Case study: Denmark

1. Context analysis

In Denmark, diverse preventive measures are available to support young people and families to prevent out-of-home placement of children. Most services are provided through the public sector (local authority social service teams), and a range of modes of social pedagogic support is available. The continuity between universal services for children and targeted services for children at risk comprises general universal services (e.g. schools and out-of-school settings), general preventive services (e.g. health care), specific preventive services (e.g. pedagogical/psychological consultancy in schools), measures to prevent placement (e.g. family treatment and support) and, finally, placement. The statutory assessment of the child’s needs must take place prior to the measures to prevent placement and the placement. Interventions are often designed and delivered by municipal social workers or social pedagogues, and are informed by social pedagogic and family therapy theories.

There is a diversified range of placement choices when children need to live away from home, including part-time, respite and shared-care arrangements. Both short-term and long-term placement options are available, for example, extended use of respite provision with few limitations on the duration of respite care periods, so that children have flexible access to the same respite provider (residential or foster care) for up to 21 consecutive days. Open-access emergency accommodation (sometimes linked to counselling services and/or a telephone helpline) is also available and well publicised. It is often used by young people running away from their family of origin as well as by those running from residential or foster care placements.

Although foster placement is seen as the preferred option for most young people, when possible, residential care is more readily considered as a first choice, especially in cases of young people with complex and challenging needs that require greater professional expertise than could be offered by foster care. The selection of a placement option depends on the nature and extent of children’s additional needs. Therefore, a differentiated approach to care provision is applied in order to meet the heterogeneity of children’s needs. The national statistics distinguishes the following placement types:

- **Network foster care** – the child is placed with foster-parents that are not relatives, but known to the child (e.g., friends of parents or a teacher) before the placement.
- **Kinship foster care** – the child is placed with relatives, typically grandparents.
- **Foster care, other** – all other foster care placements: the child is placed with foster parents that are neither relatives, nor from the child’s network.
- **Own room** – young people placed in a flat, typically under supervision and with support from a municipal contact person.

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3 ibid

4 Explanation of the placement types was kindly provided by Turf Bøcker Jakobsen, a senior researcher at the Danish National Centre for Social Research.
• **Municipal residential care** – public residential care facilities, covers a great variety of institutions, from ordinary children’s homes to fairly specialised treatment institutions for children with grave social and psychiatric difficulties.

• **Acute institutions** – residential care facilities that receive children and young people at short notice, often also with facilities to determine the nature of the child’s difficulties in order to find the right, more permanent placement.

• **Secure residential care or secure accommodation** – locked residential facilities for young people with a variety of very serious difficulties, offenders, etc., especially used for young people in custody.

• **Residential care, other** – covers non-municipal institutions, e.g. state institutions for disabled children and private residential care.

• **Boarding schools and continuation school** – the continuation school, which is a Danish invention: a very popular option for children after finishing their primary education (age 15-16), going to a boarding-school type of place, typically for a year, but the continuation school also provides places for children in out-of-home care; the model is thus unique because the cared-for child is placed in a more ‘normal’ environment.

• **Socio-pedagogical residential home** – privately owned residential institutions, mainly receiving young people and typically in smaller numbers than municipal residential institutions.

• **Ship projects** – floating residential units, typically for ‘anti-social’ youth, working on a ship as sailors.

The process of placement and care planning in Denmark has a longer timescale than, for example, in England. It stretches over several weeks and involves a choice of placement options, visits to potential carers or settings by the parent(s) and young people and requirements for parental agreement, even in the 10-15 year age group.

1. Analysis of regulation, practice and key actors in residential care

1.1 Living in residential care

The Law of Social Services is the principal law in Denmark that regulates the provision of social services, including residential childcare. It covers all children and young people regardless of any disadvantage (care background, criminal background etc.). On the one hand, it adopts an integrated approach towards the outcomes of personal development for all children and young people of the same age. On the other hand, it stresses that children/young people in need must be supported, so that they have the same outcomes as their peers. Thus, the law aims to integrate disadvantaged children and young people into the lives of their peers, where equal possibilities exist. The focus on the individual is explicitly stated in the law: “The purpose of assistance under this law is to promote the individual's ability to fend for themselves or to facilitate the daily lives and improve quality of life. [...] Help is organised according to the individual needs and circumstances and in collaboration with the individual.” However, some studies indicate that the working style of child protection...
services is contradictory and more influenced by administrative demands than by the best interest of the child, and that legislation is not fully implemented in practice.

A new **Law of Child Welfare Reform** (*Anbringelsesreformen*) was adopted by the Parliament in 2005. It aimed to achieve that a placement outside home would be more than just a removal of the child from an intolerable situation at home, but could contribute positively to help children and young people go further in life. It addressed such aspects of care as early intervention, improved casework at municipalities, and greater focus on education for those in care, greater involvement of the vulnerable children themselves and their families and leaving care support. The reform consisted of legislative changes to the Law of Social Services, a project on coherent policy on children in eight municipalities, training courses for managers and seminars for local politicians, information activities and increased control of municipal action. As part of the reform, a statistical system has been developed, where the municipalities have to register all placements. This system makes it possible to keep track of children and young people placed in care.

The legislation in Denmark places the overall responsibility for residential care on **local authorities**. Thus, residences for children and young people shall be approved as “being generally suitable” by the municipality council where the institution is located. This also applies to privately operated institutions. The 98 local authorities in Denmark must provide the required number of places, as well as fund and manage actual placements. The role of the state in this respect is limited to the collection and dissemination of information on registered and approved facilities.

An **independent monitoring system** is in place and consists basically of data collection, national surveys and research by the National Social Appeals Board (**Ankestyrelsen**) and the Danish National Centre for Social Research. In addition to this, the five Counties in Denmark conduct surveys of their practice. Since 2006 the municipalities are required to register data on children and young people in care, while **Ankestyrelsen** analyses this data and publishes it.

With regard to **complaint procedures** for children in residential care, decisions on social benefits may be put before the Regional Social Complaints Board. In specific complaint cases, the National Social Appeals Board may be involved if a decision is of principle importance and relates to its task of ensuring that national practices are as similar as possible. In addition, the authority of the Danish Parliamentary Ombudsman has the power to initiate investigations and inspections of institutions for residential care.

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12. The National Social Appeals Board is the supreme administrative complaints authority in Denmark and the practice coordinating authority in the welfare area. It was set up in 1973 as a government agency under the Ministry of Social Affairs and is an independent authority with judicial powers. It deals with legislation from a number of ministries, the Ministry of Social Affairs and the Ministry of Employment being their primary partners. For more information see <http://www.ast.dk/artikler/default.asp?page=141>

13. The Danish National Centre for Social Research, an independent national research centre affiliated with the Ministry of Social Affairs, is the largest social research organisation in Denmark. For more information see <http://www.sfi.dk/Default.aspx?ID=2821>
Standards with the aim of defining the rights of the child in residential care consist mainly of the **individual action plan** that is based on the assessment of the child’s problems and the available resources. An action plan must be in place before a child/young person is placed into care. It must address a number of significant factors for each child/young person, notably, their development and behaviour, family relationships, health, recreation, friendship and other relevant aspects. The plan should be revised regularly with the participation of the child/young person. The responsibility for the individual action plan lies with local authorities, as provided in the Law of Child Welfare Reform. However, in practice not all action plans are fulfilled as requested. Data from *Ankestyrelsen* (2008) indicates that 27% of all looked-after children do not have an action plan. Moreover, there are too many mistakes attached to the casework and 64% of the placements are not considered to be coherent with the policies in place.

In Denmark, a **professionally differentiated approach** is applied in offering a range of professional perspectives on the child and ensuring that there are different skills to call upon in intervening with children/young people and families. The social work teams consist of psychologists, social pedagogues and social workers, thus making the team specifically qualified for therapeutic work. Social workers commonly hold overall responsibility for a case, including responsibilities for assessment and care planning, whereas social pedagogues are experts in relationships and everyday lives. They carry out direct interventions with young people and families. Almost all residential care staff in Denmark who work directly with children are qualified as social pedagogues through a three-and-a-half year degree-level course. Both social pedagogues and social workers commonly work alongside other professionals, notably psychologists.

The social pedagogic approach to care shapes **everyday practice** in care institutions in Denmark. It is a holistic education which combines cognitive knowledge (“head”), emotional and spiritual learning (“heart”) and practical and physical skills (“hands”). The aim of social pedagogic education is to strengthen health-sustaining factors of children, so that they are enabled to grow up as self-responsible persons. This is achieved through providing opportunities for learning, building strong and positive relationships, focusing on the here and now, and being constantly reflective. Therefore, children are allowed considerable risk and freedom in order to develop their independence.

**The role and participation of parents** is highly respected in childcare policy and practice in Denmark. The Danish legislation demands that in the effort to help a child/young person in care, the responsible authority must include the child and the parents in planning and decision-making about the child/young person’s daily life and future. The authorities make decisions against the parents’ wishes, only if it is absolutely necessary and in the best interest of the child.

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13 Bekendtgørelse af lov om social service (Consolidated Act on Social Services), § 140, stk. 5. Available online at: [https://www.retsinformation.dk/Forms/R0710.aspx?id=20938](https://www.retsinformation.dk/Forms/R0710.aspx?id=20938) [Accessed 01-07-2010].

14 The figures are based on a small-scale study of 143 cases from 11 municipalities. Summary for Denmark – Project Yippee, 2008, p.3. Available online at: [http://tcru.ioe.ac.uk/yippee/Portals/1/Denmark%20summary.pdf](http://tcru.ioe.ac.uk/yippee/Portals/1/Denmark%20summary.pdf) [Accessed 01-07-2010].

15 ibid.

16 Working at the edges, p.6-7.

residential care and their birth families. For example, in one children’s home all the children’s parents are invited to dinner once a month.  

"Support person" is a series of three films produced by Bornholm Region Municipality and Aalborg Municipality. In these films, parents whose children have been placed outside home tell how they have benefited from a support person. Parents need help in such situations like meeting their children, talking to the management officer of the local municipality, dealing with relationships and marriage, etc. The films serve as the source of inspiration for other parents to see how a support person can help them. To view the films see: http://www.godsocialpraksis.dk/ShowExample.aspx?ExampleID=149  
The support person is a professional, independent of the municipality, who gives emotional support, information on legal issues, practical advice, etc. to parents whose children have been placed outside home. Services of the support worker are legally provided in the Law of Social Services § 54. For more about the support person see: http://www.stoetteperson40a.dk/hvaderenstoetteperson.php

The latest national childcare statistics show that by the end of 2008 there were 12,346 children aged between 0 and 17 placed away from home in Denmark. In 2008, 47% of children living outside home were placed in foster care, 24% in care institutions, 17% in social pedagogical residences and 4% in boarding schools (see the table below).

Placed children and young people by type of placement, end of years 2006, 2007 and 2008

<table>
<thead>
<tr>
<th>Type of placement</th>
<th>2006</th>
<th></th>
<th>2007</th>
<th></th>
<th>2008</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
<td>Number</td>
<td>%</td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td>Foster care (totally), including:</td>
<td>5,665</td>
<td>46</td>
<td>5,618</td>
<td>46</td>
<td>5,754</td>
<td>47</td>
</tr>
<tr>
<td>Network foster care</td>
<td>231</td>
<td>2</td>
<td>293</td>
<td>2</td>
<td>375</td>
<td>3</td>
</tr>
<tr>
<td>Kinship (foster) care</td>
<td>239</td>
<td>2</td>
<td>230</td>
<td>2</td>
<td>200</td>
<td>2</td>
</tr>
<tr>
<td>Foster care, other</td>
<td>5,195</td>
<td>42</td>
<td>5,095</td>
<td>43</td>
<td>5,179</td>
<td>42</td>
</tr>
<tr>
<td>Own room</td>
<td>417</td>
<td>3</td>
<td>418</td>
<td>3</td>
<td>388</td>
<td>3</td>
</tr>
<tr>
<td>Residential care (totally), including:</td>
<td>2,891</td>
<td>24</td>
<td>2,982</td>
<td>25</td>
<td>2,944</td>
<td>24</td>
</tr>
<tr>
<td>Municipal residential care</td>
<td>468</td>
<td>4</td>
<td>519</td>
<td>5</td>
<td>629</td>
<td>5</td>
</tr>
<tr>
<td>Acute institutions</td>
<td>245</td>
<td>2</td>
<td>297</td>
<td>2</td>
<td>315</td>
<td>3</td>
</tr>
<tr>
<td>Secure residential care</td>
<td>61</td>
<td>1</td>
<td>58</td>
<td>1</td>
<td>52</td>
<td>0</td>
</tr>
<tr>
<td>Residential care, other</td>
<td>2,117</td>
<td>17</td>
<td>2,036</td>
<td>17</td>
<td>1,948</td>
<td>16</td>
</tr>
<tr>
<td>Boarding schools</td>
<td>617</td>
<td>5</td>
<td>596</td>
<td>5</td>
<td>531</td>
<td>4</td>
</tr>
<tr>
<td>Socio-pedagogical residential home</td>
<td>2,068</td>
<td>17</td>
<td>2,074</td>
<td>17</td>
<td>2,112</td>
<td>17</td>
</tr>
<tr>
<td>Ship projects</td>
<td>37</td>
<td>0</td>
<td>36</td>
<td>0</td>
<td>41</td>
<td>0</td>
</tr>
<tr>
<td>Unknown*</td>
<td>487</td>
<td>4</td>
<td>524</td>
<td>4</td>
<td>576</td>
<td>5</td>
</tr>
<tr>
<td><strong>Totally</strong></td>
<td><strong>12,182</strong></td>
<td><strong>100</strong></td>
<td><strong>12,248</strong></td>
<td><strong>100</strong></td>
<td><strong>12,346</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

* A relatively high number of unknown placements occurred because the National Social Appeals Board on the inventory date had not received reports from municipalities about the placement of children and young people.

Source: The statistics of the National Social Appeals Board “Children and Young People Placed Outside Home”, 2008, p.27.

In 2008 local authorities made 3,497 placement decisions: 89% of the decisions (for 3,127 children and adolescents) were taken on a voluntary basis, together with a child and parental consent (voluntary placements), 9% of the decisions (for 305 children and adolescents) were taken without consent (forced placements), while 2% were decisions were taken as part of a custodial order (for 61 children and adolescents). Of the 3,497 decisions in 2008 for placement outside home, 69% were for children and adolescents aged 12-17 years, while 11% of the decisions were placements related to children aged 0-3 years. There were slightly more placements for boys (53%) than for girls (47%). The waiting time to move to the first location

18 Project Yippie, 2008, p.3.

was about a month in the case of compulsory placements, and slightly longer in cases of voluntary placements.

The distribution of all children by type of placement in general and in the first placement is different: in 2008, 26% of children were placed in foster care as the first location and 47% in general, while 33% were placed in residential care as the first location and 24% in general. This suggests that the placement in residential institutions is often temporary. Almost half of young people in care experience one or more breakdowns during their placement. Two thirds of the breakdowns occur within the first year\(^20\). Care statistics in Denmark distinguishes between planned and unplanned transitions between placement locations\(^21\). A planned transition is a movement which is anticipated or expected in the child’s/young person’s action plan, for example, when the child’s/young person’s age and development after a given period generate the need for a new location. An unplanned transition is a movement that occurs due to unforeseen circumstances, for example, the decision of the court or police. In 2008, half of the transitions were planned, while 44% were non-planned.

**KABU** (Quality in Institutional Placements of Children and Youths) was a three-year programme initiated in 2002 by the Danish Ministry of Social Affairs, as a result of increased focus on the inclusiveness of vulnerable children and youths in the general social and educational system. DKK 10 million were earmarked to support local development projects with the aim of helping them develop and test new methods of working with children and youths placed outside home, document and disseminate good practices in order to enhance the quality of services. KABU gave financial support to 56 projects, which covered the following themes: 1) education, 2) everyday life, 3) leisure, 4) relationships, 5) supervision, 6) communication between child-related professionals and 7) family placement. These themes were dealt with in the pre-placement period (three projects), during the placement (47 projects) and post-placement (10 projects). After the completion of the programme, the impacts of individual projects were evaluated (through external evaluation), their knowledge and experience was generalised and disseminated among private and public providers of residential child care services. Apart from the analysis of seven themes, the evaluation focused on three cross-cutting aspects: the involvement of children, youths and their parents in problem-solving and decision-making, coordination and learning in the public system, and systematic competence, resources and continuity in children and young people's lives. In addition, a social economic analysis of two selected projects was carried out. **Contact:** administrator Annie Gaardsted Frandsen, tel. 72 42 39 21, e-mail: af@servicestyrelsen.dk.

**TABUKA** is a group of people who have been placed in foster care or children’s homes and who are now working on the improvement of out-of-home placements. The group seeks to achieve that everybody who works with placed children would involve the children to improve the quality of the placements. In 2005 TABUKA published a book based on the experiences of children in care, which contains in-depth analysis of the care experience, conclusions and recommendations for improvement. **Contact:** tabuka@tabuka.dk.


Source: TABUKA website http://www.tabuka.dk/.

### 1.2 Leaving residential care

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The age for leaving care in Denmark is 18, but local municipalities are legally obliged to provide assistance for care leavers until the age of 22\textsuperscript{22}. The municipality reviews the individual plan of action and involves the young person in decision-making. At least six months before the young person reaches the age of 18 the municipality has the duty to assess the needs of the young person with respect to aftercare arrangements, education, training, employment, housing and different kinds of support. A decision about leaving care and aftercare support has to be taken in relation to the young person’s needs and with his or her consent. Otherwise the young person can complain about the decisions of the municipality concerning aftercare support, the end of support and payment. There are 4 main forms of aftercare support:

- stay in the placement,
- appoint a personal adviser,
- appoint a regular contact person, and
- establish a transition regime.

Young people who were placed in residential care before the age of 18 can stay there up to the age of 23. A personal adviser offers support to the young person in clarifying such issues as work, education and leisure time, while a contact person provides support regarding the young person’s whole life situation. A transition regime allows the young person to return to the former residential care for weekends or periods up to 2-3 weeks if the young person needs it. Even when no aftercare arrangement is established, the municipality is obliged to give the young person opportunity to return to the former residential care for a shorter period if needed. The young person pays for board and lodging depending on his or her financial situation, but not for treatment. The transition regime ends when the young person does not need it any longer or when the person reaches the age of 23.

National statistical data shows that 98 % of young people were assigned aftercare support in 2008. Usually they receive more than one aftercare support measure. In 48 % of the decisions taken by local authorities in 2008 the possibility to stay in the placement after the age of 18 was assigned. In 58 % of the decisions other support measures were assigned, such as a personal adviser (5%), a regular contact person (30%) or a transition regime (23%), see the table below.

Other aftercare assistance provided by municipalities and the state to the young person leaving care in Denmark include\textsuperscript{23}:

- needs assessment,

\textsuperscript{22} Bekendtgørelse lov om social service (Consolidated Act on Social Services), § 62a, § 76, § 160 and § 167. Available online at: <http://www.boernogsamvaer.dk/regler/lovomsocialservice.html> [Accessed 02-07-2010].

• pathway plan,
• individual monitoring,
• housing,
• financial allowances, benefits,
• support with education and training,
• support with getting and maintaining a job,
• life-skills training,
• psychological counselling,
• health services,
• support with special needs (disability, pregnancy, childcare),
• cultural/religious needs, hobbies, sports activities,
• networks and counselling groups for young people formerly placed in residential care.

Local statistics collected by municipalities contain data on the purpose for aftercare support. In 2008 local municipalities provided aftercare support to young people over 18 years with the purpose of promoting a smooth transition to independent living/housing (75 % of decisions), supporting the completion of education and training (63 % of decisions) and integration into the labour market (28 % of decisions).

1.3 After leaving care

Local municipalities have overall responsibility for aftercare support in Denmark. They provide most kinds of assistance, except for the State Education Fund support and unemployment benefit. The municipality must act in compliance with the individual action plan for the young person leaving a care institution: provide services either itself, or by sub-contracting private or public organisations. If the municipality provides aftercare support, then it must monitor and follow up on the individual action plan concerning the young person. If the municipality does not provide any aftercare support, and the young person does not complain, then there is no monitoring system for adults who have left care. In that case social services for adults are available.

The National Board of Social Services (Servicestyrelsen), an independent sub-division of the Ministry of Social Affairs, provides support and counselling to local municipalities in providing services to citizens, including aftercare services for care leavers. The Board’s role is to ensure that social and welfare initiatives approved by the Parliament are put into practice in local authorities. Therefore, it assists local authorities and citizens by providing specialist consultancy and assessment of individual cases in the field, as well as promoting new initiatives in social services.

Care institutions provide direct aftercare services to young persons, according to aftercare arrangements between the young person and the municipality, for example, board and lodging, treatment and special care to those care leavers who stay in residential placements after the age of 18 up to the age of 23. Care institutions also provide temporal housing and other services for care leavers.

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25 Keeping the door open, p.12
**Projekt Efterværn (Aftercare Project)** was initiated and run by the Ministry of Social Affairs in 2002-2006 as part of the KABU project. It was funded by the ministry and municipalities to develop their aftercare service plan and improve the situation locally. The target group of the project were all care leavers aged 17-23. The aim of the project was to reduce risk in the young person’s life by supporting them. The project offered young people the following activities: 1) Contact System with the focus on coordinated efforts in housing, education, employment and networking; 2) semi-annual interviews (status updates) where the young people evaluated and reflected on their own situation and future wishes, together with their contact person; 3) joint events: both social events and various practical presentations focusing on job application, budgeting, cooking, etc. Individually designed activities were also available, e.g., training and counselling; the needs assessment, pathway plan design, individual monitoring and other kinds of support. Project activities were focused on the young people’s needs and wishes, and were based on the approach that young people are the experts of their own life. The main innovation of the project was approaching aftercare as a professional, controlled, managed and methodical effort. The project was implemented in 10 municipalities. Partners of the project included Frederiksholm Akutinstitution (a residential home for children and young people), KABU and "De fire Årstider" (a networking project "The 4 Seasons").

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**Baglandet København (The Home Base, Copenhagen)** is a drop-in centre established in 1998 by a group of people who had been in care during their childhood. The initiative is managed by the Ministry of Welfare and funded in compliance with the law of finance. It consists of the initiative group, the board, the employees and the users. The aim of the programme is to create an open network for people with a care background. Here people can meet others like themselves, who have been in the same situation, and talk to people who understand them, get advice, help and guidance. The drop-in centre welcomes anyone who was in care during his or her childhood, no payment or registration is required. The method of the programme can be called “individual talks”. It functions largely through non-formalised communication between the staff, board and users of the programme. No formal evaluation is carried out for this programme. Two similar projects started in Aarhus (in 2003) and Aalborg (in 2006). For more information see: http://www.baglandet.net/

"The 4 Seasons" is a similar initiative in Copenhagen targeted at children and young people with a care background. It started as a pilot project in 1995 at the initiative of three child and youth workers and evolved into the municipality services. The pilot project was carried out as unpaid voluntary work in addition to their daily tasks. Since 1997 "The 4 Seasons" has been housed in a large apartment on the ground floor of an ordinary apartment building, which is cozy and home-like, and since 1999 it has become an established part of Copenhagen’s municipality services to help children and young people with a care background to transit to independent adult life. Since 2000 “The 4 Seasons” has had its own budget. Its activities include regular meeting on Thursdays (15-25 participants) with shared food, fun and social activities, personal support (staff members act as contact persons), outdoor tours in Denmark and abroad (e.g. mountain climbing, horse riding), on going projects, music, drama, etc. For more information see: http://de4aarstider.com/

2. Outcomes of residential care

In Denmark, there is little evidence on whether or not young people from a public care background pursue further education after compulsory school\textsuperscript{26}. It has been established that around 15 % of all young people in Denmark never gain further qualifications after compulsory school\textsuperscript{27}, but there are no statistics to show what percentage of this group accounts for young people with a public care background. In Denmark, research on the educational outcomes of care leavers is very limited. More research has been carried out focusing on breakdowns in placements, children’s socio-economic background, effects of a placement, and the mistakes made by the municipality concerning casework\textsuperscript{28}.

\textsuperscript{26} Project Yippee, 2008, p.9
\textsuperscript{27} Jensen, U. H. and Jensen, T. P. (2005) Unge uden uddannelse, hvem er de og hvad kan der gøres for at få dem i gang? [Young people without education, who are they and what can be done to get them going?] Copenhagen: The Danish National Centre for social research
\textsuperscript{28} See the Danish National Centre for Social Research http://www.sfi.dk/Default.aspx?ID=2829
The longitudinal study on developmental outcomes for children in out-of-home placements in Denmark\textsuperscript{29} shows that children in care are clearly more disadvantaged than socially vulnerable children of the comparison group who are less well off than the general sample of the same age group\textsuperscript{30}. Children in care experience significantly more frequent health problems, especially psychiatric diagnoses. They have disproportionate school problems: they are slow starters and are often one year behind a regular school entry, some have already repeated a form at the age of 7-8, a quarter of all children receive special education outside the ordinary school system because they are unable to keep up with the rest of the class. Finally, children in care attend organised leisure activities to a lesser extend than do children in the general population. In particular children, who were once in care, but have returned to the family, are not involved in sports or other hobbies.

Results of the longitudinal study also showed that parents of children in care are much more disadvantaged than the general population. Five factors have been distinguished which make the parents highly vulnerable: 1) no education beyond compulsory schooling, 2) social exclusion from the labour market, 3) a diagnosed mental illness, 4) substance abuse and 5) placement outside home during their own childhood.

The comparison of children in care and their parents’ background shows that in the majority of cases (55\%) both children and parents are either medium or highly disadvantaged\textsuperscript{31}. This combination means that the total resources for enabling the family to bring up the child adequately are small or negligible. When placed in care, children whose parents are medium or highly disadvantaged will show worse developmental outcomes than other children in care. Therefore, the Child Protection Services have significantly more often started child protection of such children as early as the pregnancy of the child’s first year, and more often expect the child to be placed outside home throughout childhood.

3. Conclusions

In Denmark social services for children/young people and their families are well developed and offer a range of support before, during and after out-of-home placement. A differentiated approach to out-of-home care is applied with a range of foster and residential care services available. The selection of the best available option for a child/young person depends on their general and additional needs. The statutory assessment of the child’s/young person’s needs takes place as early as the planning of the measures to prevent placement, and lasts throughout care and aftercare support.

The focus on the individual is explicitly stated in the Law of Social Services. It is safeguarded by the legally established complaints procedures and bodies, non-governmental support networks and the social pedagogic approach to care. The rights of the child in residential care institutions are ensured mainly through the individual action plan, which is based on the assessment of the child’s/young person’s problems and available resources. The plan is to be revised regularly with the participation of the child/young person. All decisions with regard to

\textsuperscript{29} The study was based on the longitudinal study on all children in Denmark, born in 1995, who are currently or have formerly been placed in care (the net sample of 576 children), the representative sample of all Danish children born in 1995 and the comparison sub-group of socially disadvantaged families whose children (from the same cohort) have not been placed outside home. The outcomes for children in care were compared to the outcomes for children of their own age in the total population and the comparison sub-group.


\textsuperscript{31} p. 13 ibid.
the child’s/young person’s placement and transition are taken with the consent of that person and their parents.

Local authorities hold overall responsibility for the care and aftercare service provision for young care leavers up to the age of 23. About 98% of young people in Denmark receive one or more measures of aftercare support from local municipalities and care institutions, for example, the possibility to stay in the placement after the age of 18, a personal adviser, a regular contact person and a transition regime. Moreover, informal support from non-governmental organisations and peer networks is available.

There is a strong tradition in Danish child protection work of focusing primarily on the parents’ needs and on interventions strengthening the capacities of parents to take care of their children. However, the results of the research reveal that in extraordinary cases, when both children and parents are medium or highly disadvantaged, highly specialised interventions are necessary.

Denmark has not had a strong tradition of looking at outcomes for children in care and the effects of residential care in the strong (evidence-based) sense of the word. This, however, is currently changing. From longitudinal studies, it is easy to see that cared-for children display very poor outcomes in a number of ways, compared to the general population. Still, very little is known about the actual effects of out-of-home care, and how the interventions relate to the troubles (individually and socially) that the children had before they entered care.