

Research in Brief



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Some Considerations for Changing Child Welfare Facilities in Accordance with the Changing Characteristics of Children in Need

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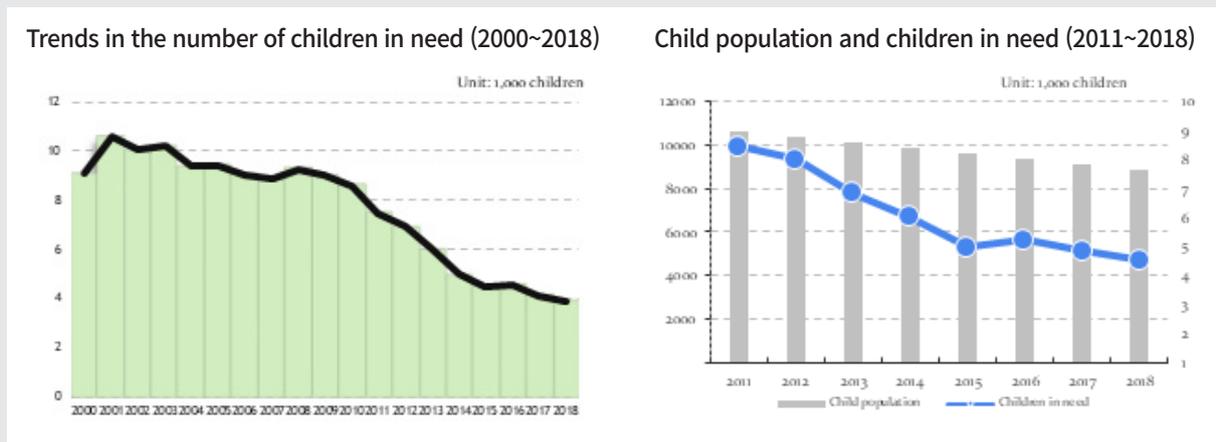
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Introduction

The number of children in need has declined over the years. The importance of foster home has grown as the demands for child care become increasingly characterized by high levels of specialization and diversification. Also, the demand for quality in child care has led to a social tendency toward smaller facilities. Against this background, Korea's child welfare facilities, having long served as providers of out-of-home and alternative care for children in need under 18 years of age, have since around 2000 been facing the need to change their functions and roles.

[Figure 1] Trends in the distribution of disposable income (2006~2017)



Note: The number of children in need under 18 excludes those who have returned to their families of origin or have been placed in the custody of a relative.

Sources: Population by Age and Sex, KOSIS National Statistics Portal (Statistics Korea); Current Status of Children in Need, KOSIS National Statistics Portal (Statistics Korea)

Child care facilities divide in a broad sense into two types: residential and nonresidential. Residential facilities, which provide out-of-home care, are of two types: general residential facilities and treatment/training facilities. General residential facilities include foster care facilities and group home. Treatment and training facilities are aimed at providing temporary protection, therapeutic treatment and independent-living support.

[Table 1] Types and functions of child welfare facilities as identified in the Child Welfare Act

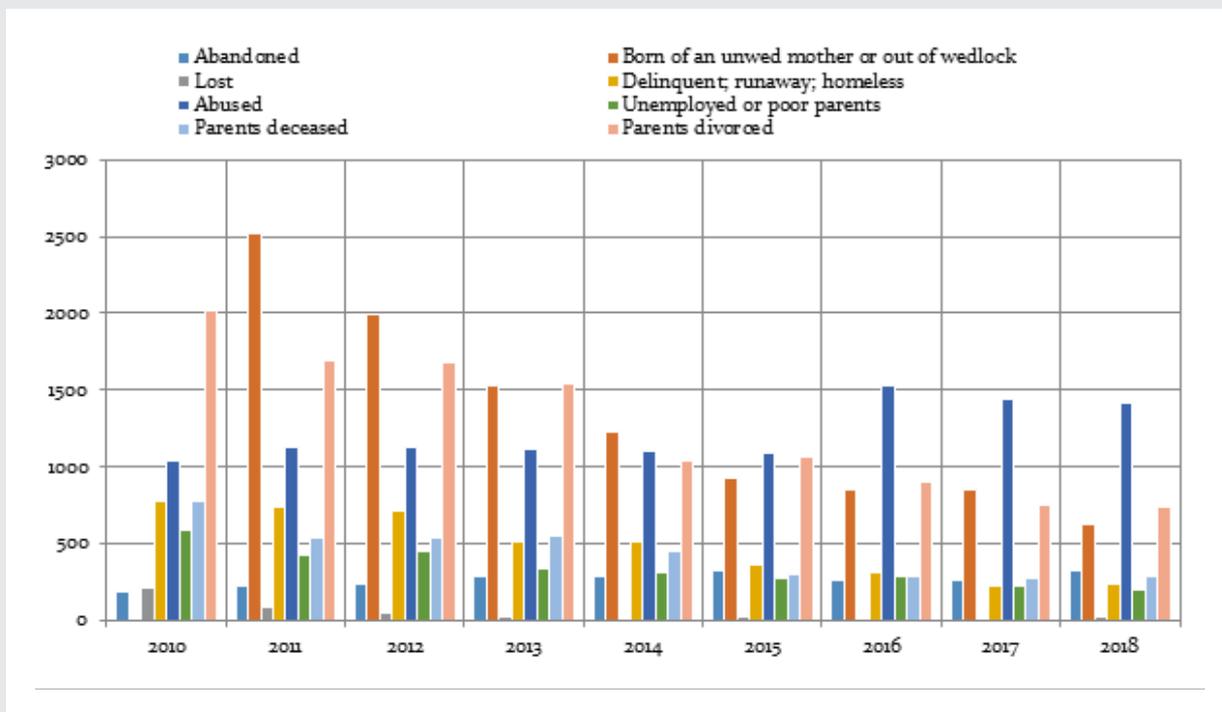
		Functions
Residential	Foster facilities	Facilities aimed at providing protection, foster care, employment training, and independent-living support for children in need
	Group homes	Facilities aimed at providing children in need with a family-like residential condition, protection, foster care and in support service
Treatment and training	Temporary protection facilities	Facilities aimed at providing temporary protection for children in need, formulating plans for foster care, and taking protection measures for such children
	Protection and treatment facilities	Facilities aimed at protecting children and providing them with medical treatment as follows (a) Facilities aimed at providing placements for children who commit or who are likely to commit delinquent acts, and who have no protector, or for whom a person with parental authority or protector has filed an application for such facilities, or who are entrusted as persons under the age of 19 for protection by the Court of Family Affairs, a district court, and a juvenile branch court to foster them as the sound members of society through provision of medical treatment and guidance into the right path (b) Facilities aimed at providing protection and medical treatment to children having difficulty due to emotional or behavioral disorder or children requiring medical treatment by being temporarily isolated from their parents' abuse
	Independent-living support facilities	Facilities aimed at providing independent-living support for youths who are discharged from a child welfare facility by protecting them during a period for employment preparation or during a certain period after employment

This brief discusses ways in which the roles and functions of Korea’s child welfare facilities should change to better meet the diverse needs of children in need.

The changing characteristics of children in need

With the number of children placed in their care declining as a percentage of their total capacity, there has been a pressing need for child welfare facilities to change their functions and roles. According to the most recent available data from the Ministry of Health and Welfare, the ratio of the number of children placed to total capacity as of the end of 2018 was 70 percent on average for foster care facilities and 75 percent for group homes. In the past, most children in need had no legal guardian. Today, however, an increasing proportion of children with living parents are placed in residential care, due in part to the changes brought by industrialization to the functions and roles of the family and also as a result of increasing cases of domestic child abuse, poverty, divorce, and family breakdown. In the past, children were placed in residential care facilities mainly because their parents got divorced or they lived with an unmarried parent. Children with a history of domestic abuse have surged from 2015 on as a percentage of children in need.

[Figure 2] Who are children in need?



Sources: Current Status of Children in Need, KOSIS National Statistics Portal (Statistics Korea)

As the proportion of children with behavioral issues, personality disorders, and developmental delays increases with increases in domestic child abuse, the need is growing for child welfare facilities capable of providing, in addition to protection, professional psychological and emotional help. A 2018 survey conducted by the Korea Child Welfare Institute found that 69.9 percent of children placed in child welfare facilities were having ADHD, PTSD, depressive symptoms, learning disorder, anger control problems, conduct disorder, or expressive language disorder.



The changing policy conditions

Legal and institutional frameworks have been set up to assist the implementation of child policies with the aim of ensuring children their rights in a way that best serves their interests.

The UN Convention on the Rights of the Child in a sense has helped to shift the view of the Child Welfare Act to seeing a child as the subject of his or her own rights rather than as an object of protection. The Child Welfare Act serves as a legal basis for ensuring that assistance is provided for children in out-of-home care so they can return as soon as possible to their family of origin or, in cases where circumstances do not allow such a return, be placed in a living environment that closely resembles their family of origin.

Announced in May last year by the government, the Inclusive State Child Policy strengthened the responsibilities of state and local governments regarding children in need, by, for example, shifting the emphasis of care for those children from institutional care to linking community with family care. The policy takes as its goal to induce foster care providers to keep their facilities small and accessible and to professionalize and diversify what they do to meet the increasingly varied needs of children in need, especially those who have been abused or have had borderline intellectual issues.



The need to make changes to the function of child welfare facilities

According to statistics, as of the end of 2018 throughout the country, there were 241 foster care facilities, 12 temporary protection facilities, 12 independent-living support facilities, 11 child protection and treatment facilities, and 558 group homes. The average number of children placed was 46.1 for independent-living support facilities, 40.6 for child protection and treatment facilities, 22.7 for temporary child protection facilities, 18.9 self-reliance support facilities, and 3.1 for group homes. Placements of children in need are concentrated in foster care facilities and group homes, and many municipalities still lack protection and treatment facilities, independent-living support facilities, and temporary protection facilities.

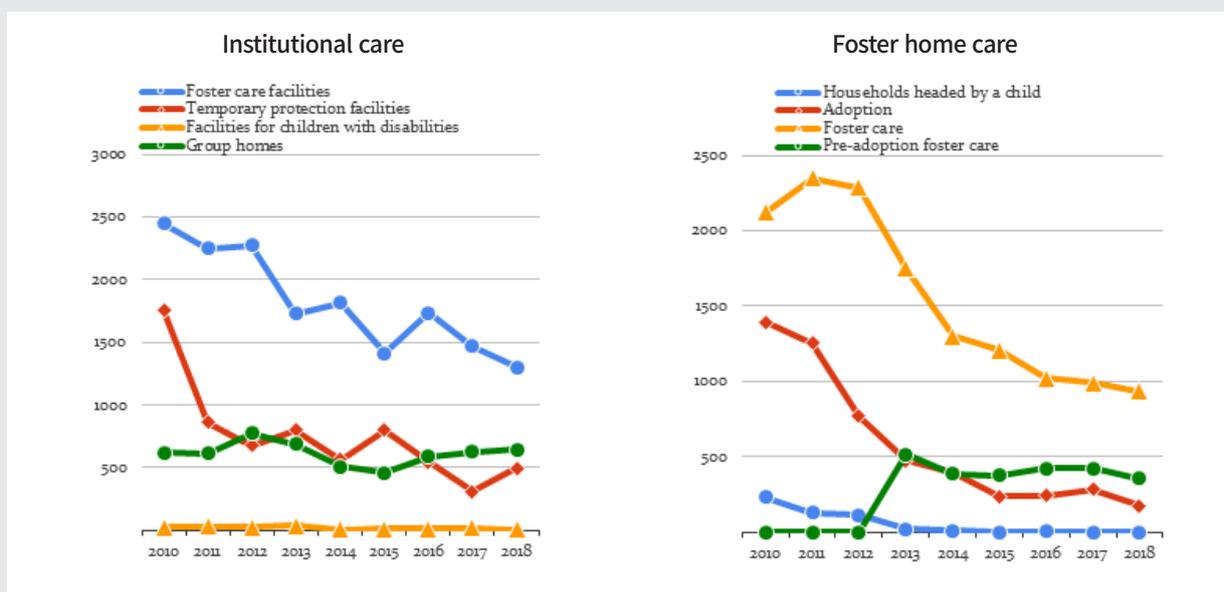
The availability of child protection infrastructure varies from one municipality to another. Also, municipalities with budgetary constraints tend to face silos that create across them disparities in child

protection. As the responsibility for funding for the implementation of child welfare facilities rests with localities, it is unusual for a care facility in one municipality to place a child in need from another. This calls for transferring the responsibility for budget implementation to higher-tier municipalities to ensure that children in need are protected by any facility under the jurisdiction of a metropolitan city or a province.

Despite the recommendations of the UN Committee on the Rights of the Child, the environment of child protection in Korea is still in a state where reliance is much greater on institutional care than on foster home care (see Figure 3). From the perspective of child rights, the recommended approach is to, while keeping institutional care at a minimum, place children in foster home care settings with conditions that are similar to those of their own families. Foster home care, as an alternative to large-scale institutional care, usually takes the form of group homes in each of which a group of eight children or less live together with a caregiver.

In recent years child care in a large-scale residential facilities has often been seen as disruptive to the provision of individualized care services, resulting in developmental delays and even making return of children to their families of origin more difficult. In cases where children cannot be returned to their families of origin or placed in the care of relatives or foster parenting, it has often been suggested that child protection should be provided through qualified professional foster homes.

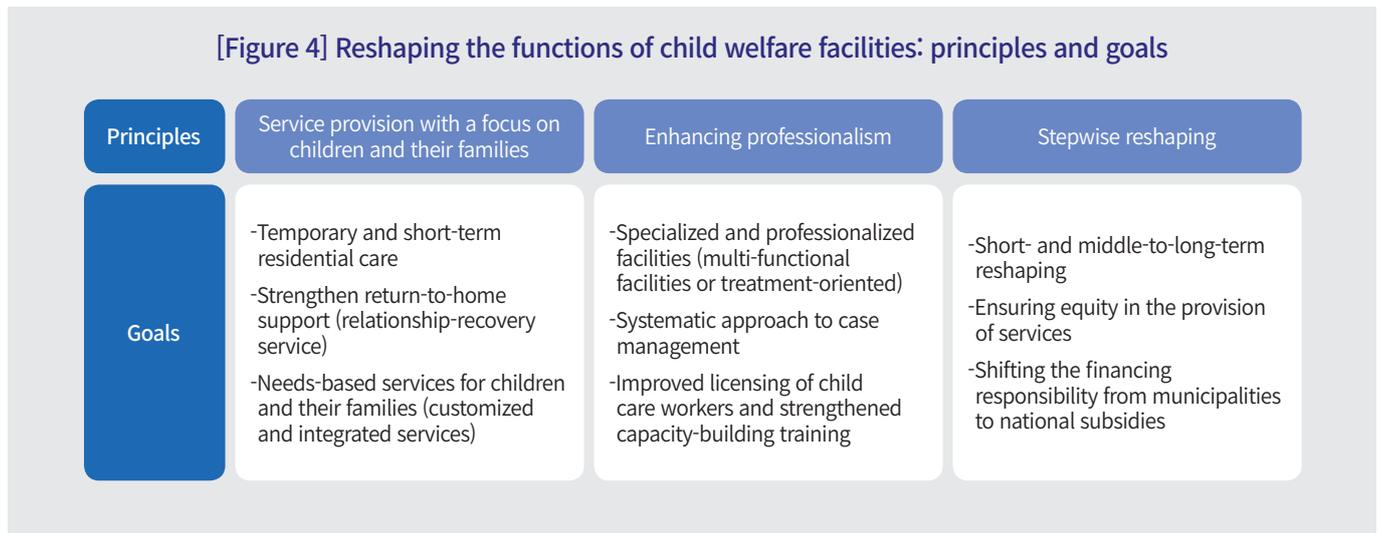
[Figure 3] Trends in the placements of children in need (2010~2018)



Sources: Current Status of Children in Need, KOSIS National Statistics Portal (Statistics Korea)

Principles to follow in changing the functions of child welfare facilities

The principles to follow in changing the functions of child welfare facilities are “service provision with a focus on children and their families,” “enhancing professionalism,” and “stepwise reshaping.”



[Principle 1] Service provision with a focus on children and their families

Out-of-home care is temporary placement intended to last only until the child returns to the home of origin. However, most children in out-of-home care in Korea tend to remain in the care of residential facilities until they age out of them. Such a situation calls for comprehensive provision of support for not only children, as has mostly been the case, but also their families, so that they can return and live in safety with their families of origin. Provision of support should be tailored, through proper assessments and case management, to the needs of individual children and their families.

[Principle 2] Enhancing professionalism

This involves diversifying and professionalizing the functions of out-of-home care facilities so that they can better cater to children of different ages with different care needs. Case management services need to be aligned with the needs of children and their families. Provision of professionalized services would require strengthened qualifications and education/training requirements for workers in the out-of-home-care sector.

[Principle 3] Stepwise reshaping

Changes to child welfare facilities should be made in both the short-term and longer term. Short-term changes may include increasing state responsibilities in the child care system while strengthening private-sector providers of foster care, temporary protection and specialized treatment services. In

the long-term, child care facilities will need to change so as to serve not only children in need but community members as a whole. It is also important to reduce the disparities occurring, in part as a result of budgetary devolution, across municipalities in the provision of facilities and services.



Changing the functions of various types of child welfare facility Temporary protection facilities

Because children of different ages have different needs, it may be worthwhile to consider diversifying temporary residential care facilities according to the type of care they provide for children of different age ranges: 0-36 months; 37 months-12 years of age; 12-18 years of age. This way, out-of-home care facilities can better provide care for children in specific developmental stages and avoid conflicts that arise from interactions among children of widely different ages.

An increasing segment of out-of-home care placements is attributed to at-home child abuse. A wise step in this situation would be toward increasing temporary care, which should involve making changes to the current rules so that standards regarding the licensing of group homes can be used in place of standards for licensing temporary care facilities. It is important also to establish temporary care facilities specialized in intensive care, as some of the children who have been removed abruptly from their families of origin are likely to have suffered serious domestic abuse.

[Table 2] Temporary residential care facilities

Current	Suggested changes
<ul style="list-style-type: none"> -A total of 12 facilities in operation as of the end of 2018 (including pre-adoption temporary care facilities run by adoption agencies) -Intended for children of all age ranges -Large-scale facilities and temporary care facilities run by private legal entities -Cases abound of children under temporary care remaining under care beyond the maximum time period allowed of 6 months 	<ul style="list-style-type: none"> -Set up temporary care facilities throughout the country to reduce regional disparities in out-of-home care -Diversify temporary care facilities tailored to children of different ages; establish small-scale temporary residential care facilities for intensive therapeutic services -Retypify 'abused children's shelters,' currently categorized as group homes, into temporary residential care facilities -Recommend not to place children in care for more than six months

Foster care facilities

In the short-term, foster care facilities will need to serve as community out-of-home care centers that offer temporary care, medium-to-long-term residential care, specialized treatment services, and independent-living support. With their experience and know-how, foster care facilities should function in the long-term as quality alternative care providers with a view to serving the general welfare of the community as a whole.

[Table 3] Suggestions for the conversion of foster care facilities

	Current	Suggested changes
Foster care facilities	<ul style="list-style-type: none"> -A total of 241 facilities in operation as of the end of 2018 -Run by private legal entities -Placement lasts until the child either becomes 18 years of age or reunites with his or her family of origin -Current foster care facilities, run as large-scale communal living facilities, are often not fit to tailor the care they provide to the needs of individuals -Most cases of conversion to small scale residential facilities come about by downsizing via cutting total capacity and reducing the number of children placed 	<ul style="list-style-type: none"> -Specialize the functions of foster care facilities: short-term protection, medium-to-long term care, professional services, independent-living support, etc. -Short-term: provision of professional services to children in need -Long-term: increase the conversion of residential care to recovery-oriented facilities aimed at providing specialized services to children in need who require therapeutic intervention; serve as quality alternative care providers and as general welfare children in the community -Strengthen the function of independent-living support; tailor independent-living support to the age, developmental stage and characteristics of the child in need

Group homes

Compared to other types of residential facilities, group homes are well in compliance with the regulations and assessment requirements laid down by the Ministry of Health and Welfare. Group homes are considered to have provided children in their care with conditions of decent living, as witness their relatively high performance indicators. It should be noted, however, that as group homes are increasingly run by private legal entities, policymakers may consider, as suggested by a couple of earlier studies¹⁾, banding a secretariat with a certain number of group homes into a ‘group home nexus’ or a legal entity in the form of social cooperative.

[Table 4] Suggestions for the conversion of group homes

	Current	Suggested changes
Group home	<ul style="list-style-type: none"> -558 group homes as of the end of 2018 -Group homes are something in the middle between home care and residential care, with their roles not clearly defined -Aimed at providing protection, homelike residential environments, and independent-living support -Insufficient transparency in accounting practices and limited publicness in operation 	<ul style="list-style-type: none"> -Convert abused children’s shelters (a type of group home) into temporary protection facilities -Induce group homes run by private providers to coalesce around a secretariat into a nexus of private legal entities. -Encourage privately-run group homes to federate into a social cooperative to cover their designated area or region

Residential child protection and treatment facilities

Residential child protection and treatment facilities need to maintain their current system in the short-term. There is a need to clearly define, through inter-ministerial cooperation, the role of child protection and treatment facilities of Type A and to find ways to improve the capabilities of workers involved.

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1) Chung, I. (2014). The Current Status of Child and Adolescent Group Homes. Korea Council of Grouphome for children and Youth; Jang, J., Huh, C. (2015). A Study of Costs for the Conversion of Large-scale Child Welfare Facilities into Group Homes. Seoul Foundation of Women and Family

Decisions as to placement in facilities of Type A are down to judges. However, it's not the court but the Child Welfare Act that provides details concerning the establishment of facilities of Type A and how many people of what qualifications should be employed for each of these facilities. Facilities of Type B should be increased, in terms of both number and functions, to better provide professional therapeutic services to children having emotional disorder, behavioral problems or borderline intellectual issues.

[Table 5] Suggestions for the conversion of child protection and treatment facilities

	Current	Suggested changes
Protection/treatment facilities	-A total of 11 protection/treatment facilities as of the end of 2018 -Type A: Aimed at placing children who commit, or are likely to commit, delinquent acts, and who have no protector or for whom a person with parental authority or a protector has filed an application for such facilities, or who are entrusted as persons under the age of 19 for protection by the Court of Family Affairs, a district court, and a juvenile branch court to foster them as the sound members of society through provision of medical treatment and guidance into the right path. -Type B: Aimed at providing protection and medical treatment to children having emotional or behavioral disorder or children requiring medical treatment by being temporarily isolated from their parents' abuse.	-Clearly define the roles of Type A facilities and Type B facilities: maintain in the short-term the current system; define the role of Type A facilities via inter-ministerial cooperation; put Type A facilities under the jurisdiction of the Ministry of justice -Increase the number and functions of Type B facilities

Independent-living support facilities

The current functions of independent-living support facilities should be put under review with a view in the short-term to coordinating them with those of other types of child welfare facility. Also, young people who, upon turning 18, are expected to move on from a child welfare facility should, in the long-term, be placed if need be in youth welfare facilities under the Youth Welfare Support Act.

[Table 6] Suggestions for the conversion of independent-living support facilities

	Current	Suggested changes
Independent-living support facilities	-A total of 12 independent-living support facilities as of 2018 -Aimed at providing independent-living support for persons who are discharged from a child welfare facility by protecting them during a period for employment preparation or during a certain period after employment	-Short-term: Coordinate the functions of independent-living support facilities with those of other types of child welfare facility; increase the workforce to keep providing children with independent-living support programs until they come of age at 18. -Long-term: Children who come of age can still be placed in youth welfare facilities under the Youth Welfare Support Act



Concluding remarks

With the rapid changes Korea has undergone since the 2000s in its population and social conditions, the functions and roles of child welfare facilities have consistently been pointed out as in need of improvement. To modify the functions of child welfare facilities of different types requires revising relevant articles in the Child Welfare Act and, subsequently, municipal bylaws. For example, Article 52 of the Child Welfare Act, which defines various types of child welfare facilities, should be so revised as to regard child protection facilities as a subcategory of residential care facilities.

As abused children account for an increasing percentage of children in need, it may be appropriate to incorporate “abused children’s shelters” into “temporary protection facilities.” Children in need who are referred to either an abused children’s shelter or a temporary protection facility should be provided with temporary protection, as stipulated in Article 26 of the Enforcement Rules for the Child Welfare Act, and with initial consultations, health and psychological examination and treatment services. Victims of severe child abuse in particular will have to be provided immediately with protection and treatment in a shelter setting.

Foster care facilities should in the short-term be defined as facilities that provide to children in need with protection, foster care, employment training and independent-living support, in which case a need would arise for existing independent-living support facilities to widen the range of their functions. Also, the scope of what groups homes are defined to do should include “providing protection, foster care and independent-living support to children in need.”

The Child Welfare Act distinguishes between child protection and treatment facilities of Type A and those of Type B. How they are distinguished in the administrative sense is less clear. The legal definition of what Type A facilities are may remain as it stands for now, but the Ministry of Health and Welfare should clearly distinguish in the administrative sense which protection and treatment facilities belong to Type A and which to Type B. In the long-term, the relevant provisions in the Juvenile Act and the Child Welfare Act should be so amended, through inter-ministerial deliberation, as to exclude child protection and treatment facilities of Type A from the category of child welfare facilities.

Young adults eligible for placement in independent-living support facilities, as they are no longer young enough to remain or be placed in child welfare facilities, will need in the long-term to be referred to youth welfare facilities. This would require amendments to the Framework Act on Youth and the Youth Welfare Support Act as well as inter-ministerial deliberation.