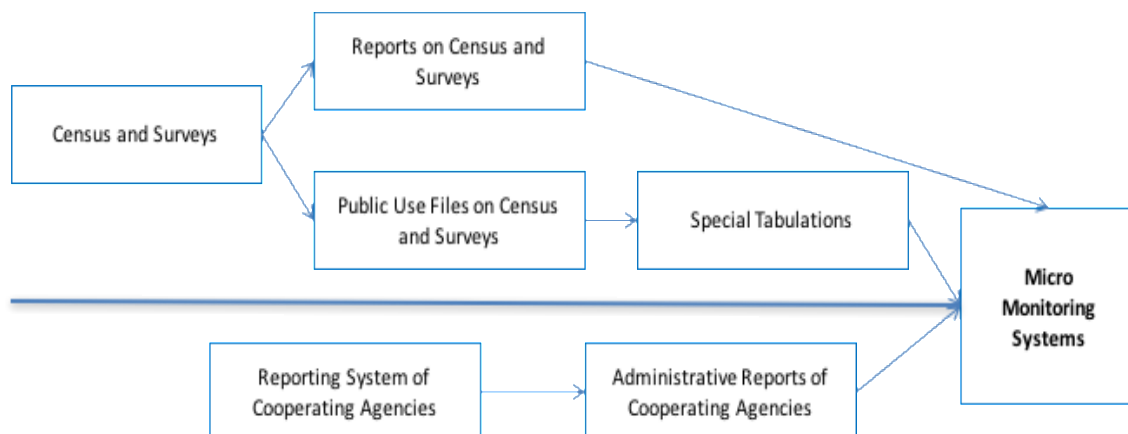


Figure 2. Subbaybay Bata Macro Monitoring System Data Flow ^{2 8}

The CPN developed the Women and Children Protection Management Information System (WCPMIS) software which is capable of generating accurate data on child abuse cases which includes individual case management, process and official reports, and research. For example, the Philippine General Hospital (PGH) CPU alone has 15,399 reported cases of child abuse.

Despite the aforementioned monitoring and database systems in the country, there are still gaps in the available data and information on children that leads to concerns in formulating evidence-based programs and strategies. Gaps include the following:

1. Data consolidation. A systematic strategy to consolidate data is lacking. There are notable inconsistencies between data generated at the national and sub-national level. Reported cases are mostly based on the respective office’s assisted/served cases. One concern on this is the possibility of double reporting.
2. Emphasis should be given on the establishment of a database or databank for children statistics that will ensure availability of accurate data for drafting appropriate interventions. One oft cited concern is the non-availability of disaggregated and age-specific population and/or report/s on child-specific concerns.

^{2 8} Administrative reports include LGU-level data

3. Critical indicators/data on children are not included in data collection of concerned agencies, i.e. children belonging to minorities and indigenous groups, child poverty, and the like.

Future development/s

6. Corporal punishment. Two out of three parents practice corporal punishment to discipline their children. According to studies, this affects and harms the child's physical, emotional, psychological and social well being, however, its practice is considered normative in the Filipino culture. A proposed bill, introduced in 2011, promotes positive and non-violent forms of discipline in different settings including at home, in school, various institutions, at work, and in detention centers.
7. Minimum age of criminal responsibility (MACR). There is a pending bill in the legislative branch of the government which proposes the lowering of the MACR from 15 to 9 years old. With said proposal, more children will be subjected to judicial proceedings.
8. Age of statutory rape. The proposed amendment to RA 8353 to raise statutory rape from 12 years old to 16 years old is a measure to protect children from sexual abuse. According to the PNP and DOH data, children aged 13-15 years old are the most recorded victims of sexual abuse.
9. Children left behind. An estimated three to six million children have parents who are either Overseas Filipino Workers (OFWs) or imprisoned.^{2 9} These left behind children become at-risk to abuse, exploitation, early sexual activities leading to early pregnancies and substance abuse. To date, no program has been developed to address the phenomenon of children left behind and its effect on the emotional, physical and psychological development of the child.
10. Along with the 3rd NPAC, the CWC will lead the development of a multi-sectoral plan for violence against children to address the issues and gaps identified in the 2015 research.

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