

# Review and Recommendations for Strengthening Transitioning-from- State-Care Services for Youth in the Protection System

Prepared for the Inter-American Development Bank  
by:

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## Executive Summary

This report draws on primary and secondary research to identify (i) contextual issues in Belize that may influence the effectiveness of existing services to support youth to transition to post-care, (ii) capacity gaps within the proposed protection system to prepare and support youth adequately to transition to post-care, and (iii) recommendations to strengthen the services to support youth to transition to post-care. Coram International prepared the report, in close consultation with the government of Belize, and the Inter-American Development Bank (IDB) financed it under its grant program BL-T1082 Support for the Design and Implementation of a Second Phase Community Action for Community Safety Program. At the request of the government of Belize, this report focuses on children transitioning from residential care as they reached the end of their care episode and children placed in the Youth Hostel under the Certified Institutions Act.

Research studies from a range of countries indicate that, despite differences in policies for children transitioning from care, children involved have significant similarities in terms of outcomes. These young people have difficulty in finding stable, affordable housing, accessing a social network, housing, health care, supportive and safe social relationships, and engagement in education, training, and employment.

Countries providing support after the child reaches 18 do so in a number of forms. These may include extended care programs (also known as stretch programs in Australia or “staying put” programs in the United Kingdom) which allow the child to remain in care (usually with a foster carer but also in a residential home) until the age of 21. Another option is “staying close” programs or semi-independent living programs that provide accommodation, maintenance, and social work support to a child or independent living with some outreach support. An evaluation of one such pilot found that it encouraged secure, long-term social networks for the young person as well as significant cost savings by having diverted participants from a range of negative outcomes. The successful outcome of this pilot makes it one that Belize might wish to follow.

Based on the review of conditions and programs currently offered in Belize, and in consultation with the government of Belize, this report provides several key recommendations to improve service and outcomes for youth transitioning out of care.

- Human Services Department (HSD) and the National Committee for Children should develop a policy on leaving care setting out the issues to be addressed and necessary steps to ensure successful transition from care.
- HSD and Community Rehabilitation Department (CRD) should propose amendments to the Family and Children’s Act. The amendments should set out

the statutory duties of the Ministry of Human Development and Social Transformation toward children leaving care, and the entitlements of this group of children, including the extension of care support to all youth until 21 and, where necessary up to age 25. Extending care would not mean that a care or custody order would be extended, but rather than children who have been in care at a certain age or for a certain period would be entitled to benefit from leaving care provision.

- Review practice in relation to the preparation of Independent Living Reports. The reports need to be far more detailed with far greater participation of the child. The report should set out the arrangements to be put in place as the child transitions from care and should include the accommodation and financial support to be provided, the education, vocational training, and employment support that will be provided and the level of social work support to which the child will be entitled. Training provided to social workers should cover preparation of these reports, and social workers should be provided with new forms that set out in detail the areas to be covered.
- Establish a national organization for children in care and care leavers. This will need to be seed funded by HSD and supported financially by the government, though the established body should seek additional funding once established.
- Encourage supportive landlords to rent accommodation to care leavers. All landlords and landlords should receive basic training on safeguarding children and vulnerable young people and should be provided with back-up social work support as needed. The support that landlords offer should be recognized and the stipend increased for agreed services.
- Repurpose transition homes for children aging out of care (which require youths to disrupt their established patterns and communities) to more open, community-based, family-style homes, staffed by live-in house parents wherever possible, rather than staff working shifts. These homes should take children across a range of ages and be prepared to provide extended care for their residents, allowing them to stay on after they reach 18 and into their 20s, if that is what the child desires. The homes should continue to provide support as their resident children move slowly out into independence. In addition, these homes could also offer 'staying close' support for children who transition from their care, inviting them back for meals and social occasions and providing temporary accommodation if the child reaches the 'cliff edge.' This would provide more stability for children and allow them to build up lasting relationships with staff and children and provide for transition at a speed the individual child can manage.

- Encourage other residential homes to provide extended care, including building separate accommodation on the grounds or acquiring / using existing accommodation nearby. The provision of extended care and 'staying close' provision should apply equally to government homes, particularly to the new government children's home being built in Belmopan, and the current transitional homes. All should provide at least one 2-4 bed unit for care leavers.
- Reconsider the location and management of the HSD-funded Independent Living Unit. The current location is too far away from educational and employment opportunities, as well as amenities, and HSD offices and staff. The proposal to repurpose the current Dorothy Menzies facility in Belize City to an independent living home may address many of these issues subject to a redesign with small apartments for up to four care leavers. Furthermore, HSD should provide ongoing supervision and support from an on-premises social worker (with his/her own apartment) available to provide support as needed.
- Conduct an evaluation of the Youth Hostel to determine its impact on children and the extent to which it successfully promotes and safeguards their welfare. In the interim, in line with staff recommendations, refrain from placing children at the Youth Hostel for more than one year, due to negative impact on children's successful reintegration into the community.
- Consider implementing therapeutic, community-based alternatives to detention at the Youth Hostel that recognize and address the trauma that children have suffered and the dysfunction in the family. Therapeutic services for children with challenging and risky behavior could be provided in two ways: either in the community by expanding the coverage and services of the existing CRD diversion program (if the child is still living with the family) or in a small therapeutic unit or small residential unit which would allow attendance at the community-based diversion program (if the child has been removed from the family).
- Repurpose the Youth Hostel as an alternative to Wagners for children who are subject to pre-trial detention or who have been convicted of a criminal offense and handed a custodial sentence only.
- Enhance reporting in FamCare on contact with, and outcomes of, young people who have transitioned from care.
- HSD should collect information across a number of indicators in FamCare to determine the impact of the services on outcomes for children. Suggested indicators include the length of stay in an accommodation setting; educational



achievement, employment, nature of job, length of time in job, health concerns and especially mental health concerns, well-being indicators, and social connectedness.

- HSD should consider undertaking regular qualitative evaluations of the leaving-care services offered to ensure that the services are effective and meet the needs of children leaving care.

## 1. Introduction

The Inter-American Development Bank (IDB) contracted Coram International to assess available services to support youth in the child protection system to transition successfully to post-care in Belize and present recommendations to strengthen services. The role was set out in the terms of reference (TOR):

- Identify the contextual issues in Belize that may influence the effectiveness of existing services to support youth to transition to post-care.
- Through discussions with key stakeholders, identify and document capacity gaps within the proposed protection system to prepare and support youth adequately to transition to post-care.
- Provide and justify recommendations to strengthen the services to support youth to transition to post-care.

An initial report was produced which focused on the following:

- A review of the existing continuum of care for youth in the protection systems who are transitioning to post-care (frameworks, facilities, programs, and services).
- An assessment of gaps in frameworks, facilities, programs, and services for youth wards of state who will be transitioning to post-care and barriers to accessing services and programs.

This second report incorporates the first report and includes the following:

- Recommendations of frameworks, models, programs, and best practices that would address these gaps and barriers and improve outcomes for youth transitioning to post care, including:
  - recommendations on the viability of supporting and facilitating semi-independent and independent living for post-care youth and
  - criteria and procedures for identifying children and youth who should be transitioned to or from rehabilitation facilities (Youth Hostel) and residential care facilities (child protection facilities) to enhance their likelihood of successfully transitioning to post-care.
- Recommendations for data collection to enhance post-care experiences, which can be integrated with existing data systems and monitoring and evaluation systems, including FamCare.

Coram International carried out a field mission September 13–21, 2021 and completed an assessment report covering the first two elements of the study in October 2021. The

mission involved both face-to-face meetings and virtual meetings with the Department of Human Services (DHS), the Community Rehabilitation Department (CRD), the Women and Family Support Department, NGOs, Counsellors, and several residential homes, including Coral Grove, the Good Samaritan Homeless Shelter, the Independent Living Unit, Kings Children’s Home, Laugh Out Loud, Liberty, Orange Walk, Marla House of Hope, and the Youth Hostel. The consultants also benefited from a presentation on FamCare.

Due to time constraints and COVID-19 restrictions, the consultants did not visit Hopewell, Hope Haven, Marla’s House of Hope or 14 Mile transition home. We were, however, able to speak online to staff and children at Marla’s House of Hope. It was also not possible to visit the Dorothy Menzies Care Centre, due to a COVID-19 outbreak at the home. While it is quite understandable that the COVID-19 outbreak prevented a face-to-face visit, it is to be regretted that Dorothy Menzies was unable to make time to meet with the consultants online or to make children available for a virtual interview, as it is the largest State home and one with a comparatively large number of children. It is also a home that many of the children in the care system pass through, and one which will be relocated to Belmopan in the first quarter of 2023.

At the request of DHS, this consultancy focuses on children transitioning from residential care as they reach the end of their care episode and not on children transitioning from either short-term or long-term foster care.<sup>1</sup> Children who are placed in the Youth Hostel under the Certified Institutions Act are also covered.<sup>2</sup> In addition, DHS requested that the report be slanted toward the practical rather than the theoretical and should provide concrete suggestions on leaving care.

The consultants reviewed a number of reports provided previously to DHS, including, *Leaving and Aftercare in Belize: Description of Existing Provisions Strengths and Weaknesses* (2018);<sup>3</sup> a *Synthesis of Continuum of Care and After Care Models* (undated); *Design and Train Personnel at the Institutions in the Continuum of Care and Intervention Model* (Kary, 2014); *An Assessment of the Juvenile Justice System in Belize 2010* (American Bar Association, undated); and the *Juvenile Justice System—Belize, C. A., A Vulnerability Assessment* (2005). The term ‘child’ is used here when referring to a person under the age of 18, while ‘young person’ is generally used for those over 18.

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<sup>1</sup> This consultancy did not address children transitioning from family-based care as opposed to residential care.

<sup>2</sup> See Section 3 for the distinction between children in care and children placed in the Youth Hostel on an order made under the Certified Institutions Act.

<sup>3</sup> Pinkerton J. Prepared for the IDP under the Development of an Independent Living Program for Youth in the Child Protection Systems Consultancy (unpublished).

## 2. Children in the Care of the State: Statistics

The Ministry of Human Development and Social Transformation through DHS holds parental responsibility for children in the care of the State. DHS provided data on the number of children entering and exiting from the care system over the last three years but could not provide data on the total number of children currently under care or custody orders for whom they are responsible, nor the length of time that children spend in the care system. The inability to produce such statistics with ease is a matter of concern. It affects planning and must be treated as a shortcoming of the FamCare Information System.

Figure 1: Number of Children in Care by Age Group

Age entered	2018	2019	2020/2021
0-4	2	4	1 (.8%)
5-9	10	15	3 (2.6%)
10-14	34	9	24 (21%)
15-18	90	71	78 (68%)
19+	55	38	9
Total	191	137	115

Figure 2: Children Exiting Care by Age Group

Age exited	2018	2019	2020/2021
0-4	1	0	0 (0%)
5-9	5	7	0 (0%)
10-14	16	10	23 (21%)
15-18	66	75	69 (63%)
19+	69	59	18
Total	157	151	110

As can be seen in Figures 1 and 2, the overwhelming majority of children entering care are between the ages of 15 and 18 (68 percent). The second largest are those between 10 and 14 (21 percent). This is a very different picture from, for instance, the United Kingdom, where, in 2020, 19 percent of children were admitted into care under the age of 1 and a further 17 percent were admitted at age 1-4, making a total of 36 percent of children admitted under the age of 5,<sup>4</sup> as against 3.4 percent of children in Belize. In Australia, the figures are even higher, with 46 percent of children who were made the subject of a care and protection order aged 0-4 in 2018-2019 (Australian Government,

<sup>4</sup> For more information, see <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2020>.

2018–2019). It was not possible to explore the reasons for this difference during the assessment, but the age of entry raises issues for transition from care (i.e., a greater percentage of older children entering is likely to mean more children transitioning from residential care), and it is recommended that further research be undertaken to explore the reasons for the very high level of care orders in the late teenage years, and the very low rate of care orders among children under 5.

Although overall figures for the number of children under the care of DHS could not be provided, figures were available in relation to the placement of these children in 2019. At that date, 38 percent of children in care were in foster placements and 62 percent in residential care, 18 percent of whom were in institutions catering for children with special needs.

As of October 22, 2021, there were 208 children and young people living in 10 residential homes and an additional 26 children detained at the Youth Hostel. This indicates an increase from the 189 children living in residential children’s homes in 2020. The figures do not include those who are detained at Wagners.<sup>5</sup> It should be noted that not all the children at the Youth Hostel are the subject of care orders, but rather the subject of ‘uncontrollable’ orders under the Certified Institutions Act. In addition to these children, there are four girls accommodated in the Independent Living Unit in Hattiesville, though all are over the age of 18. DHS manages Golden Haven, the residential unit where they are placed, and DHS continues to provide support to the residents.

**Figure 3. Children in Residential Care Homes and the Youth Hostel**

Name of facility	Management	Category	Numbers for which the home is licensed	2018	September 2021
DMCCC	Government	1 & 2	25	38	27 (mixed)
Hope Haven Children’s Home	Private	1	15	0	10 (mixed)
The King’s Children’s Home	Private	1 & 2	35	35	26 (mixed)
Liberty Children’s Home	Private	1 & 2	30	38	34 (mixed)
Laugh Out Loud Children’s Home	Private	1 & 2	25	25	28 (mixed)
Marla’s House of Hope	Private	1 & 2	21	21	19 (mixed)
Hopewell	Private	1	21	21	15

<sup>5</sup> FamCare does not capture data on children in Wagners.

Mile 14 Group Home	Government	N/A	9	9	10 (girls)
Coral Grove Group Home	Government	N/A	9	9	8 (girls)
Orange Walk	Private	2		Not open	5 (boys)
Youth Hostel	Government	3,4,5,6			26
<b>Total</b>					<b>208</b>

Notes:

Category 1 for abused, neglected, abandoned or orphaned children under the age of 14.

Category 2 for abused, neglected, abandoned or orphaned children 14-17 years.

Category 3 for children aged 9 -14 who have committed status or summary offenses.

Category 4 for children aged 15-18 who have committed status or summary offenses.

Category 5 for children aged 9-14 who have committed an indictable offense.

Category 6 for children aged 15-18 who have committed an indictable offense.

Source: Social Services Agencies Social Services Agencies (Operators of Residential Care Facilities for Children) (Registration, Licensing and Minimum Operating Requirements) Regulations Section 7.

Most of the children in residential care (57 percent) are aged 15 or over, meaning that a significant number of them are likely to be transitioning over the next three years.<sup>6</sup> Of the children aged 15-18 currently in residential care (67 children), 55 have spent more than a year in the care system. The length of time spent in the care system is likely to mean weaker family ties than for children who spend less than six months in care and is likely to have an impact on their needs and necessary provision on leaving care.

Figure 4: Age of Children in Residential Care

Age of Children in Residential Care	
0-4	8
5-9	32
10-14	75
15-18	67
19+ <sup>7</sup>	13
<b>Total</b>	<b>208</b>

<sup>6</sup> Those aged 19+ are no longer subject to care orders, nor are they wards of the State on reaching the age of 18.

<sup>7</sup> 19+ year olds may remain in a residential home when there is nowhere for them to transition to, or when they are still in education. They will continue to be maintained even though they are no longer the subject of an order.

### 3. Legal Framework

To set the scene, it is helpful to understand the legal framework which governs the entry of children into the care system. This is to be found in the Families and Children Act (FACA). Some of the provisions in the FACA relating to care orders appear to have been taken from the United Kingdom's Children Act 1989, but the provisions have been augmented, creating a mix of approaches: a welfare approach from the Children Act and a more punitive approach which, it is presumed, comes from earlier, colonial Belizean legislation.

The overriding principles concerning the care of children in Belize are found in Schedule 1 of the Act. They are lifted directly from the Children Act 1989 and provide that:

1. Whenever the state, a court, a Government agency or any person determines any question with respect to,

(a) the upbringing of a child; .....

the child's welfare shall be the paramount consideration.

2. In all matters relating to a child, whether before a court of law or before any other person, regard shall be had to the general principle that any delay in determining the question is likely to be prejudicial to the welfare of the child.

3. In determining any question relating to circumstances set out in subparagraphs (a) ... of paragraph 1, the court or any other person shall have regard in particular to,

(a) the ascertainable wishes and feelings of the child concerned considered in the light of his or her age and understanding;

(b) the child's physical, emotional, health and educational needs;

(c) the likely effects of any changes in the child's circumstances;

(d) the child's age, sex, background and any other circumstances relevant in the matter;

(e) any harm that the child has suffered or is at the risk of suffering;

(f) where relevant, the capacity of the child's parents, guardians or others involved in the care of the child in meeting his or her needs.

These overriding principles apply both to the initial decision to apply for or grant a care order, and to decisions relating to the child's transition from care.

Another guiding principle is found in S.4 of the FACA 2011:

4. (1) A child is entitled to live with his parents or guardian.

(2) Notwithstanding subsection (1) of this section, where a competent authority determines in accordance with the applicable laws and procedures that it is in the best interests of the child to separate the child from his parents or guardian, the best substitute alternative staying place shall be provided for the child.

This guiding principle is subject to the overriding principle that the child's welfare is the paramount consideration. A further and, for child protection, important principle is to be found in section 46 of the FACA.

(1) It is a general duty of the Government,

(a) to safeguard and promote the welfare of children; and

(b) to mediate in any situation where the rights of a child are infringed upon and especially with regard to the protection of a child, the child's health and education, .....

In terms of entering the care system, section 98 of the FACA 2011, provides that -

On the application of a social services practitioner or any other authorized person, a Family Court or magistrate may make -

(b) a care order or an interim care order placing a child of the person in the charge of the Department; or

(c) an order placing the child in the custody of the Department where the child's parents or relatives are unable to care and maintain the child, and where no other alternative measures are available to protect the child.

Section 100 provides that the Family Court or a magistrate's court may only make a care order under this Part, if it is satisfied that,

(a) the child concerned is suffering or is likely to suffer harm and that the harm, or probability of harm, is attributed to

(i) insufficient care given to the child, or likely to be given to the child if the order were not made,



(ii) the child being beyond parental control; or

(iii) the ill-treatment of the child;

(b) the child has shown anti-social behaviour tendencies, that is to say, has acted in a manner that caused harm or was likely to cause harm, distress or alarm to the public and that such an order is necessary to protect the public from further anti-social acts by the child; or

(c) the child is living in circumstances characterised by absence or insufficiency of parental or guardian control or is not in school and habitually associates with persons of questionable character.

Section 106 imposes conditions on the making of a care order. A care order may only be made: -

(a) after all possible alternative methods of assisting the child have been tried without success, and the harm from which the child is suffering or is likely to suffer requires his removal from where he is living;

(b) the danger to which the child is exposed is so severe as to require his immediate removal from where he is living;

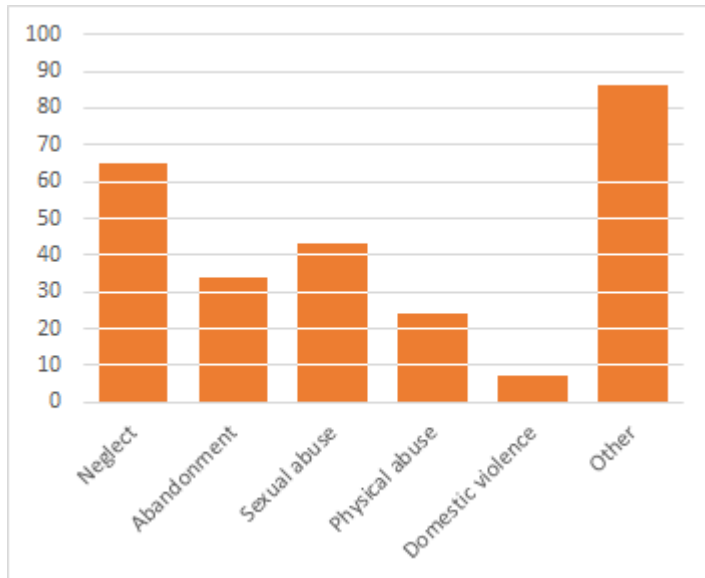
(c) where the child has shown anti-social behaviour tendencies, that is to say, he or she has acted in a manner that caused or was likely to cause harm, distress or alarm to the public, and the danger posed by the child to the public is such as to require his or her removal to an approved children's home; or

(d) where the child is living in circumstances characterised by an absence or insufficiency of parental or guardian control or is not in school and habitually associates with persons of questionable character.

This is to say, where the child is suffering harm or is likely to suffer harm, then sections 106 (a) and (b) must be satisfied before a care order is made. But if the basis of the care order is anti-social behavior or mixing with persons of questionable character, that is sufficient, regardless of whether the child has suffered or is likely to suffer harm. The threshold for taking a child into care in this circumstance is very low.

The basis on which transitioning children were originally taken into care is not known and can only be ascertained by looking at each care order. However, Ministry statistics from 2017, which cover the basis on which children were taken into care, have a large number of 'other' which might include a number of children admitted into care under sections 106(c) and (d).

Figure 5: Basis for Admission into Care, 2017



Source: Jenna Hoare, Inspector of Social Services Institutions.

The difference between a care order and a custody order is unclear and is not spelled out in the Act. There is no definition of a custody order in the Act, and the order is mentioned only in section 98(c). Unlike a care order, which lasts for three years or until the child has reached 18 years of age (section 108(1), whichever is the shorter, the Act does not contain a provision on the length of a custody order. The other major difference is that while the continuation of a care order must be reviewed every 90 days (section 108(2)), there is no such requirement for a custody order.

It would appear, from comments made by social workers, that after a child has been on a care order for around two years, an application may be made to place the child into state custody, making him or her a ward of the State. This provision is not to be found in the FACA. A number of stakeholders informed the consultants that obtaining a custody order, which has the effect of making the child a ward of the State (though no such status appears in the Act) is essential, and that no permanency planning could really start until such an order was made. Further, judges were reluctant to make such an order in less than two years on a care order. Again, there are no provisions in the Act to say that permanency planning cannot start the moment a care order is made.

The outcome of this practice, which is not supported by the law, is an initial 'drift' of children in the system. It builds delay into the decision-making process, leading to a greater number of children remaining in the care system for longer periods than might be the case if permanency planning started as soon as DHS realizes that a child is likely to need alternative care. The two year wait-and-see period reduces the options of family placement, fostering, or adoption even when there is no realistic likelihood of a

child returning to the birth parent. It is an issue which requires legal reform and the repeal of section 98(c).

In addition to the making of a care order under the FACA until November 2021, a child could be detained in a certified institution if a parent or guardian of the child applied to a magistrate on the basis that he or she was unable to control the child and desired that the child be sent to an institution (section 16, Certified Institutions Act). The criterion for granting the order was simply that the Magistrate considers it 'expedient to do so.' It was reported that, unlike care cases, children could be made the subject of an order purely on the application of a parent and without the necessity of a report from the Community Rehabilitation Department, the body responsible for certified institutions. Children who were the subject of uncontrollable orders were placed in the Youth Hostel, which was the only certified institution for children in Belize. In September 2021, 14 girls and 15 boys were residing in the Youth Hostel. Ten of the girls were there under an 'uncontrollable' order, with the remaining four admitted on a criminal charge. Similarly with the boys, all but about four were placed in the Youth Hostel on 'uncontrollable' orders.

The Certified Institutions (Children's Reformation) (Repeal) Act 2021 was passed in late 2021 and repeals the Act in its entirety. As a result, no new orders will be passed. Section 3(3) of the 2021 Act provides that -

- (a) a person who immediately before the coming into force of this Act was ordered by a court or the Minister to be sent to a certified institution and be there detained shall be deemed to have been ordered by the court or the Minister to be sent and detained in a residential care facility under the Social Service Agencies Act.
- (b) any license issued under the repealed Act which are in force at the commencement of this Act shall remain valid for the period of the license.

It is not clear, because of section 3(3), what changes, if any, there will be for the children already detained at the Youth Hostel under the Certified Institutions Act. At present, residential homes do not detain children and do not operate closed institutions. Further, it is unclear whether the Youth Hostel will need / will seek to be licensed again as a category four and five residential institution, even though it is likely that it would not meet the minimum standards for a residential care home. In addition, the impact that section 3(3) will have on the prison regime currently operated by the Youth Hostel is unclear.

Linked to the repeal of the Certified Institutions Act, the Social Service Agencies (Operators of Residential Care Facilities for Children) (Registration, Licensing, and Minimum Operating Regulations No. 78 of 2004 have been amended by the Social

Services Agencies (Operators of Residential Care Facilities for Children) (Registration, Licensing, and Minimum Operating Requirements) (Amendment) Regulations. Every residential institution must be licensed. Figure 6 below sets out the 2004 Social Service Agencies Regulations provisions relating to licensing of residential homes and the 2021 amendments.

**Figure 6: Social Services Agencies—Regulations 2004 and Amendments 2021**

	Social Services Agencies Regulations 2004	Amendments to the Social Services Agencies Regulations 2021
Category 1	A facility for abused, neglected, abandoned, and/or orphaned children ages birth to 13 years	A facility for abused, neglected, abandoned or orphaned children ages of birth to 13 years
Category 2	A facility for abused, neglected, abandoned, and/or orphaned children ages 14 to 18	A facility for abused, neglected, abandoned or orphaned children ages 14 to 18
Category 3	A facility for children ages 9 to 14 who have committed status or summary offenses	a facility for children ages 12 to 14 who-  (i) have committed a summary offense;  (ii) are suffering or are likely to suffer harm; or  (iii) are beyond parental control.
Category 4	A facility for children ages 15 to 18 who have committed status or summary offenses	a facility for children ages 15 to 17 who-  (i) have committed a summary offense;  (ii) are suffering or are likely to suffer harm; or  (iii) are beyond parental control.
Category 5	A facility for children ages 9 to 14 who have committed an indictable offense	a facility for children ages 12 to 14 who have committed an indictable offense
Category 6	A facility for children ages 15 to 18 who have committed an indictable offense	a facility for children ages 15 to 17, who have committed an indictable offense

As can be seen from Figure 6, categories 3 and 4, which previously covered children detained under the Certified Institutions Act, have been amended so that they no longer cover children who commit a status offense. However, these categories now appear to provide for three categories of children: (i) those who commit a summary offense, (ii) those suffering or likely to suffer harm, or (iii) those who are beyond parental control.

These amendments are difficult to understand. As written, the child can be placed in a residential home purely for committing a summary offense without any other reason. It does not appear to be necessary for the child also to fall under categories 3(ii) and (iii) and 4(ii) and (iii). If this is the case, there should be an 'and' between 3(i) and (ii) and similarly between 4(i) and (ii). As a matter of good practice, where the reason for placement is only that a child has committed an offense, that child should not be placed with children who need care and protection. Further, a child who has committed a summary offense should only be placed in residential care where all three of the criteria are met and it is in the best interests of the child.

It should be noted that the criteria in categories 3(ii) and (iii) and 4(ii) and (iii) are the same as for making a care order under section 100 of the FACA. It might thus be simpler to require that a child can only be placed in a category 1-4 facility when they are the subject of a care order.

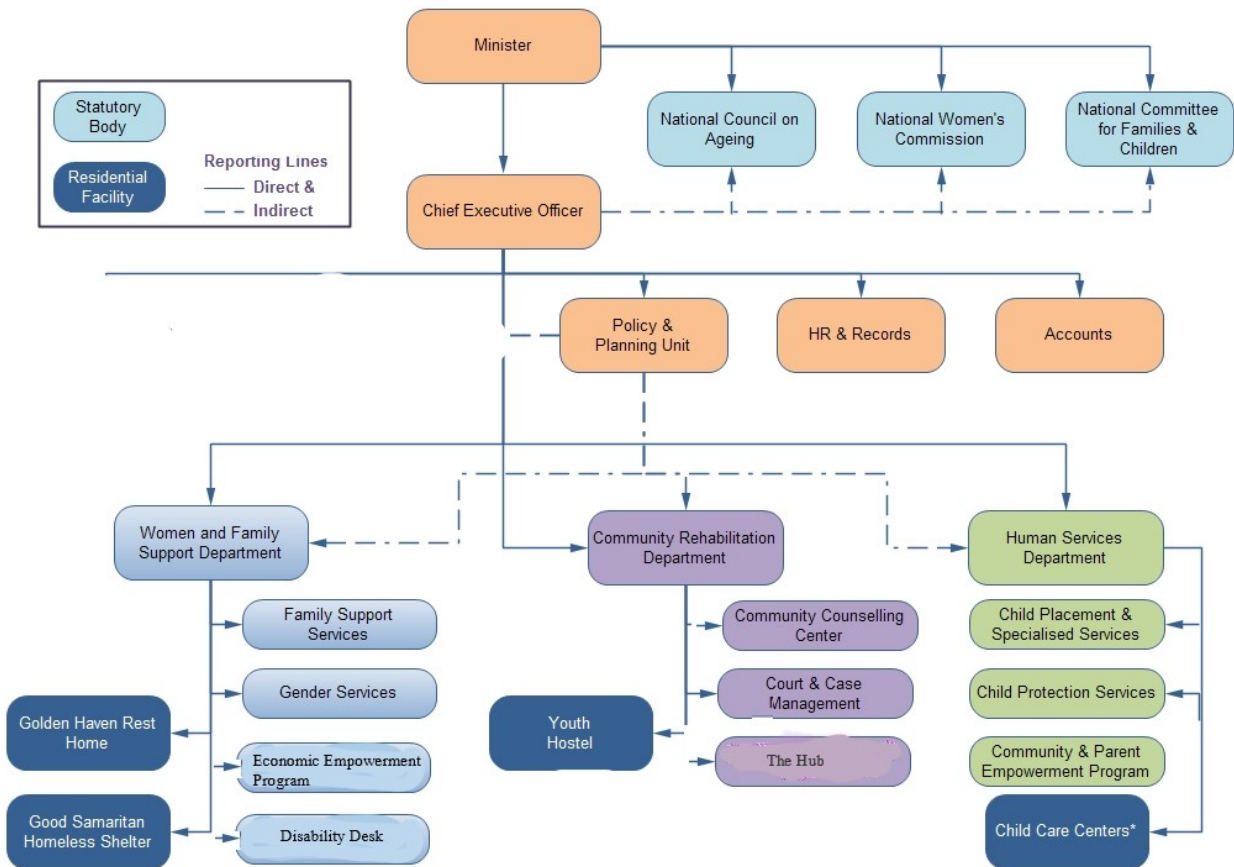
The other issue that will need to be addressed is the reduction in age from 18 to 17. In normal legal interpretation this would mean that children aged 17 would not be covered. This issue needs to be clarified in secondary legislation or guidance.

The repeal of section 14 of the Juvenile Offenders Act is particularly welcome. This permitted the referral of a child to a Juvenile Court and removal of the child from parents to alternative care or an institution, including a certified institution for a variety of status offenses.

## 4. Executive Framework

Figure 7 sets out the executive framework of the Ministry of Human Development.

Figure 7: Organizational Chart of the Ministry of Human Development and Social Transformation



*\*Dorothy Menzies Child Care Centre, Mile 14 Transitional Living Home and Coral Grove Group Home*

As Figure 7 shows, there are three departments concerned with children and families: the Human Services Department, the Women and Family Support Department, and the Community Rehabilitation Department (CRD).

The Ministry of Human Development was in receipt of 1/12<sup>th</sup> of the budget, but under the new government which took power in 2020, and due to the downturn of the economy as a result of COVID-19, the amount was cut to 1/20<sup>th</sup> of the budget. At the same time, DHS staff received a 10 percent pay cut and reduced hours, which has had a demoralizing effect on them. It is fair to say that both human and financial resources are spread very thin in the DHS. Services to children have also been affected by the

use of staff in the Ministry of Human Development to provide emergency services to the general population related to the COVID-19 pandemic and other national emergencies. During the initial stages of the pandemic when a lockdown was in place, DHS staff were taken off their normal duties to focus on coordinating and supervising districts to ensure the delivery of food packages to those in need. Similarly, when Hurricane Esther struck, staff had to focus once more on emergency services. During the lock down period, there was little opportunity for case management, and staff only responded to emergencies.

The Ministry of Human Development employs 75 social workers. DHS staff caseloads are high, with staff stating that they have caseloads ranging from 40-90 cases. Supervisors are currently located in Belize City and travel around to visit district staff and conduct supervision. The DHS estimates that they need an additional 100 members of staff to ensure that they fulfil their statutory duties, particularly considering COVID-19, which brought with it greater levels of physical and sexual abuse.

The role of the CRD is set out in its 2010 Policy Manual. Established in 2001, the CRD focuses on children in conflict with the law. It has primary responsibility for developing prevention program initiatives that address the needs of at-risk youth to keep them out of the juvenile justice system and to educate the public on these programs, developing the programs and structural components to enable the functioning of the alternative sentences scheme established under the Act, and developing and supervising rehabilitative programs for juvenile offenders.

Both DHS and CRD have responsibility for residential units which accommodate children in the care system and after leaving care. The CRD manages the Youth Hostel (i.e., for children in conflict with the law or under an 'uncontrollable' order), while the DHS is responsible for Coral Grove, 14 Mile, and the Dorothy Menzies Care Centre and for children accommodated in NGO homes under a care or custody order. DHS has taken on the main role of supporting children leaving care, though the CRD continues to provide limited support to children who have left the Youth Hostel. The Women and Family Support Department provides case management services to care leavers who are placed in the Good Samaritan Homeless Shelter.

DHS continues to have responsibility for and administer the Good Samaritans homeless shelter in Belize City, which houses adults. Although there is an intention to transfer responsibility for the shelter to the Women and Family Support Department, that transfer has not as yet occurred. The Women and Family Support Department, however, provides case management to care leavers who are placed there. The shelter has a capacity for 16 residents. In September 2021, there were 10 residents (six men and

four women), aged 23-63.<sup>8</sup> Five of the residents had been in residential care in Dorothy Menzies Childcare Center, one came from another residential home, and one came from foster care. Until recently, the shelter had accommodated another child from care, with Down syndrome, but he passed away. The five (all men), all of whom have learning difficulties, transitioned from DMCC at the age of 18. The shelter is not an appropriate placement for care leavers: there is too little space, and it is in a high-crime area. It continues to be used, however, as a placement of last resort, particularly for children with disabilities who cannot care for themselves, and it provides a safety net for those who have no family or a social network, or have nowhere else to go to meet their need for accommodation and food.

Care leavers stay at Good Samaritans until they manage to find alternative accommodation. An exit plan is developed for those who can live independently, but there are currently no facilities to place young people who, because of their disabilities, are unable to live independently. This leaves the Good Samaritans Shelter, and indeed some of the children's homes, with few if any options on placement for children as they reach the age of majority. There are no sheltered facilities for this group of young people into which they can transition.

The view of the Women and Family Support Department is that there is little overlap between their functions and the child protection functions of the DHS. If they find a child affected by domestic violence, the Women and Family Support Services would continue to support the woman but would refer a child to DHS. The Women and Family Support Department noted that there was not much communication between the departments, nor do they use each other's entries on FamCare sufficiently, although both have access to the information recording system.

The overlap between DHS and CRD is more complex. There is shared case management of children who come into the Youth Hostel, many of whom are the subject of care or custody orders. Staff from the CRD also work with children in the residential homes, providing counselling services to children under the care of DHS. Although both departments are working with the same children, there do not appear to be joint case management meetings.

Staff in the DHS and CRD have different roles and a somewhat different philosophical approach to adolescents in the care system. The CRD deals with children in conflict with the law and 'uncontrollable' children. The counselors also fall under the CRD rather than DHS, and they have counseling qualifications, which may explain the greater weight placed on the need for therapeutic work and support of children. They appear

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<sup>8</sup> There was an intention to transfer responsibility for this home to the Women and Family Support Department. At the present time it remains with DHS, with DHS undertaking administration but social workers taking on case management for residents of the home.



to have more regular contact with children in the Youth Hostel and some of the residential homes than do the social workers from DHS. This is undoubtedly due to the low number of social workers and the heavy case load.

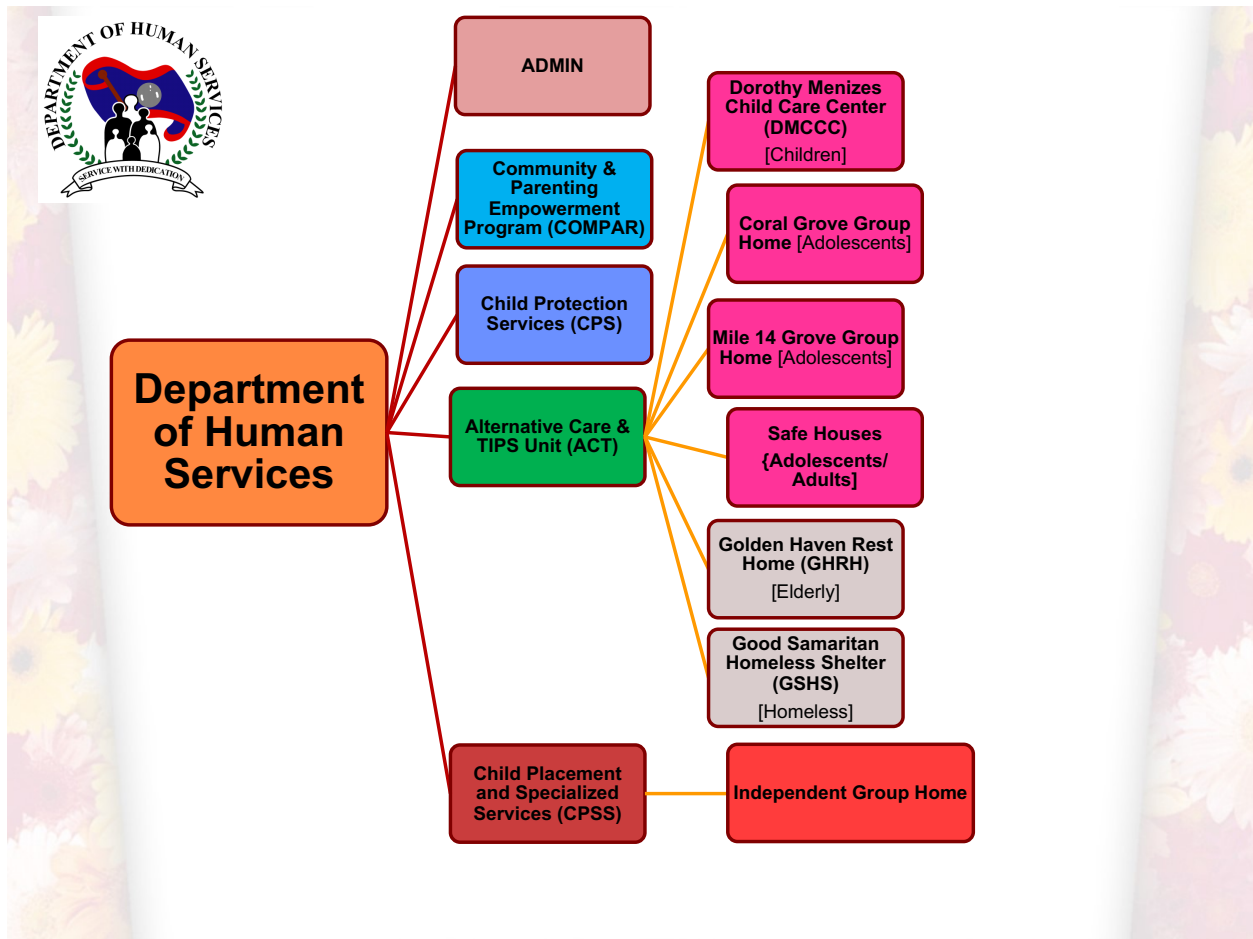
There appears to be a particular problem in relation to children who run away from residential care homes. DHS and the residential care homes often seek to place children who run away from home or present with challenging behavior in the Youth Hostel under an uncontrollable order, rather than investigating the reasons why the child has run away and working therapeutically to address the child's trauma. Many of the children moved to the Youth Hostel have been in care for a considerable number of years, and their placement must be regarded as a failure of the care system. Many of the children moved from residential homes to the Youth Hostel have not received counseling while in care, a service which appears only to be deemed necessary where the child presents with bad behavior on entry.

CRD is responsible for children in the Youth Hostel and, once a child is placed, their interaction with their DHS social workers is sporadic. Counselors from CRD largely take on the social worker role. However, CRD does not have authority over children who are under a care or custody order: this remains with the DHS, which continues to exercise case management, despite the fact that DHS staff see the child irregularly. While CRD take the view that children regress if in the Youth Hostel for more than a year, it is not able to organize or agree placements for children who are wards of the State. CRD can recommend but that is the limit of their authority. If CRD finds family members who are willing to take the child, it must ask DHS for support with the placement. For a significant number of children in the Youth Hostel, an alternative placement cannot be found leaving DHS with little option but to leave children in the Youth Hostel until they reach 18 and age out of care.<sup>9</sup> Leaving a child detained in the Youth Hostel for long periods of time makes the transition even more problematic, as these children will have had minimal, if any, contact with members of the community while detained.

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<sup>9</sup> Residential homes, especially private homes, are reluctant to take children from the Youth Hostel, feeling that their behavior may impact on the other children or destabilize their placement; or because the child has previously run away from the home or the home feels that they cannot manage the child's behavior or meet the child needs. The homes place a high premium of children 'behaving appropriately.'

Figure 8: Organizational Chart of the Department of Human Services



The overlap between the two departments raises the question of whether the structure is best meeting the needs of children in the care system and whether a children’s services department should be created out of the CRD and DHS. Combining the two departments has the potential to ensure more efficient and better managed services for children, especially if aftercare services are to be expanded and resourced. This is an option that the DHS and CRD may wish to consider.

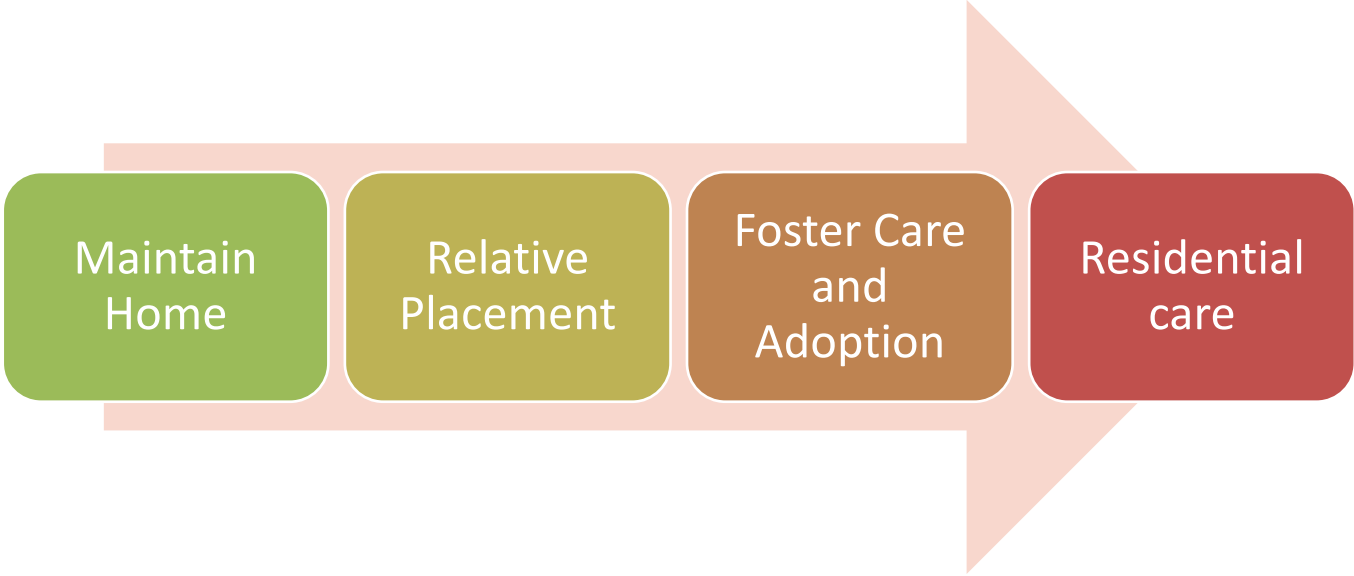
## 5. Continuum of Care

Figure 9 depicts the continuum of care operated by the Ministry of Human Development. Children admitted into the care system under the age of 5 are placed with foster carers, while an older child’s first placement is likely to be in a children’s

residential care home. Due to the age of admission of children into the care system, few children are likely to be placed for adoption and, equally, few are likely to be placed in foster care. This is particularly the case where sibling groups are taken into care together, due to the lack of foster parents wishing to take more than one child. Placement for adoption is further limited by the view of some social workers in the DHS that a child may not be placed for adoption without a custody order from the Court, which is not generally made until two years after an initial care order, despite there being no such requirement in the FACA. The delay in placing a child for adoption is contrary to the 'no-delay' principle in Schedule 1 of the Act and makes identification of an adoptive placement more problematic. There does not appear to be a practice of 'foster to adopt' in place.

In 2019, 38 percent of children in the care system were in foster care, 62 percent were in residential care.<sup>10</sup> This figure does not include children who are the subject of 'uncontrollable' orders under the Certified Institutions Act, unless they are also the subject of care order under FACA.

**Figure 9: The Continuum of Care**



<sup>10</sup> DHS provided information stating that 18 percent of children in residential care were in institutions for children with special needs. These were not visited or spoken to for this consultancy.

## 6. Transition from Care

Despite the lack of policy and gaps in the law relating to the provision of support for children upon reaching the age of 18, there is clear evidence that DHS takes seriously the planning for transition of children. DHS has taken steps to facilitate the transition of children from care by taking on the financial responsibility for two of the three transitional residential homes: Coral Grove and Mile 14, while Orange Walk, the third transitional home is funded externally. The transition homes take in children aged 14 and over to prepare them for independent living. The majority of the children currently accommodated in these homes have come from other children's homes, in particular, from Dorothy Menzies and Kings. The purpose of these homes is to provide life skills training with the aim of helping children to navigate the practicalities of life and to make decisions about education, training, and employment.

In terms of procedure prior to the child transitioning, the child's social worker is required to complete an Independent Living Plan. The consultants reviewed a number of these reports from three residential settings. From a practice standpoint, the reports are inadequate. They consist of two to three pages which set out some details of the family background but do not set out any arrangements for the child when he or she transitions or any details of the services that DHS and other bodies will provide to the child. There is nothing in any of the plans reviewed relating to where or with whom the child will live, what financial assistance will be offered to the child, or what social work or counseling support will be offered. Rather, the Independent Living Plan sets out what the child must do, which largely consists of administrative reporting tasks. The child (and a reader of the report) is left none the wiser as to the actual plan.

Although there is no formal provision relating to the support to be provided to children once they leave care, the DHS continues to provide a limited amount of financial support and support with accommodation. This is justified as being a practice in line with section 71(2) of the FACA, which provides that a maintenance order may be continued beyond 18 if the child has disabilities or is continuing with his or her education. As the State parent, the Department is therefore justified in continuing to support a child transitioning from care.

DHS also offers a limited amount of support in terms of finding accommodation, education, training, and employment. Many of those transitioning from care remain in education, as they have not finished high school by the age of 18, or they wish to attend junior college or sixth form. Where a child has left the home but remains in education, they report being told by their social worker that they are not to get a job in their first year but will receive financial support of \$200Bz a month. If they leave education, monthly financial support ceases. After the first year, if they continue in education, they are expected to find and retain a part-time job and will not receive any financial support.

Several residential homes seek to recruit a sponsor for a child transitioning from care, who will assist the child with fees for education, pay the child's rent, give an allowance for living expenses, and maintain contact with the individual they are sponsoring. It is not possible to find a sponsor for every child, and most of those who are sponsored are those who intend to remain in education. The risk of this provision is that it creates a dependence on the sponsor, rather than the young person learning to be self-reliant, and relies on untrained people to continue paying for the child. It also places the young person at some risk if the sponsor decides that he no longer wishes to continue sponsoring the care leaver. One care leaver informed us that his sponsor disapproved of his behavior and decided to withdraw from the relationship, requiring the young person to leave the accommodation that had been provided.

DHS has attempted to recruit sympathetic landladies willing to provide accommodation together with a degree of support. It is not clear how many landladies have responded or how effective the approach has been, but it is an interesting idea worth pursuing. Interviews with two such landladies indicated that, while they did their best, the challenges presented by the young people were sometimes too much for them to handle. Nevertheless, they could be a valuable resource if they were adequately supported, and possibly linked to a "staying close" program, which would mean access to social work support when needed. It was reported that a small stipend, some \$30Bz, was provided for their services. This frequently involves advice, providing food and in the case of one landlady, caring for a young person with quite serious mental health difficulties. A higher stipend might encourage more landladies, and indeed, landlords to take on such a role.

Both DHS and some of the residential homes have recognized that not all children are ready to leave care and live independently at 18. While some children move out of the transition homes and other homes at 18, others finish their school year before they leave or remain at the residential home when they feel they are not ready to manage on their own or cannot manage on their own because of disability. This partially accounts for the number of young people, aged 18+ who remain at a children's home.

There is little available evidence on the progress of children who have transitioned from care over the last five years. The consultants met with a number of the children who had left in the previous two years and listened to their stories. For most, it has been a difficult transition, but those interviewed were largely coping, though suffering a shortage of money and considerable concern about what would happen to them should they "fail" or lose their job. Other children, especially those at Laugh Out Loud (LOL), explained in detail how their transition had not worked, and how they had returned to the home seeking help and were provided with accommodation and support.

Several residential care homes have recognized the difficulties of transition at the age of 18 and are actively thinking about possible semi-independent models to offer young people continuing support. Liberty is thinking of using a nearby house for care leavers, and LOL is currently in the process of building 10 pods, which are individual living units for children who are transitioning from the care system, so that they can remain at the home while they are in education post-18 or rent if they are working (for a very low amount) until they feel ready to leave. Other homes permit children to remain after 18, at least to finish the school year.

## 7. Key Barriers and Enablers in Transitioning to Post-care

The terms of reference for this study required the consultants to assess gaps in the current frameworks, facilities, programs, and services for youth wards of the State who will be transitioning to post-care; and barriers to accessing services and programs. Many of the barriers have to do with the level of human and financial resources, the low level of training of social workers and caregivers, social work practice, current legislation, and the lack of clear policy on transitioning from care.

### 7.1 Permanency Planning

As a matter of good practice, permanency planning should start as soon as an application is made to the Court for a care order. In line with the priorities that DHS set out in their continuum of care, the care plan for the child should assess whether reunification with the birth parents is feasible and in the child's best interests, and if not, whether there is a family member who could take on care. If that is not possible, then a foster placement should be sought with placement in a residential home being the last option. According to the UN Guidelines on Alternative Care:<sup>11</sup>

61. Planning for care provision and permanency should be carried out from the earliest possible time, ideally before the child enters care, considering the immediate and longer-term advantages and disadvantages of each option considered and should comprise short and long-term propositions.

62. Planning for care provision and permanency should be based on, notably, the nature and quality of the child's attachment to his/her family, the family's capacity to safeguard the child's well-being and harmonious development, the child's need or desire to feel part of a family, the desirability of the child remaining within his/her community and country, the child's cultural, linguistic and religious background, and the child's relationships with siblings, with a view to avoiding their separation.

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<sup>11</sup> A/RES/64/142 24 February 2010.

63. The plan should clearly state, inter alia, the goals of the placement and the measures to achieve them.

Data are not available on permanency planning for most children. This may be due either to the failure to update FamCare, the information management system used by the Ministry, or the lack of an agreed permanency plan for the child. For the minority of children (46 out of 283) for whom it was available in 2017, reunification with a birth parent was the plan in only one case. For children entering care aged 15-18, who constitute the biggest proportion of children entering the care system, the long-term permanency plans are generally unification with a family member when the child reaches 18 or, more likely, independent living. However, it is not possible to find specific detail of the contact with the family that is to take place while the child is in care. Without such contact being maintained, reunification or unification is likely to prove problematic and probably unsustainable, especially if the child has spent some years in the care system.

Many of the children interviewed for this study could be described as “emotionally adrift in children’s homes with little or no parental contact, but also with no plans for family rehabilitation, adoption or placement with a foster family” (Rowe and Lambert, 1973). They are unaware of what their long-term plan provides, and especially the goals and the measures to achieve them, as opportunities to talk to and discuss this with their social worker are infrequent. For most children in residential care, however, the plan appears to be for them to remain in such care until the age of 18, and then to live either with a family member or move to independent living. A number of children interviewed had been placed with foster carers during the holidays, with a view to longer-term fostering, but it is not known to what extent this was intended purely as a respite placement, or how many such placements were successful and allowed children to transition out of residential care. Placing a child in foster care in the teenage years, after a lengthy period in residential care, is likely to have limited success. Indeed, for those interviewed for the purposes of this study, it had not worked out.<sup>12</sup>

## 7.2 Preparation of Children

UN Guidelines on Alternative Care, Guideline 131 provides that “[t]hroughout the period of care, they (i.e., Human Services Department) should systematically aim at preparing children to assume self-reliance and to integrate fully in the community, notably through the acquisition of social and life skills, which are fostered by participation in the life of the local community.”

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<sup>12</sup> The expectations of the foster care placement were not clear, that is, whether it was intended to be permanent or a short period of respite holiday care. The children interviewed, overall, did not know the reasons for the breakdown. It is also not clear how carefully children were matched with foster carers. One child complained that his foster parents were racist and did not come from the same racial background as his.

Ensuring participation in the life of the community and self-reliance and integration with the community falls to the various residential care homes in which the children are placed. It is a task at which they notably fall short, though it should be noted that the COVID-19 pandemic exacerbated the difficulties.

All the residential homes consider themselves to be bound by rules that they regard as imposed by DHS.<sup>13</sup> These include not permitting their resident children to visit friends from the community at their homes or (for most) allowing friends to visit the residential home. Children in residential care are required to come back to the home immediately once the school day finishes. A number of children commented that they were not allowed to attend friends' birthday parties or take part in social activities organized by friends. They felt that this stigmatized them and emphasized the difference between them and their classmates. These practices place a significant limitation on a child's chances of integrating into the community and their ability to form long-term relationships with (and gain support from) children and families living in the community.

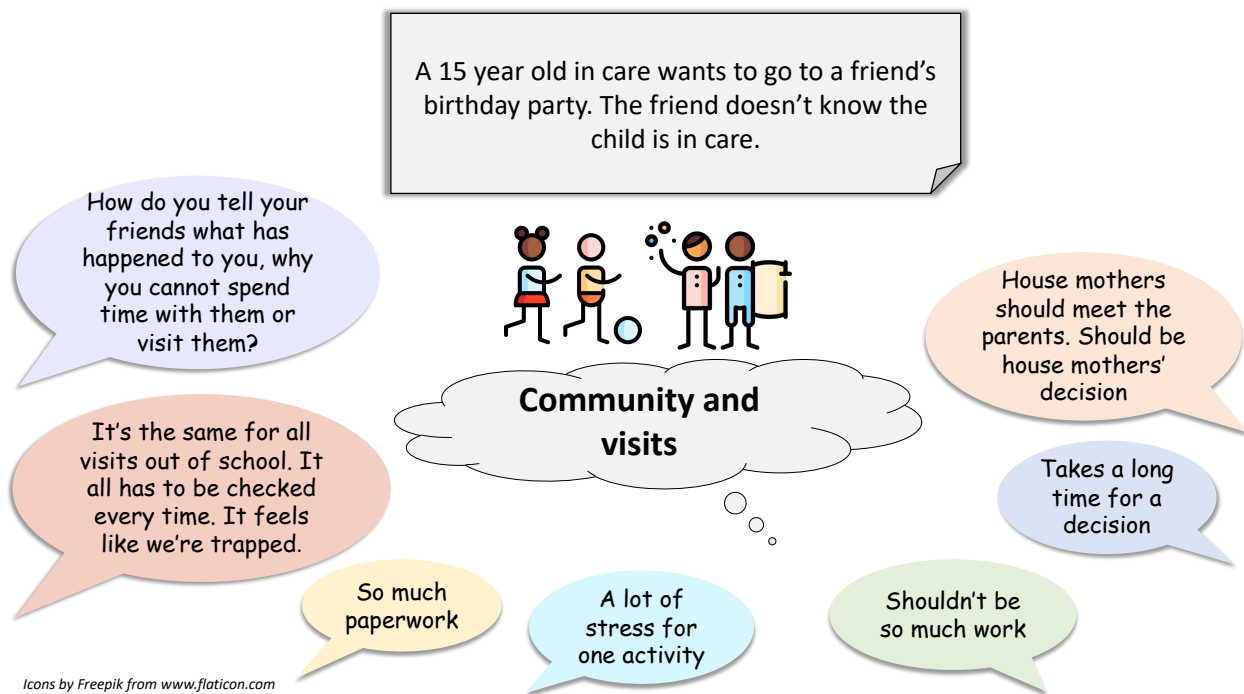
The only legal provision covering this situation appears to be in Regulation 15(2)(b) of the Social Services Regulations, which provides that no child at the residential care facility for children is left unattended by a member of staff or goes without appropriate supervision and care. When questioned about this, staff at the home stated that they would need to assess the family of every friend that one of their children wanted to visit, that this would be too burdensome, and that they could not be expected to assess so many families. While it is recognized that there is a need to safeguard children in the care of the State, and to be aware where a child is going and with whom, this should not be at the expense of the best interests of the child: to participate in the life of the community. Adolescents who have little experience of friendships outside a residential care home and little opportunity to observe family members dealing with everyday issues and experiencing the stresses of life are likely to be ill-prepared for an independent life. As one child who was interviewed for the Study put it: "Most difficult? Fitting in with people who have been living with family. I don't know how to operate. I will have to get used to interacting in a normal social environment."

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<sup>13</sup> This does not apply to the Youth Hostel, which operates on different rules and is a closed institution, though pre-COVID, some of the children attended a local school.



Figure 9: Children's Views on Restriction of their Lives



Source: Drawn from children who participated in this study and the response of children in care to the UK. UK Independent Care Review (2021).

Social isolation of children in the care system has been made worse by school closures due to COVID-19. Schools were the only place where children in care meet children from the community on a regular basis. This social isolation has been further exacerbated by rules in some of the homes against the use of social media or phones. Again, the necessity to safeguard children is recognized, but prohibiting calls, texting, and video time with school friends or friends from other homes has limited children's social circle to the other children in their home. These restrictive practices need to be reviewed as a matter of urgency.

### 7.3 Life Skills and Preparation for Independence

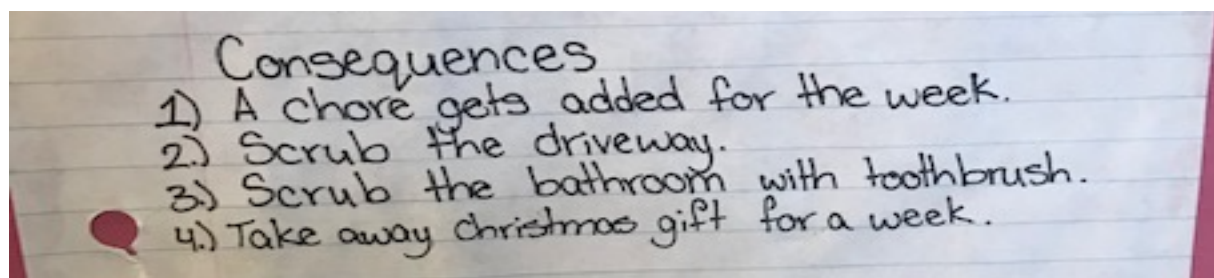
Apart from rules restricting children's relationships with the community, nearly all of the homes impose rules that remove children's autonomy and control over their own lives. These rules lower children's self-esteem and create barriers in the relationship between the children and staff. The rules included fixed times for undertaking activities and chores, no say in the food that is provided, inability to make themselves a snack; no pocket money; no recognition of their birthday; a fixed bedtime of 9:00 p.m. during the school week, even for 17- and 18-year-olds; no television during the school week; no discussion of the rules, and no say in the running of the home. In addition, children are not allowed outside the home without supervision.

Children in residential homes are generally not given the opportunity to test limits or make mistakes, due to the risk-averse approach taken by the Ministry of Human Development and subsequently the Ministry of Health. To an extent, a risk-averse approach can be understood and is appropriate. Children in residential care are vulnerable, and the State has a duty to protect them. Equally, during the COVID-19 pandemic, there is a desire to keep the children and their carers safe from infection, which provides further justification for restricting their freedom of movement. However, in September 2021, COVIDC restrictions continued to apply to children in residential care homes to a far greater extent than were applicable to other children. Children were still not permitted to leave the home.

Feedback from staff and carers as well as children in the residential sector was that the regime in the sector is unnecessarily controlling, with residential care staff admitting that “sometimes they are afraid to let go of the children.”

Children in the various residential homes are not given the same opportunity as other children to make mistakes, and if they do make mistakes these are met with repercussions. This is despite research evidence that “[t]hey [children in the care system] need to have the same opportunity as their non-care peers to test limits and make mistakes without losing ongoing support from the key adult figures in their lives” (Mendes and Snow, 2016).

Behavior that might merit a discussion between a child and a parent or at most a verbal reprimand is often met with consequences or punishments, and in some cases where the behavior is repeated or there is a failure to comply with the rules, with removal from the home and placement elsewhere. The example below shows what is to happen in one home, with pre-teen children, if a cleaning chore is not completed.



There are problems with this approach. Training for independence requires increasing children’s autonomy so that they are able to take care of themselves. This should start at an early age, as it would in a family home. However, in residential care, allowing children to take responsibility appears only to be reflected in chores. At the same time, chores are a punishment. For one child it is noted in the independent living plan that she was currently on punishment within the home and was assigned to the kitchen for

an entire month. Using such punishments makes life skills, such as cooking, a chore, rather than an enjoyable activity that children want to engage in.

All residential homes need rules, but rules should promote self-reliance and self-esteem. Children also need to be able to learn from their mistakes. For these children, who are not permitted any degree of control or allowed to make decisions about any aspect of their lives, it is difficult to envision how they are to manage or how they will not make mistakes when they leave residential care and have to take on the full regulation of their lives.

It is notable that both staff in the residential homes and members of DHS referred to children and transitioning young people as being 'entitled' and asking for things to be done for them. Staff were concerned that the young people were so used to caregivers doing everything for them that they have been disabled and are unaware of the basics of looking after a home or their own welfare. This was seen as a negative aspect of the children's behavior. However, it can also be viewed as an inevitable consequence of removal of a child's autonomy and control. The day-to-day rules applied to children in residential care need to be reviewed and amended to reflect the growing autonomy of children as they age, to ensure that they have the knowledge, self-esteem, and resilience to cope with transition as they reach adulthood.

The Youth Hostel and the residential care homes all state that they offer life skills programs, but the extent of these programs is limited, and even more so during COVID-19. Life skill courses are said to include learning to cook and look after themselves, managing finances, paying bills, and learning about healthy relationships and sexual health. It was not possible to determine the extent or effectiveness of these programs due to their curtailment during COVID-19.

It is noted, however, that children at the Youth Hostel are no longer allowed to cook, because in the past girls removed knives from the kitchen. Restrictions on cooking also appear to apply at other homes. When commenting on daily living skills in independent living plans, it would seem to be the view of social workers completing the plans, that daily living skills are provided by children being made to complete cleaning chores within the kitchen and within their dorms.

#### 7.4 Placement Stability

The importance of providing young people from care with stability and attachment has been a consistent finding in research studies for 30 years. These studies have captured young people's experiences and, more recently, identified stability as a key mediator for a wide range of adult outcomes, including physical and mental health, education, employment, and a sense of connectedness (Biehal et al., 1995; Dixon and Stein, 2005; Jones et al., 2011; Rowe and Lambert, 1973; Stein and Carey, 1986; Ward, 2011).

At present, DHS has a practice of moving children when they are between 14 and 18 into one of the three transition homes—Coral Grove, 14 Mile, and Orange Walk—to prepare them for independent living. Moving into one of these homes is often described as a form of ‘graduation,’ from one of the other residential care homes. However, at the same time, a number of the children believe that they were moved due to their bad behavior in their previous home, while DHS sought boys who wanted to move to Orange Walk. Some of the children interviewed in the transition homes were distressed by the moves: for some, it involved separation from siblings, while for others it separated them from other children in the home to whom they were particularly attached, and with whom they had grown up, ending their fragile friendship network. Some children had moved placements three or four times during their time in care. Moving disrupts attachments and compounds the problems of attachment disorder as well as interfering with the ability of the child to develop and maintain lasting relationships.

While transition homes were established with the best of intentions, it is questionable whether a move to a transition home in their mid-teens is in a child’s best interest. Further, there is little evidence that these homes, especially Coral Grove, prepare children to any greater extent than any other home.

### 7.5 Emotional Resilience

The importance of young people feeling cared for and feeling self-worth should not be underestimated. Also, central to the development of young people is the belief that a dependable and supportive adult has made a personal investment (however small) in supporting their welfare and that this is based on understanding and care.

One commentator has argued that a young person’s healthy development is conditional on their being genuinely cared for by someone who both loves them and responds sensitively to their needs (Gerhardt, 2004). This is not the case for all children in residential care in Belize. Children reviewed for this study were asked whether they felt valued and loved in care. Answers varied, with many feeling neither loved nor valued, some feeling valued and, as an exception, children who were 18+ interviewed in LOL feeling both valued and loved.

“I want to be valued and loved;”

“I felt neither valued nor loved. I didn’t trust anyone!”

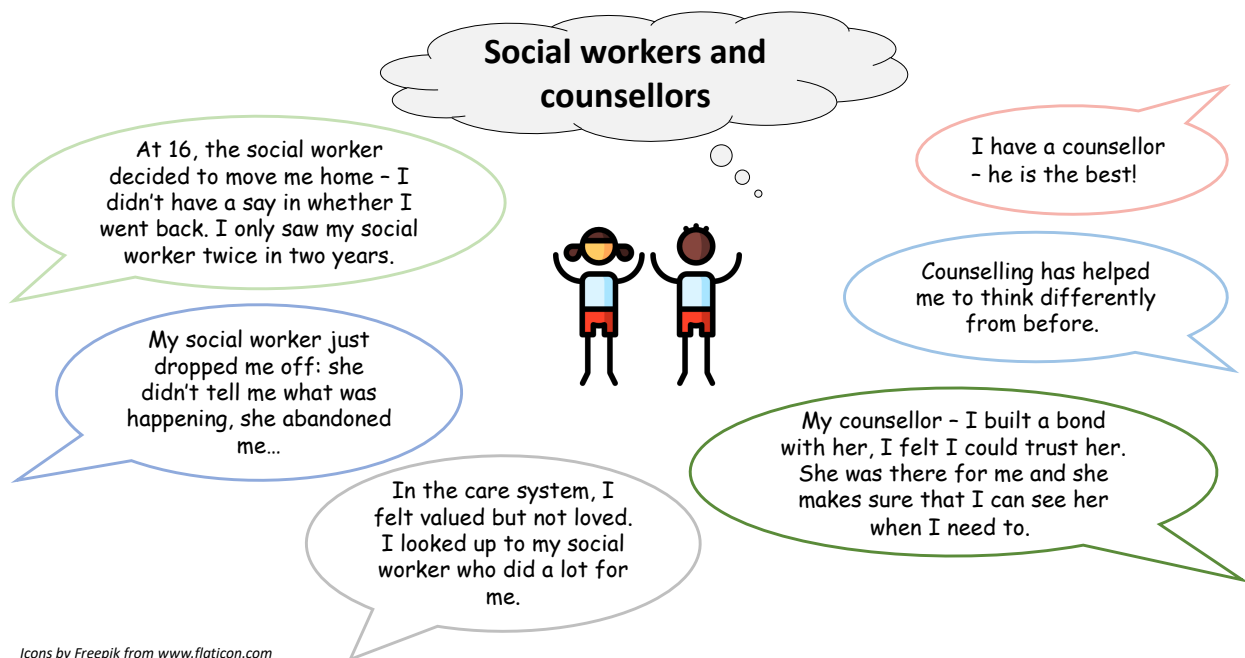
“I know my worth and I know my value;”

“It’s hard to move on from my past but she won’t give up on me whatever my mistake. She doesn’t just say it, she means it.”

## 7.6 Relationships with Social Workers, Counselors and Carers

Relationships with social workers, caregivers in the home, and counselors are of great importance to children. While some children in the care system reported having a relationship with their social worker, the majority felt that they did not. Children were unhappy that they only saw the social worker occasionally and that the allocated social worker changed when the child moved, or as a result of changes in staffing in the DHS. Staff turnover and overloading are problems that afflict social work services globally, and they underscore the need to retain staff, which in turn requires permanent contracts, better training and a salary that reflects professional competence. Some of the comments made by children about their social workers are contained in Figure 10 below. In essence, many of the complaints related to communication: with children not understanding why they had been removed from their parents or placed in a particular home, not knowing what was happening with their care or what the future held for them, and long gaps between visits by a social worker or not seeing a social worker at all.

Figure 10: Attitudes Toward Social Workers and Counselor



At present, there are only five counselors, an insufficient number to ensure that every child in the care system has realistic access to counseling. Those children who do have access to counselors, however, had a good relationship with them and were happy about the service offered. Further, during COVID-19, all counselors have been based in Belize City and have not been travelling to the districts.

Attitudes to care staff in the residential homes were mixed. While most children were happy with the heads of the homes, they were far more equivocal about day-to-day care staff. This may reflect the difficulty that children have in developing a relationship with staff who work shifts and are not allocated to specific children. It was notable in LOL, which operates a 'house' system with one- or two-house parents, that there was more apparent attachment to these caregivers. The children felt that the house mother or father was there for them, and they were able to develop a more meaningful quasi-parental relationship.

Children commented at a number of homes that the staff gossiped about them and in response they decided to limit what they tell staff. There was definitely a feeling of "us against them." It was also clear that children feel that staff make decisions for them without consulting them. One of the counselors also made this comment. These attitudes militate against building up a relationship of trust.

"We don't tell the staff everything because it goes around like a 'choo-choo' train."

Figure 11: Attitudes toward Caregivers



### 7.7 Behavior

Residential homes and social workers comment on the need for children to behave. Disrespect, refusal to undertake chores or to do as asked, and running away are all regarded as challenging behavior.

There is some evidence of children running away from residential care, but not to any great extent. The staff in one residential home noted that “there are a few who run away, but if they do, they are brought back and monitored more closely.” However, one of the counselors stated that “when children run away from a facility, the facility usually wants them moved out to another place.” When a child runs away from a home, the child’s social worker should visit the child in the home to discuss why he or she ran away. There is generally a reason for the child’s action and running away should be a prompt to review the placement and the care and support being offered.

Social workers do not, on the whole, engage with children therapeutically, recognizing the trauma the child has experienced in his or her life to enable the child to address it and move on with life. Caregivers also confirmed that there are times they do not know how to handle what they refer to as ‘challenging’ behavior. One of the managers of a residential home commented: “If a child’s behavior cannot be contained, the child will be moved, for instance if the child continues to bully others after a period of counseling.” Much of the response to such behavior is punitive: the imposition of some

form of sanction, which in the case of the Youth Hostel, includes solitary isolation or confinement for long periods of time.

### 7.8 Education

Ensuring children receive education is an important service offered by residential care homes and should be regarded as a major factor in helping children in their transition from care. It affects their career trajectory and in American research was found to be the biggest predictor of employment and higher wages (Hook and Courtney, 2011). American youth who aged out of care with a high school diploma were twice as likely to be employed, and children with higher education were four times as likely to be employed. Remaining in education has also been found to reduce early pregnancy and early parenthood (Dworsky and Courtney, 2010).

All the children in residential care who were interviewed were either enrolled in education or vocational training. Children are encouraged to complete high school, with the majority aiming to continue their education at sixth form college, junior college, a trade school, or a university. It was clear that young people value education and see it as a pillar that will assist their integration into the community and their future financial survival.

Children's involvement in education and their achievements should be regarded as a success of the Belize care system and a key enabler for transition from care. The majority of children interviewed for the assessment had either finished high school (albeit late) or were on course to do so or were in vocational training. There is a notable difference between the boys in residential care homes and boys remanded or convicted of criminal offenses detained in the Youth Hostel. Not one of the boys interviewed from the latter group had completed high school or was in a position to do so.

Informal education and interaction with staff, social workers, and particularly counselors also appeared to give children in residential care greater clarity about their situation. They were able to express their views at length, coherently and with passion!

### 7.9 Employment

DHS is starting to work with businesses to find work experiences, apprenticeships, and employment opportunities for children leaving the care system, as well as those willing to be mentors for children. COVID-19 has hindered progress on this front. One of the advantages of children who have spent time in the care system and attended education is their level of English language, which is generally good, and far better than children remanded at the Youth Hostel who have not been in care. Making linkages with call center businesses could present an opportunity for children transitioning from care, particularly as it is possible to work in such settings on a part-time basis.



## 8. Research on Transitioning from Care

### 8.1 What is Known about Transitioning from Care

Historically, most countries regarded children who reached 18 while in the care of the State as no longer their responsibility, and as no longer eligible for protection under child welfare policy and legislation. Countries provided only limited leaving care or post-care support services, consisting, in large part, of short-term provision to meet basic needs, such as financial support and assistance with finding accommodation.

In Australia, Canada, the United Kingdom, the United States, and Western Europe, there has long been concern about the prospects and outcomes for children who leave care. These children are recognized as a disadvantaged group that has generally not received the ongoing support from responsible carers and other adults that they require to transition successfully to adulthood (Mendes and Rogers, 2020). Research from these countries also indicates that they are likely to have suffered from educational disruption and to lag behind by at least half a school year (Smithgall et al., 2004). This is as true for children in the care system in Belize as it is in the above-mentioned countries and regions.

Although research studies from a range of countries report a range of policy approaches for children transitioning from care, the children involved have been found to have significant similarities in terms of outcomes (Rogers, 2011). These young people have difficulty finding stable, affordable housing, accessing a social network, health care, supportive and safe social relationships, pursuing education and training, and finding employment (Mann-Feder and Goyette, 2019). A recent study (Du Plessis van Breda, Mann-Feder and Schroer 2020; Stahl et al., 2020), which reviewed policy, legislation, and practice related to care leavers in 36 countries,<sup>14</sup> found that in 34 of the countries surveyed employment was the main challenge for care leavers. Education, housing, and poverty were perceived as challenges in 31 countries (86 percent). Isolation and loneliness were reported as a challenge in 29 countries (81 percent) and mental health in 27 countries (75 percent). Delinquency and substance abuse were reported in 22 countries (61 percent).

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<sup>14</sup> They could choose from a list of the most common difficulties derived from international research, using a Likert scale to indicate if they “strongly agree,” “agree,” “disagree,” “strongly disagree” or “I do not know.” The problem areas which were suggested included housing, e.g., instability in living places and homelessness; employment; poverty; involvement in anti-social behaviors, like using drugs and delinquency; mental health; education; isolation/loneliness and teenage parenthood.

A number of Australian research studies have documented that many care leavers experience poor outcomes because they are not developmentally ready at 18 years of age to live independently. They exit care directly into homelessness and/or endure ongoing housing instability (Mendes, Snow, and Baidawi, 2016).

In the United Kingdom, care leavers make up 24 percent of the adult prison population, despite the fact that fewer than 1 percent of children enter the care system every year. It is also estimated that 25 percent of homeless people in the United Kingdom have been in care at some time in their lives (Independent Review of Children’s Social Care, 2021), with a recent report quantifying the direct costs to government of the poor outcomes for children in care at £2.3 billion per year (PWC and Home For Good, 2021).

There are a number of key reasons for these high levels of vulnerability (Mendes and Snow, 2016). First, most of those children who enter care systems come from highly disadvantaged backgrounds and have experienced significant abuse, trauma, or neglect. Secondly, the quality and stability of placements within the care system vary greatly, and some children experience inadequate care within the system and multiple placements. Some young people, particularly those living in kinship care or with foster carers, experience supportive and stable arrangements that assist them in overcoming adversity resulting from their pre-care experiences. Others, however, particularly those living in residential care facilities, may struggle to access supportive relationships with adult caregivers. Thirdly, care leavers tend to lack the range of family and other community support networks that young people typically utilize to ease their transition into adulthood. Last, most children leave care at 18, at which point they are expected to move rapidly to independent living, with a loss of financial, material, and emotional support. At the same time, these children often lack maturity and life skills at the age of 18. Children who age out of the care system are catapulted into instant adulthood (Schwartz and Spiro, 2017), despite the fact that many have been infantilized as a result of the care regime in residential care during their adolescent years.

A different classification places care leavers into three broad groups (Stein, 2012). The ‘moving-on group’ which comprises around 20 percent of care leavers. Young people in this group are likely to have had positive experiences in the care system involving stable and supportive relationships with carers, and a gradual preparation for leaving care. This group welcomes the assistance provided during their transition to independence and actively participates in further or higher education. Young people in this group are likely to have experienced secure and stable placements, be highly resilient, to welcome independence, and to be able to make effective use of leaving and aftercare supports.

The second group is termed “survivors.” They comprise an estimated 60 percent of care leavers. They are likely to have experienced placement instability and to have left

care at a younger age with limited planning and few support networks. However, they are still able to benefit over time from professional and community assistance.

The third group is the ‘strugglers.’ They comprise about 20 percent of care leavers. They are likely to have had traumatic pre-care experiences and may have major social and emotional deficits. A significant number in this group experience homelessness, involvement in the juvenile and adult criminal justice systems, poor mental health, substance abuse, long-term reliance on welfare benefits, and social isolation. Specialized after-care services are an important form of assistance for this group in the absence of other supportive relationships.

These categories are fluid, and some youth may have difficult initial transitions but later be able to take advantage of growing maturity and effective support services to move on into the mainstream (Stein, 2012).

## 8.2 Factors that Affect Successful Transition in Belize

There are a range of factors that need to be considered when children are facing the end of their care episode. One of these is children’s ambivalence and fear relating to their ability to manage on their own.

“I want to get out but then I don’t want to because I don’t have anybody outside.”

“The thing about being in care is there’s no way you can grow up, you are a child until you’re 18 and really you’re not.”

“If you live with your parents, you have a choice whether you leave home or not. In care, you get kicked out ... you don’t feel you belong there once you have left.”

“They do everything for you; I don’t really know how to look after myself” (Page and Clarke, 1977).

These comments, almost identical to those made by children and young people whom the authors interviewed for the report during the mission in September 2021, come from children in the United Kingdom and were made in 1977. In the most recent care review in 2021, some 44 years later, and despite considerable legislative change to provide more support to children leaving care, the same issues arise. The Independent Care Review carried out in England and published in 2021 found that children in the care system are ‘not getting a good enough deal.’ However, the report found that it is hard to find a government domestically or internationally that has got it right. It needs to be accepted that transition poses a significant number of challenges.

## Views of Young People in England on Leaving Care: The Independent Care Review, England, 2021

Young people leaving care reported that they often felt on a cliff edge, which not only put them in a precarious financial position but also left them feeling disregarded and ill-equipped to move on to independent living. One young person said: “Being in care was life changing. Every aspect of my life is still affected by it. I don’t think there is enough time to process all the trauma before you leave care, and all the stress and headaches come back.”

Children and young people also reported feelings of loneliness. They struggled with their mental health and difficulties in accessing mental health services. They believed that social workers and other professionals should have more training to recognize and understand trauma and its impact on young people’s lives. One young person said: “It can be lonely during the harder times, like significant changes, like when you’re first put into foster care. You have just left your family and moving into a place with people you don’t know.”

The need for better practical and financial support to prepare young people for independence was also highlighted. Many noted the importance of gaining experience earlier in cooking, budgeting, and other household skills in the run up to independent living to soften the transition. Young people also wanted better and clearer financial packages and called on local authorities to reduce the costs they faced in areas such as travel and housing.

The comments made by children in England are very similar to comments made by children who had been in the care system in Belize, though perhaps with less recognition of mental health issues. An additional cultural factor for Belizean children is that they tend to remain in their parents’ homes until they marry. Thus, finding alternative care and community structures outside the family in the late teenage years and early twenties may be more difficult.

Children transitioning from care have nobody on whom they can fall back if independent living or reintegration with family is not successful. This group of children have no economic capital behind them and very little by way of social capital. Unlike many countries, Belize does not offer subsidized housing or welfare benefits to its population, including those leaving care. Accommodation is not readily available at an easily affordable price and is an expense the young person leaving care may not be able to manage. Unless the young person can acquire and sustain a job that pays well enough to rent a place to live, pay the utilities, and buy food and other necessities, it is highly likely that he or she will quickly become homeless. Children facing transition were aware of the hurdles that faced them:

“I need financial support.” What is going to become of me out there? I wouldn’t say I am frightened, but I am nervous.”

“I want to know what happens if when we go out into the community we fail.”

Research in a number of countries suggests that young people who have spent considerable time in care are very vulnerable and when not coping are liable to drift into homelessness, drug use, prostitution, violent and exploitative relationships, and offending in order to survive. At present, there is no safety net in place for young people who transition from the care system in Belize.

## 9. Models for Transitioning from Care

In countries where support on leaving care is provided, it can take a number of forms, but essentially all programs and pilots involve continuing support for a number of years after the child reaches 18. These may include so-called extended care programs, stretch programs (Australia), or 'staying put' programs (United Kingdom), which allow the child to remain in care (usually with a foster carer but also in a residential home) until the age of 21; 'staying close' programs, which are semi-independent living programs providing accommodation, maintenance, and social work support to a child or independent living with some outreach support. In an increasing number of countries, it has been recognized that a cut-off age of 21 for support is still not sufficient for this group of children. Some extend care to between 24 and 26 years of age in recognition of their particular vulnerabilities.

## California: Extended Care

California passed the Fostering Connections to Success Act in 2010 and began to allow children to extend their stay in foster care from 18 to 21 in 2012. A longitudinal study of 727 young people who received extended care followed the progress of children who took advantage of the Act. The research addressed three primary questions: first, whether extending foster care past the age of 18 had an impact on the outcomes experienced by children as they transitioned to adulthood, and in particular whether it influenced education, employment, health, housing, parenting and general well-being; second, what factors influenced the types of support the young people in extended care received during that period; and third, the extent to which living arrangement and other services that resulted from extended foster care influenced outcomes. The research was conducted in four waves, covering children initially at age 17, then at 19, 21, and 23 (Courtney et al., 2021).

At 17, on average, these young people were faring poorly in terms of their educational experiences, employment history, physical and mental health, and engagement in risky behaviors. There was strong evidence of their need for ongoing support. The young people's perceptions of their preparedness for independence and their description of the kinds of help they had received while in care suggested that significant gaps existed.

At 19 years of age, the vast majority of the young people who remained in extended care were satisfied with the help they were receiving under the program and associated remaining in care with positive outcomes. Over three-quarters of young people interviewed at ages 16–17 were still in care at age 19, despite the fact that they were free to leave care after reaching 18. The vast majority of them saw extended care as supporting them in their life goals.

At age 21, the longitudinal study found that young people were faring poorly compared to their age peers across many measures of well-being, including educational attainment, employment, economic self-sufficiency, physical and mental health, and involvement with the criminal justice system.

At 23, all the young people involved had been out of foster care for at least two years. The benefits of extended care included enhanced educational outcomes, improved earnings and less economic hardship, fewer early pregnancies, less homelessness, reduced involvement in the criminal justice system, and greater involvement of non-custodial fathers with their children. Nevertheless, there were no statistically significant associations between extended care and outcomes for general physical health, mental illness, drug and alcohol abuse, food insecurity, early parenting for males or females, experience of physical victimization, or formal completion of college semesters or degrees. The evaluation recommended more regular caseworker support to assist young adults in extended care, given that they are no longer able to access daily support from adult caregivers. They concluded that there may be a need to extend care well beyond 21 years of age to enable young people to complete degrees and/or other forms of training and personal development (Courtney, 2019).

There will be some care leavers who do not choose to engage with extended care programs at 18 years of age. In some countries, extended care is offered flexibly and allows young care leavers the opportunity to enter extended care when they are 19 or even 20 years old at the point when they have matured and are ready to engage.

Although young people who had transitioned from the care system are generally found to be faring poorly compared to young people who have grown up with their birth families, the limited but growing feedback from existing extended care programs is mostly positive. Those young people willing and eligible to participate are provided with an opportunity for stability and continuity via existing relationships with supportive adults. This optimizes their chances for successful transitions, including positive engagement with education and/or employment, and lowers the prospects of negative outcomes such as homelessness, though not perhaps as much as been hoped by those implementing the programs. Such programs have been successful in the United Kingdom. They found systemic benefits, including stable and supportive relationships providing ongoing emotional support to young people not developmentally ready for adulthood at 18 (Munro and Lushey, 2012).

Extended care (or 'staying put') programs are largely aimed at those in foster care, but they could be extended to children in residential care, as they have been in England and Scotland. When this was first considered, four possible options were put forward (Better Care Network, 2014), and young people in care and those who had already transitioned from care were consulted on which ones they thought would meet their needs and would work for them.<sup>15</sup> The pros and cons of the model are laid out in some detail here, as they have particular relevance to possible options for Belize. One notable take-away from the consultation was the view of many of the children and young people about 'choice.' They consistently talked about no one option being right for every young person and the importance of allowing the young person to make a choice to meet their needs and do what is right for them (Better Care Network, 2014).

**Option One:** Care leavers remain living in the same children's home in which they have been residing and are allowed to stay there until they reach 21. The aim of this option was to promote safety and security and a sense of belonging, with sustained relationships. Accommodation would feel like a single home with a range of ages in one place. Care leavers would be supported by the same staff post-18 as pre-18, including a transition worker embedded within the staff. The staff would be trained and supported, with the knowledge and skills to work with young people. They would encourage young people toward more independent living and support education, training, and skills outcomes. The relationship between staff and the young person would evolve in line

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<sup>15</sup> Ninety-either individual young people in care or care leavers responded to the consultation and three focus groups were held with a further 32 young people.

with their maturity, for example by agreeing on ground rules (e.g., regarding alcohol and guests, etc.) together.

Concerns about this option included the following:

- Should a young person remain in such a placement until they are 21, this might just extend the date at which they reach a 'cliff edge' of lost support. This underlines the need to continue to plan toward independence at an individual level, and at a strategic level with the assumption that young people may need to be supported in a different type of placement as they approach 21.
- With the wide age group of children and young people, this would potentially increase the scope for safeguarding challenges. There will be a need to ensure that relationships between young people and children are appropriate and that children are not encouraged to engage in risky behaviors by older youth.

The benefit of this model is the continuing support, which gives children more time to make decisions as they move toward independence, as well as continuity of care and safety. Some young people felt that this option might hinder the development of independent living skills, resulting in dependency and less independence. They also felt that there could be a conflict between, on the one hand, the rules of children's homes and the fact that there are children in the home, and on the other, activities that care leavers would want to do as adults, like staying out late, smoking, drinking alcohol, and having partners and friends as guests. In Belize, the location of some children's homes, away from main population centers, may also make young people feel less independent and affect their ability to attend school or hold a job.

**Option Two:** Care leavers live in a separate building but on the same grounds or near the children's home that they were living in when they were in care and are allowed to stay until age 21. This would offer similar benefits to Option One but with an added degree of independence and a more adult living environment with partial segregation from younger children. They would be given more (but not complete) freedom to set their own rules for their own space. The same staff would offer the same support as in Option One.

When considering this model, young people talked about independence from rules as well as independent living skills and generally thought that this was a positive thing, as it would give them a taste of freedom and was a small step toward independence. Safeguarding would be less of a concern with this model and would allow sibling contact to continue for those who had siblings in the home.

Young people were slightly concerned about sharing space and not getting along with the people that they were sharing with. They also expressed concern about loneliness and felt that more than one person should be living there.



**Option Three:** Care leavers move from the children's home to a different house where they could stay until they reach 21. Not everyone who lives in the house would necessarily be a care leaver. This option has more of a focus on transition and preparation for independent living. The young people would live in supported accommodation possibly on the same grounds as a children's home or on a different site. Places could be offered to young people who have not been in care to provide a more inclusive environment.

In addition to space for residents, there could be a night shelter-style room attached to the accommodation to give a young person somewhere to stay if they needed temporary accommodation when facing a housing crisis. The placement would need to be located in a place that allowed independent access to education and vocational training services and healthcare services.

Many of the young people saw this as an unstable option, full of uncertainties, such as starting in a new place with new people. Some thought that living with non-care leavers was a bad idea, as they would not understand the situation of care leavers, while others thought it was a good thing and a way for care leavers to feel more integrated into the community.

This model would be acceptable but would require that young people have the skills to be independent and to cope and would likely require support on hand if needed. Some of the young people expressed concern about the possibility of living with people who did not comply with the rules and keep the communal areas clean and tidy, or who stole and took drugs. If such an option were introduced, it would need to involve small units, ideally, four people living together with a maximum of six, to enable the young people to build a relationship with each other.

**Option Four:** Care leavers "stay close." Under this option, children would live independently but near the children's home they were living in when they left care. They would be provided with support by a designated member of the staff from their children's home whom they know really well to provide support. They would visit their children's home if they wanted to, for example, to have a meal or engage in activities.

The potential challenges of this model would be securing accommodation and agreeing on the level of support to be provided. If caregivers are placed in the home to provide support, they would need protection against pressures in the children's home interfering with their outreach support work. Support would also depend on staff at their children's home continuing to be able and interested in offering support under the model. One group of care leavers felt that if this worked, then it would not feel like the home was turning their back on the care leaver.

One of the advantages of this model to young people was that this could be combined with staying in a separate part of the children's home, with young people moving out to stay close when they were a bit older. Some young people in one group also felt that this was ideal for those ready for more independence but were worried that there might not be sufficient support. In relation to all models, but especially this model, young people were most concerned about suffering from loneliness. Building on this consultation, England developed and set in place pilot models called Staying Close. Essentially, this is a combination of Options One, Two, and Four above.

### Staying Close Program, England

The Staying Close pilot program aimed to improve outcomes for children transitioning from residential care (Department of Education, 2020). The intention of the pilot program was to contribute to five outcome areas for young people transitioning from care: independent living, access to education, employment and training; stability (feeling safe and secure), good health and well-being, and financial stability. St. Christophers, a not-for-profit organization, ran one of the pilots. Begun in 2018, the pilot program was evaluated at three points up to the end of 2019. The pilot made a number of assumptions:

- a) The importance of encouraging and supporting a continuation of trusted relationships between a young person and a chosen staff member once the young person left residential care;
- b) The need to find ways of reducing the isolation often reported by young people who have left care; and
- c) The need to improve the likelihood of the young person remaining in their accommodation, staying healthy, and securing employment, education, or training in the long term.

The pilot had four aspects: first, it provided accommodation: 'pop home' (or emergency) beds in the child's previous residential care home and a separate four-bed shared independent living accommodation unit. Second, children were provided with a Life Skills Mentor who began work with the young person while he or she lived in the children's home and continued this relationship into independence. The Life Skills Worker not only worked within the residential home, but also had a workspace at the top of the independent living house. The young people living in this accommodation were encouraged to spend time with the Life Skills Worker, and to use the computer for researching education or job opportunities. The third aspect was staff development, which focused on enhancing their ability of staff to listen to children, reflect on what they said, and counsel them. Lastly, those who were not accommodated within the home or in the independent living unit were provided with outreach services. They were able to access support from their Staying Close key worker as and when needed, whether this was to go out for birthdays, to be accompanied to appointments, or for other reasons.

Funding was provided under the program to backfill positions in the children's homes to allow for outreach without impacting on residents of the children's home. Children with more needs were given around 25 hours of support a month, while those with fewer needs had much less.

An evaluation of the pilot found that it encouraged secure, long-term social networks that worked for both the young person and the staff member. It provided a range of supports to allow the young person to stay in education, employment, and training, from allowing the young person to use the Wi-Fi or computer, to babysitting the young person's children so that they could attend lectures at university. The Life Skills Coordinator was also on hand to advise about opportunities and to support the young person to apply for jobs or educational courses. Many of the young people involved in the pilot reported that this support was invaluable.

The pilot's Life Skills Coordinator divided her time between the children's homes and the independent living unit. During visits to the residential homes, they included all of the children that lived there, aiming to create a culture of independence. The young people who had moved into the independent living accommodation felt confident that support was there when they needed it. However, they still found that being responsible for their own home was more difficult than they had thought. In particular, budgeting and cleaning were seen as difficult when they first transitioned.

While all three findings contributed to increased well-being for the young people, the accommodation offer was most important. It meant that a young person could transition gradually, which allowed them to have their independence without feeling abandoned or isolated. Staying Close ensured that each young person knew who would contact them and when and ensured that they could return to the residential home to have dinner and/ or meet with the other children there and take part in activities. This helped them to cope with the loneliness of transitioning from a busy environment to their own space. All of the young people felt that this support was useful, particularly those with mental health issues. The other major finding was that the cost savings brought about by diverting young people from a range of negative outcomes were significant.

Israel has tried a rather different model known as a Transitional Housing Program. This is an independent living program which seeks to provide young people with a roof over their heads, social, emotional, and instrumental support, educational and vocational counseling, life skills development, medical, psychiatric, or legal advice, and other kinds of support that they may need during their transition to adulthood (Schwartz-Tayri and Spiro, 2017). Participants are housed in apartments of six young men or women, and each is assigned a part-time staff member who does not live on the premises but is available to the residents at all times. Each participant is entitled to reside in the apartment during their military or civilian service (three years for boys, two years for girls), plus 18 more months, meaning that boys can stay until around the age of 22 ½ and girls until 21 ½. The program was evaluated at a time when 56 young people had graduated from the program.

Most of the young people interviewed had positive things to say about the program and saw it as having had a major positive impact on their lives. Peers and staff were cited as sources of support during and after their stay at the apartment. However, a

few of the respondents complained about roommates who disregarded the rules, did not take part in cleaning up or other chores, and were generally inconsiderate. They thought that the staff should intervene more actively to enforce rules such as the ban on alcohol, drugs, and overnight guests. Conversely, a few complained that the rules were too strict, and did not give them sufficient independence.

However, young people described their departure from the apartment as a crisis, bringing about insecurity, loneliness, and social isolation. They felt that the transition was too abrupt: "I got used to being with friends, and all of a sudden I was all alone." Turning to the staff of the program was seen as an admission of failure. Finding housing after leaving the program was described as difficult, with 40 percent moving between three and six times after leaving the program. Only a few had been able to secure adequate housing for themselves, either in another program or in apartments they shared with friends.

A sizeable minority would have liked to continue with their studies but were unable to do so due to financial difficulties. Some had to drop out of college or vocational training because of a lack of resources. Almost all the respondents were employed at the time of the interview, but mostly in low-paid temporary employment. Some reported long periods of unemployment which, in turn, led to economic hardship. Those who were married and had a child described life in poverty in spite of efforts by the program to help. Many expressed a feeling that nobody could help them, or that it was shameful to ask for help. Economic hardship brought with it social isolation. Only a few took part in leisure activities, such as going out with friends or playing sports, explaining that their detachment from support networks was due to the lack of time and money needed to spend time with peers. They also felt that they couldn't share many experiences with peers, because people from "normal families" cannot understand them.

The authors found that many of the young people faced the same challenges after leaving the program as those facing young people who age out of residential care (Biehal et al., 1995). In particular, the findings suggested that the program might only postpone the crisis that care leavers face after aging out of care, rather than preventing it. Following the evaluation, the program introduced a more consistent follow-up of participants after they left the apartments, including close contact for three months after the young person left, during which time the young person was expected to establish a relationship with a follow-up counselor who would be available to the person for as long as needed. Participants were assured that this was an integral component of the program and were encouraged to approach the staff whenever they felt the need. In addition, efforts have been made to enhance the career development aspects of the program: to inform young people about educational and employment opportunities, provide scholarships where needed, recruit employers, subsidize medical or psychological care where needed, and more. To reduce social isolation, volunteers

were recruited as informal foster families, and a special effort made to enhance the social life within and between apartments, to provide the leavers with a continuing support network of peers.

This model is interesting in that it shows, as do other models, that young people leaving care take a considerable period of time to adjust to living independently without ongoing support and that few can manage successful independence even at 21. It also indicates that long-term impact of pre-care events and the economic, social, and emotional costs of losing family and community connections in later life.

## 10. The Way Forward: Recommendations

As this report has revealed, Belize faces a challenge in providing arrangements for children transitioning from care which ensure the well-being of those children. This is by no means a problem faced only in Belize; all countries face it, and it requires a multi-faceted approach.

Drawing on the evidence set out above, this report makes a number of recommendations to address the challenges faced by children transitioning from care. DHS, CRD, and the nongovernmental residential care homes all recognize the need for change to improve the outcomes for children. In particular, all acknowledge that many children in care are not ready to leave care and live independently at age 18.

### 10.1 Policy Development

#### Recommendation

- DHS and the National Committee for Children should develop a policy on leaving care, setting out the issues to be addressed and setting out the steps it believes need to be taken to ensure successful transition from care.

It has been noted that “social policy provides the necessary scaffolding and strategic direction to enable appropriate and cost-effective service delivery during the transition from out-of-homecare toward adulthood. Services without enabling policy are vulnerable to lack of coherence and direction, fragmentation, and under-resourcing”.<sup>16</sup> Although this quote was originally written in relation to South Africa, it is equally applicable to Belize.

The Ministry of Human Development does not currently have a policy on transition from care, and as result there is currently a lack of ‘scaffolding’ and strategic direction.

The only mention of children transitioning from care in the Children’s Agenda 2017–2030 is a commitment to establish a ‘stronger focus on effective transitions,’ particularly within child welfare and child justice.<sup>17</sup>

The development of a policy for children transitioning from care appears to be within the remit of the National Committee for Families and Children. Section 149 of the FACA provides that its role includes -

(e) recommending and advocating to, and at different levels and institutions of, the Belizean society for,

(i) policies for the care, protection and maintenance of families and children in Belize;

The Committee has focused heavily on raising awareness of the UN Convention on the Rights of the Child and child rights education. It has not, as of yet, advocated for a policy covering transition from care.

Factors that undermine policy efficacy include the following:

- Insufficient scale or the resources to implement policies effectively
- Policies that focus on ‘fixing the youth’ rather than fixing the system
- Initiatives that potentially do more harm than good
- Initiatives that treat youth as a homogenous group: not all children transitioning from care have the same needs
- System efficiency becomes the focus at the expense of its efficacy (i.e., implementing an ineffective policy very well will not impact outcomes)
- Treating correlation as causation when designing policy

When developing the policy, it is recommended that young people who aged out of care some years previously be involved in evaluating the policy. They will have insights into what is likely to work and what is not.

## 10.2 Amendments to the Law

### Recommendation

- DHS and CRD should propose amendments to the Families and Children Act (FACA). These should include the repeals set out below and the inclusion of new statutory duties owed to children leaving care, including the extension of care

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<sup>17</sup> The appointment of an independent living officer, and the commission of this report (and a previous report in 2017) may be seen as a first step toward meeting those commitments.

support to 21 and continuing forms of support, where necessary, up to the age of 25.

The government has announced that the FACA will be amended, and that the Certified Institutions Act will be repealed. This move is to be welcomed, though at the time of writing it is unclear what, if any, alternative provisions will be enacted to replace the Certified Institutions Act. In addition, at the time of this writing, the amendments to the FACA had also not been published, but it is likely that the amendments will be narrow in nature and at present are not intended to take into account provisions relating to care proceedings and custody, or provisions relating to leaving care.

It is recommended that DHS and CRD use this opportunity to seek the repeal of sections 98(c) (custody orders), 100(b) and (c), 106 (c) and (d) of the FACA, which provide for a care order to be made if the child is showing anti-social behaviour, is not in school, or is associating with people of 'questionable character'. These sections are broad and inconsistent with the other grounds for applying for a care order. They are also likely to be considered a violation of children's rights on the basis of being status offenses and an unwarranted intervention in the child's right to family life. For applications which do not rely on this ground, the child must be shown to be suffering or likely to suffer harm as a result of the insufficient care given by the parents, the child being beyond parental control or ill-treatment of the child.

Sections 106 (2) (b) and 107 (b) and (c) should also be repealed and amendments made to sections 108, removing the maximum three-year length of a care order and lengthening the time between reviews to six months rather than three, as this places too great a burden on social worker capacity. The amendments also provide an opportunity to address a gap in the law by adding provisions relating to children's entitlements on leaving care to the FACA, which are only briefly addressed, at present, in section 111. The amendments should provide that children are entitled to assistance with accommodation, maintenance, education and health costs, as well as social work support until the age of 21 and continued support up to age 25 where needed. Such amendments would be in line with international good practice. Extending care would not mean that the care or custody order itself would be extended, but rather than children who have been in care at a certain age or for a certain period of time would be entitled to benefit from leaving care provision.

### 10.3 A National Organization for Children in Care

#### Recommendation

- Establish a national organization for children in care and care leavers. The organization will need seed funding from DHS and will require on-going financial support from the government, although the organization should seek additional funding once established.

There is no national organization that represents children's interests in the care system at the policy, legislative, or practice level or that provides self-help to this group of children and young people. The lack of such an organization means that there is no avenue for children's experience of care and transition to be heard by DHS and, as a result, valuable lessons are not learned. It is recommended that the Ministry of Human Development support the establishment of a not-for-profit organization for children in care. This could be managed by an existing NGO, but its remit and program should be largely run by children in the care system. All children in care and who have left care should be invited to join and participate to ensure that their voices are heard. This is particularly important for children in residential care. These organizations exist in different forms in other countries: as youth advisory boards in the United States (Havlicek, Lin, and Braun, 2016), youth in care networks in Canada, societies of care leavers in Africa and care-leavers' associations in Europe. These care-leaver associations provide "a conduit or instrument through which young people can talk about their experiences of being in care, feel supported by peers and professionals, and have their opinions taken into account in policy discussions and service delivery" (Evans, 2013). The leading organization for children in care in the United Kingdom is Coram Voice (<https://coramvoice.org.uk/>) which may provide some useful information on the remit of its work.

#### 10.4 Data and Research

There is very little available evidence about how children who have transitioned from care over the last five years have progressed. Although it is clear that DHS and CRD social workers and counselors continue to have contact with some of the care leavers, this is not always recorded on FamCare.

#### Recommendation

- DHS should collect and record information across a number of indicators to determine the impact of leaving care services on outcomes for children. The indicators should include the length of stay in an accommodation setting; educational achievement; employment, nature of job; length of time in job; health concerns and especially mental health concerns; well-being indicators; and social connectedness.

The information collected should be integrated into FamCare to give an ongoing picture of the child's progress. It should be noted however, that FamCare is a 'clunky' system: it is not easy to navigate and is not regularly updated by social workers. Before adding information on children leaving care, a review of FamCare should be undertaken with a view to simplifying the system and making information more easily accessible. A system is only as good as the information recorded in it. The



Independent Living Form is one example. If the report contains very little information, the fact that it is on an information retrieval system is irrelevant.

### Recommendation

- Apart from basic data, DHS should consider undertaking regular qualitative evaluations of the leaving care services offered to ensure that the services are effective and meet the needs of children leaving care. The views of young people receiving services should be sought to enable DHS to ensure that services are tailored to need and, if they are ineffective, to change them to ensure better outcomes.

### 10.5 Practice

A number of practice issues that need to be addressed to ensure a greater level of successful transition from care have been highlighted in this report.

### Recommendations

- Review practice in relation to the preparation of Independent Living Reports. The reports need to be far more detailed with far greater participation of the child. The report should set out the arrangements to be put in place as the child transitions from care and should include the accommodation and financial support to be provided, the education, vocational training, and employment support that will be provided, and the social work support to which the child will be entitled. Training provided to social workers should cover preparation of these reports, and social workers should be provided with new forms that set out the areas to be covered. A model report is included in Annex 1.
- Encourage supportive landlords to rent accommodation to care leavers. All landlords and landlords should receive basic training on safeguarding children and vulnerable young people and should be provided with backup social work support as needed. The support that landlords offer should be recognized and the stipend increased for agreed services.
- Encourage adults to sponsor children but recognize that a sponsor is not a substitute for State support.

### 10.6 Training

DHS has recognized the need to skill up and support social workers and is committed to developing and delivering a 19-module training course in 2022. It will also be introducing a supervision framework to support front-line social workers in 2022. Caregivers working in residential care homes expressed a desire for greater understanding of the effects of abuse on a child's behavior and training on how to handle challenging behavior. Other officials who would benefit from inter-disciplinary training with social workers are magistrates and judges.

## Recommendations

- DHS and NGO providers should develop and deliver specialized training both to caregivers and to social workers on how to work with children who have suffered abuse and/or present challenging behavior;
- The Chief Justice should be approached to support inter-disciplinary training of Family Court magistrates and judges to gain a better understanding of the continuum of care and the needs of children entering the care system.

## 10.7 Staffing

There is a pressing need to increase staffing both in DHS and CRD. There are too few social workers, their caseloads are too high, and there is not enough time for them to carry out their professional work with children and families. Presently, there are only five counselors. Children are not offered counseling services unless they display behavioral problems. Unless therapeutic work is undertaken with children, the trauma suffered is likely to continue and significantly impact the child's ability to transition successfully.

## Recommendations

- There needs to be a progressive increase in the number of social workers and counselors. While this has cost implications for the Ministry and the Government, it is also likely to lead to shorter periods of time in the care system, thus saving money in the long run.
- Counselors should be placed on permanent contracts to encourage recruitment and a higher rate of retention.

## 10.8 Support Arrangements Post-18

All stakeholders interviewed for the study agreed that post-transition support was needed for children aging out of the care system and that the current provision did not continue for a long enough period to enable children to adapt to independent, unsupported living. To meet the needs of transitioning children, support should be continued until the young person reaches 21 and preferably until the age of 25. Extending support would involve extra cost and would require additional financial resources. It is also recognized that introducing changes to leaving care services will need to be progressive. Any such move will also require the involvement and buy-in of non-State children's home providers.

The first step should be consultation with children's home providers on the different models of leaving care support to determine what they can or would be willing to provide. The report sets out a number of possible models that DHS might consider. They include extending the period of stay in the residential care home to the age of 21;

staying in separate accommodation at or near the residential home with continued access to the home; the provision of supported independent housing with non-care leavers, and the staying close option, where the child would live independently but near the residential home, with access to continued support from one of the home's social workers and the option to return to the home for meals and activities if desired.

It is likely that a mix of models will be necessary in Belize in recognition of different needs of children at different ages. The needs of those who entered care in their teen years may be different from those of children who entered care at a far younger age.

Transitioning to any of the forms of semi-independent models for children who leave care will require a reorganization of existing children's homes, particularly if the option of extended care (i.e., allowing children to stay in residential homes until 21) or 'staying close' are adopted. A number of the homes visited during this mission are already using or are considering extended care and/or building separate accommodation in the grounds or acquiring or using existing accommodation nearby (e.g., LOL and Liberty). These approaches should be actively encouraged. Extra staffing will be needed, includes social work and counseling time.

### Recommendation

- The options should be explored with the providers to understand fully their plans, including how they plan to accommodate extended care and staying close or other forms of ongoing support.

The costs associated with introducing leaving care provisions either through extended care, staying close care, or intensive support and mentoring in the community should be considered alongside the lifetime costs of not providing support to care leavers, including the costs of homelessness, involvement in the criminal justice system, unemployment, poor health, drug and alcohol abuse, and the creation of new, unstable family units. In a study of children in the United States, the Pew Foundation estimated that each cohort of young people leaving foster care (26,000 children per year) cost society an additional \$8 billion in welfare, Medicaid, lost wages, and incarceration costs compared to people of the same age who were not in foster care (Pew Trusts, 2015).

#### 10.8.1 The Transition Homes

At present, DHS has access to three transition homes: Mile 14, Coral Grove, and Orange Walk, into which children are transferred or admitted once they reach 15 or 16, or even earlier, to prepare them for independent living. The obvious problem is that transferring children to these three homes means that each child must make a move, which in most cases will also involve a new school. They must accustom themselves to a new regime, get to know new carers, and make new friends, leaving old, often long-term friends, behind. The children seen at Coral Grove and Orange Walk all indicated that the move

had been difficult, and some of the children were still unsettled in their new home. It is difficult to see the value added by these homes, though the facilities and standard of accommodation as well as the staff at Orange Walk were much appreciated. The children are still highly supervised, are not allowed out alone, and have few links to their new community.

### Recommendations

- The use of the transition homes, two of which are the financial responsibility of the government, should be rethought. Children should no longer be moved to a transition home in their mid-teens. These homes should be repurposed and should become open, community-based, family-style homes, staffed by live-in house parents with support, rather than staff working shifts. These homes should take children across a range of ages and should be prepared to provide extended care for their residents, allowing them to stay on after they reach 18 and into their 20s if that is what the young person desires.
- The homes should continue to provide support as their resident children transition to independence. In addition, these homes could also offer staying close support for children who transition from their care, inviting them back for meals and social occasions and providing temporary accommodation if the child reaches the cliff edge. This would provide more stability for children and allow them to form lasting relationships with staff and children and provide for transition at a pace that the individual child can manage.
- The provision of extended care and staying close care should apply equally to government homes, and particularly to the new government children's home being built in Belmopan. All government homes (including the transition homes) should provide at least one 2-4 bed unit for care leavers. This will undoubtedly incur extra cost as it will require extra staff.

### 10.8.2 The Independent Living Unit

The DHS has established an Independent Living Unit at Hattieville, which currently houses four girls but has capacity to take nine residents. DHS has also created and filled an independent living officer post to assist children on the brink of moving out of their residential home.

Hattieville is a small village, some distance from colleges and possible employment opportunities. There are few shops and no obvious social or cultural life. The Unit lives up to its name, in that girls who live there do so without supervision or any real support, other than the occasional delivery of groceries, and are expected to look after themselves and make their own transportation arrangements to get to school and work. The Unit faced difficulties with the first cohort of girls, who were found to have broken

the rules of the home and were then asked to leave. The rules include the prohibition of alcohol on the premises or anyone staying overnight without permission. While not unreasonable, the rules are highly likely to be broken by girls newly released from restrictive care settings and just finding their unsupervised and unsupported feet in the community. There has been no evaluation of the Unit so far, but in September 2021, the consultants' impression was that it was very much held together by the oldest resident and that, without her input, the other residents were unlikely to cope, and the arrangement would rapidly break down.

### Recommendation

- Consider moving the Independent Living Unit to a location that is more convenient for residents and visitors.

The location is too far away from educational and employment opportunities and amenities. It is also too far away from DHS offices and requires social workers to make a special trip out to the Unit.

It is understood that when Dorothy Menzies moves to Belmopan toward the end of 2022, it is the intention of the DHS to use the existing building for independent living. This has potential advantages in that it is in Belize City and access to junior colleges, sixth forms and the university would be easier. The disadvantage is that it is in not very desirable area for teenagers without much experience of the community. If Dorothy Menzies were to be used for independent living, it should be redesigned as small studios or apartments for up to four care leavers. Clearly this would be 'independent' living, in that the young people would not be living on the grounds of, or near, the care home.

### Recommendation

- Accommodation should be supervised and supported by a social worker living on the premises (but with his or her own room or apartment) available to provide support as needed, and a resource room where the young people can access a computer, take part in activities, and receive psycho-social support from the social worker or help in applying for educational placements and employment.

### 10.8.3 Education Support

Education is crucial to a successful transition to adulthood.<sup>18</sup> The majority of children in the care of DHS manage to finish high school, although rather later than their peers, and nearly all those interviewed expressed the desire to go to sixth form college, junior college, vocational education, or university. Children in care in Belize appear to have a better educational record than many children in care in other countries, which is a huge advantage. At the same time, however, most find full time attendance at any form of

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<sup>18</sup> Harrison J., Jack, M, Understanding the transition: Youth in Care Moving into Adulthood, Alberta Centre for Child, Family and Community June 2007.

education post-18 financially impossible unless a sponsor has been found for them who is willing to provide financial and emotional support.

#### Recommendation

- Given the huge value of education both to the child and society, the government should provide education grants or bursaries to cover the fees, accommodation, and maintenance of children who have been the subject of State care and who wish to continue their education after the age of 18. The government may wish to set an age at which the child must have been in care to benefit. It is common for countries to set an age of 14 or 15.

#### 10.8.4 Social Work Support

Continuing social work support is an essential element for options one, two, and four. The need for an attachment figure continues into early adulthood, and children with no fallback position need to continue being supported for some time, and possibly until the age of 25. It is strongly recommended in research literature that the social work support should be provided by somebody to whom the child is already attached, or at least knows, before leaving the home. It is also clear that children need to know that there is an expectation that the care leaver will need support from his or her social worker and that there is no shame in accessing such support.

Israeli research which reviewed the amount of contact required as young people leave care at 21 or 22, found that for the most vulnerable this could be up to 25 hours a month (Schwartz-Tayri and Spiro, 2017). It is unlikely that in the medium term DHS could provide this level of input. DHS should also consider using volunteer mentors to support care leavers, but training would need to be provided and social work support available to the mentor as needed.

#### Recommendation

- A child's social worker should continue to provide support after the child transitions from care, with a clear plan regarding the level and nature of contact.

#### 10.8.5 Financial Support

At present, as outlined above, care leavers receive a modest amount of financial support when they leave care for up to a year. Currently, Belize does not have a benefit system which can support children when needed. The reality is that care-leaving children need more money and for a longer period if they are to transition successfully. Until they are financially viable, children leaving care need financial support.

#### Recommendation

- While government would be responsible for leaving care services under an amended law, until such amendments are passed, DHS should continue to provide

financial support and services for children transitioning from care provided by the Ministry, residential homes providers, and private enterprise.

## 11. The Youth Hostel

The TOR also required the authors to examine the criteria and procedures for identifying children and youth who should be transitioned to or from rehabilitation facilities (Youth Hostel) and residential care facilities (child protection facilities) to enhance their likelihood of successfully transitioning to post-care.

In light of the repeal of the Certified Institutions Act, this question will hopefully become irrelevant, as ‘uncontrollable behavior’ orders cease to exist. However, as explained in section 3, the Certified Institutions (Children’s reformation) Repeal Act 2021 leaves existing uncontrollable behavior orders in place.

The Social Service Agencies Regulations have also been amended and the description of children who may be placed in category 3 and 4 homes has changed. A child may now be placed in a category 3 or 4 home where the child has committed a summary offense, or if the child is suffering, or is at risk of suffering, harm or is beyond parental control. What is not clear is whether these children may be detained in the new category 3 or 4 home. The new Regulation 9A(6) of the Social Service Agencies Regulations suggests that a child will be detained, as it states that where a child is transferred from a category 1 or 2 home to a category 3-6 home, the child shall be transported by an officer of the Ministry and accompanied by a police officer! The only category 5 or 6 home is Wagners, and the only category 3 and 4 home is the Youth Hostel. No court order is required for a transfer of a child from a category 1 or 2 residential home to a category 3 or 4 residential home.

Detention of a child who falls within category 3 or 4 who is neither charged with nor convicted of a criminal offense would be a prima facie breach of human rights. Further, the exercise of executive power to move and detain a child, even a child who has committed a criminal offense, without a court order permitting the child to be detained would amount to administrative detention, and all the safeguards necessary in cases of administrative detention would need to be applied. There is inadequate provision of safeguards in the new Regulation 9A.

The CRD anticipates that the Youth Hostel will continue to be used as a placement facility for children who present with behaviors that other residential care facilities are unable to manage, as an interim measure until therapeutic group homes or other more suitable placements can be developed. That is no objection provided the child is not detained. At present, the Youth Hostel is a detention center, though before COVID-19 some children were allowed to attend school outside the compound. Nevertheless, the

facilities bear all the hallmarks of a detention center, with cells into which children are locked for periods of the day and at night, and a correctional center regime. The Youth Hostel will need to be relicensed as a children's residential home rather than a certified institution. It is unlikely that it would meet the standards required of a residential children's home, especially for children placed there who are under a care order.

It should be noted in relation to the Youth Hostel that while there have been a number of reports about the institution, there has not been an evaluation of its impact on children or the extent to which it successfully promotes and safeguards their welfare. Some of the children interviewed for this study felt that they had benefitted from being at the Youth Hostel, in that they had accessed counseling which they found helpful. The CRD is of the opinion, however, that spending longer than a year at the Youth Hostel causes children to regress and confers no benefit. This review finds that spending long periods of time at the Youth Hostel is unlikely to promote successful reintegration into the community and is highly likely to impact negatively on children transitioning out of the care of the Youth Hostel to another residential home or into the community at the age of 18.

The Youth Hostel is not a setting that assists children with challenging or risky behavior in the long term. Nearly all the children in the Youth Hostel come from difficult family circumstances or come from the care system, having been removed from their parents as a result of abuse, neglect, or exploitation. A therapeutic approach, which recognizes the trauma that children have suffered and addresses the trauma and the dysfunction in the family, is more likely to be successful than detention in ameliorating children's behavior. Therapeutic services for children with challenging and risky behaviors could be provided in two ways: either in the community through the CRD's diversion program if the child is still living with the family or, if the child is in the care system or cannot remain in the family home, in a small therapeutic unit or a small residential unit that would allow attendance at the community-based diversion program. The community diversion scheme may need to be boosted, and provide a wider range of services, or have the ability to refer children to a wider range of services than are currently available, but it is well placed to provide for this group of children.

It would be possible to change the Youth Hostel into one or two small therapeutic units, but the site and buildings are not ideal. The site is too large, and considerable reconstruction of the existing accommodation blocks would be necessary to make the facilities suitable. In addition, the site is not well located. It is in Hattieville, away from the main population centers. It is situated between two very busy roads, with many heavy trucks, making it very noisy and environmentally unsuitable. The Youth Hostel would be better used as an alternative to Wagners for children who are subject to pre-trial detention or who have been convicted of a criminal offense and handed a custodial sentence.



## 12. Reducing the Number of Children in the Care of the Department of Human Services

This paper focuses on children transitioning from residential care. Given the difficulties that children in Belize and elsewhere face when they age out of care, DHS also needs to consider how it can reduce the number of children entering residential care and thus needing to transition out as they reach adulthood. Reducing the numbers entering residential care and developing alternatives will require considerable change and a reallocation of both human and financial resources. It should be regarded as a medium- to long-term change (i.e., three to seven years).

Research indicates that there are a number of steps required to achieve a reduction in residential care (Wilke and Howard, 2022). The first step is to raise awareness and understanding among government and non-governmental providers and their funders of the need and opportunity for children to be in families, and the shortcomings of the current residential model. This paper will hopefully contribute to this step.

The second step is to approach residential children's home providers to determine their commitment and capacity to change and to supporting a reduction in residential care and development of family-based care. The third step is to develop a strategy for growth, involving both government and non-government providers of care services. This requires a clear vision for how a program to support children in families (whether birth family, kinship care, or foster care) as well as a concrete strategy for how to approach the process is vital to successful implementation. There are several options for family care, and DHS need to decide which ones it will provide and which it will not.

It is likely that DHS will meet with some resistance to the proposed changes. While some children's home providers and funders may not welcome the change, most of the non-governmental homes are aware that there is a need for change, although they lack clarity about what that change would look like. It is important to communicate with donors and encourage them to support the transition.

At the beginning there is likely to be an increase in cost as family-based care is developed and supported while at the same time the residential care homes are maintained for children already living there. It will also be important to monitor children's progress in family-based care. Cases will need regular child and family case management as well as program-level monitoring and evaluation.

The experience of most countries with a developed child protection system is that reduction in the numbers of children in the care system overall requires an increased focus on helping parents understand how best to cope with their parental responsibilities, working within a framework of early intervention services. The proposed abolition of uncontrollable orders and the increased use of the diversion

projects to address dysfunctional parent/child (and particularly teenage) relationships is a clear step forward. While diversion programs are essentially aimed at children involved in criminal behavior, the nature of the program means that it can equally be applied to anti-social behavior and children whose behavior puts them at risk. This use of such programs will need to be reviewed to ensure that it covers these additional groups of children, and thought will need to be given to mechanisms for engaging parents. One possibility is to amend the law to give the judge power when making a care or supervision order to add a requirement that the parent and child attend the diversion program.

Where children cannot remain with the birth parents, DHS already considers the possibility of placing children with a kinship carer. Placement with a relative is often the best solution for a child because it keeps him or her in the family and can abnegate the need to place a child under a care order at all (where there is parental consent), or at the very least can result in a limited time care order or supervision order to ensure that the placement works out for the child.

Currently, kinship placements do not receive any form of financial or material assistance. If the number of kinship placements is to be substantially increased, it is highly likely that such assistance will need to be provided. Placing a child in kinship care should result in a significant reduction in the financial cost of having a child under a care or custody order and a reduction in social work time spent on statutory reviews, returning for further court orders, and transitioning from care costs. It is also likely to result in better outcomes for children who remain connected to their family, community, and social network. The provision of assistance to kinship carers should be viewed as an essential part of the package to reduce the overall number of children in the care system. Support will need to cover the basic costs of taking on another child, education and health costs, and in the case of sibling groups, may require support with accommodation large enough to house them. In addition, kinship carers will need social work support, at least in the short term.

If kinship care is not a feasible option, foster care is an alternative. DHS interviewees indicated that recruitment of foster carers can be difficult, with those putting themselves forward resistant to receiving training, on the basis that they already knew how to parent. There are many guides from a range of countries on how to increase the number of foster parents and whom to target. Technical assistance could be sought from countries where the approach has been successful. Again, however, this approach is not cost free. If children entering the care of DHS are to be placed with foster carers there is a need to provide, at the very least, for child's needs and their maintenance. DHS may also wish to consider developing a cadre of specialized short-term foster parents who are trained and experienced in dealing with children who are considered

difficult to place. These foster carers should be considered professionals and should be paid a fee or a salary to ensure that they remain available as needed.

Many of the NGOs, could provide support to foster parents near their existing residential care homes, and could continue to work in partnership with DHS in providing both financial and social work support. Residential homes could also work with DHS to recruit and manage foster care placements and could provide recruited and trained foster carers/house parents with housing in the community.

### 13. Conclusions

Enabling young people to transition from care is not an easy task and, as noted in this report, has been a challenge for many countries. Experience from other countries and the experience of children in care in Belize show that there are a range of issues that face DHS in seeking to put in place provisions and services that would enable successful transition of children from the care system. Addressing them requires a multi-faceted response, with the development of policy, amendments to the law, increase in staffing, a reduction in the use of residential care and an increase in early intervention, family support, and the development of family-based alternative care services where needed. The structural changes may take some time, and obtaining the necessary resources is likely to pose a challenge, the DHS and CRD are well placed professionally to address them and have strong leadership which will enable them to face the challenges.

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# Pathway Plan

## Part One - Assessment

Given names

Family name

Gender Male  Female  Date of birth

A pathway plan must be completed for each young person who is eligible, as defined by the Children (Leaving Care Act) and for each relevant child who does not already have one.

**1.** Child/young person's current address

Post Code	Telephone
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Arrangements, including the timetable, for completing the needs assessment required for the pathway plan should be discussed and agreed at the young person's statutory review prior to their sixteenth birthday, and should be completed within three months of this date.

Name of Principal carer at this address

Relationship to young person

**2.** Name of young person's personal advisor

Young people should be actively involved in the assessment and planning processes.

Office address of young person's personal advisor

Post Code	Telephone
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Young people should be encouraged and supported to complete the My Pathway Plan consultation paper as part of the process of completing the Pathway Plan

**3.** Name of young person's social worker

Office address of young person's social worker

Post Code	Telephone
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Date Needs Assessment commenced

Date assessment completed

Date Pathway Plan completed

Date Pathway Plan will be reviewed

*Those involved in Assessment*

Yes No If any of those listed have not been Consulted please give reason(s) why.

Young person	<input type="checkbox"/>	<input type="checkbox"/>	
Mother	<input type="checkbox"/>	<input type="checkbox"/>	
Father	<input type="checkbox"/>	<input type="checkbox"/>	
Carers	<input type="checkbox"/>	<input type="checkbox"/>	
Other Family Member(s)	<input type="checkbox"/>	<input type="checkbox"/>	
School/college/employer	<input type="checkbox"/>	<input type="checkbox"/>	
Health Provider	<input type="checkbox"/>	<input type="checkbox"/>	
Independent visitor/mentor	<input type="checkbox"/>	<input type="checkbox"/>	
Connexions advisor	<input type="checkbox"/>	<input type="checkbox"/>	

*Getting the best from Pathway Planning.*

The Pathway Plan is intended to support seamless planning for young people up until their eighteenth birthday. It builds on previous plans and assessments and for this reason it includes sections on Identity and Emotional and Behavioural Development.

This pathway planning document is in two parts:

- Part one records a summary of the assessment of the young person's needs and abilities
- Part two sets out the Pathway Plan for the young person based on this assessment.

Arrangements to complete the needs assessment required for the pathway plan and a timetable for this assessment should be discussed and agreed at the young person's statutory review meeting prior to their sixteenth birthday. The assessment should be completed no later than three months after this date. Where a relevant child does not have a pathway plan then an assessment of need must be completed no later than three months after he/she becomes relevant.

Young people must be actively involved in the assessment process to inform and develop their pathway plan. A consultation document 'My Pathway Plan' has been developed to support young people to give their views. However methods of assessment should take full account of the young person's communication skills and mobility requirements. Where a young person requires additional assistance to fully involve them in the assessment process then this must be offered. Assessments must take account of any needs that result from the young person's ethnicity, language, religion, culture, sexuality or any disability or impairment.

The following should also be consulted unless there is an exceptional reason not to do so:

- The young person's parents, and/or others with parental responsibility.
- Other family members who are important to the young person.
- Anyone caring for the young person - relatives, their foster carer or staff in residential homes.
- The young person's school or college.
- Any provider of health care or treatment for the young person.
- Any independent visitor, mentor or Connexions personal advisor offering support to the young person.

The Pathway Plan should also take account of any existing assessments and plans relating to the young person. These may include:

- Assessment and Progress Record
- Care Plan
- Placement Information Record and Agreements
- Personal Health and Education Plans
- Health Action Plan
- Transition Plan

A copy of the 'My Pathway Plan' should be given to all young people as part of the assessment and planning process. It will be important for some young people to know where they can obtain support to complete the 'My Pathway Plan'.

If a copy of 'My Pathway Plan' has not been provided to the young person please explain why?

What alternative or additional arrangements have been put in place to obtain the views of the young person?



NEEDS ASSESSMENT - HEALTH

In completing this section it will be important to agree with the young person the information about their health that they are happy to share with others. This might include family members, carers, and other professionals such as teachers.

	Yes	No	Further Information
If the young person has any allergies or any other medical conditions, do they fully understand the nature of their condition.	<input type="checkbox"/>	<input type="checkbox"/>	
The young person takes responsibility for obtaining treatment and taking any necessary medication.	<input type="checkbox"/>	<input type="checkbox"/>	
The young person is registered with a GP and dentist.	<input type="checkbox"/>	<input type="checkbox"/>	
The young person is able to access emergency services, e.g. A&E, if necessary.	<input type="checkbox"/>	<input type="checkbox"/>	
If the young person has a disability, are they able to access any services or equipment they might need.	<input type="checkbox"/>	<input type="checkbox"/>	
The young person is aware of health issues around sex, i.e. safe sex, contraception.	<input type="checkbox"/>	<input type="checkbox"/>	
The young person knows how to access local sexual health services.	<input type="checkbox"/>	<input type="checkbox"/>	
The young person is aware of the health issues relating to the use of drugs, including tobacco and alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	
The young person knows how to access substance misuse (including alcohol) services.	<input type="checkbox"/>	<input type="checkbox"/>	
The young person leads a healthy lifestyle e.g. diet and exercise.	<input type="checkbox"/>	<input type="checkbox"/>	
The young person is able to access appropriate emotional and mental health services.	<input type="checkbox"/>	<input type="checkbox"/>	
			Details of services currently being used by the young person and any necessary services that are not currently available

NEEDS ASSESSMENT - EDUCATION, TRAINING AND EMPLOYMENT

Every young person will have a Personal Education Plan that should inform this section of the assessment.

	Yes	No	Further Information
An agreed pathway to further education, training or employment has been identified with the young person	<input type="checkbox"/>	<input type="checkbox"/>	
The young person's current pattern of attendance is satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	
The young person's attainment is in line with their abilities	<input type="checkbox"/>	<input type="checkbox"/>	
The young person is currently receiving support to enable them to reach their educational potential	<input type="checkbox"/>	<input type="checkbox"/>	
If the young person has a disability, a transition plan is in place	<input type="checkbox"/>	<input type="checkbox"/>	
The young person has a National Insurance number	<input type="checkbox"/>	<input type="checkbox"/>	
The young person knows how to access careers advice	<input type="checkbox"/>	<input type="checkbox"/>	
Work needs to be done with the young person to increase chances of employment	<input type="checkbox"/>	<input type="checkbox"/>	
The young person has job seeking skills, for example applying for and being interviewed for a job	<input type="checkbox"/>	<input type="checkbox"/>	
The young person is aware of workplace expectations, for example self-presentation and timekeeping	<input type="checkbox"/>	<input type="checkbox"/>	
The young person has an understanding of employee rights and responsibilities, for example tax, insurance and trade union membership	<input type="checkbox"/>	<input type="checkbox"/>	

NEEDS ASSESSMENT - IDENTITY

Identity refers to more than the young person's culture and ethnicity. This section should provide an insight into the how the young person views his or her self.

	Yes	No	Further Information
What language does the young person use as their primary means of communication?	<input type="checkbox"/>	<input type="checkbox"/>	Please record details and whether the young person requires additional services.  How does the young person describe their own identity
Can the young person speak any other languages?	<input type="checkbox"/>	<input type="checkbox"/>	
The young person relates well to his/her ethnic and cultural background.	<input type="checkbox"/>	<input type="checkbox"/>	
The young person is aware of their religious heritage, for example observance of festivals and holidays	<input type="checkbox"/>	<input type="checkbox"/>	

FAMILY AND SOCIAL RELATIONSHIPS

	Yes	No	Further Information
The young person has regular contact with his/her birth family	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, please record the names and ages of child(ren)  If No, what are the contact arrangements
The young person has a network of support. This may include family, friends, carers, mentors, and personal advisors.	<input type="checkbox"/>	<input type="checkbox"/>	
The young person gets on with his/her carers	<input type="checkbox"/>	<input type="checkbox"/>	
Is the young person a parent?	<input type="checkbox"/>	<input type="checkbox"/>	
If Yes, do they have parental responsibility?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the child(ren) live with the young person	<input type="checkbox"/>	<input type="checkbox"/>	
The young person has positive, supportive friendships	<input type="checkbox"/>	<input type="checkbox"/>	
The young person takes part in organised leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	

NEEDS ASSESSMENT - EMOTIONAL AND BEHAVIOURAL DEVELOPMENT

It will be important that the Pathway Plan is informed by information from any professionals working with the young person. However, the information to be shared in this assessment should be discussed with the young person and professional(s) concerned.

	Yes	No	Further Information
The young person has good relationships with adults within the educational/training/work environment.	<input type="checkbox"/>	<input type="checkbox"/>	
The young person has good relationships with adults outside the educational/training/work environment.	<input type="checkbox"/>	<input type="checkbox"/>	
There are no concerns about the young person's relationships with peers.	<input type="checkbox"/>	<input type="checkbox"/>	
The young person deals with frustration and anxieties with the support available to them.	<input type="checkbox"/>	<input type="checkbox"/>	
The young person is not involved in any offending behaviour.	<input type="checkbox"/>	<input type="checkbox"/>	

NEEDS ASSESSMENT - SELF CARE SKILLS AND SOCIAL PRESENTATION

Self-care skills cover a range of practical and social skills including finance. Accommodation is covered in the section of the needs assessment that covers family and environmental factors (p10)

	Yes	No	Further Information
Practical Skills			
Is the young person able to:	<input type="checkbox"/>	<input type="checkbox"/>	
Manage and balance a budget	<input type="checkbox"/>	<input type="checkbox"/>	
Shop for food and clothing	<input type="checkbox"/>	<input type="checkbox"/>	
Maintain a healthy diet	<input type="checkbox"/>	<input type="checkbox"/>	
Prepare and cook meals	<input type="checkbox"/>	<input type="checkbox"/>	
Wash and undertake basic repairs, for example sewing on a button	<input type="checkbox"/>	<input type="checkbox"/>	
Undertake basic household cleaning	<input type="checkbox"/>	<input type="checkbox"/>	
Be aware of safety in the home and carry out basic first aid	<input type="checkbox"/>	<input type="checkbox"/>	
Social Skills			
Has the young person the ability to:	<input type="checkbox"/>	<input type="checkbox"/>	
Manage personal hygiene	<input type="checkbox"/>	<input type="checkbox"/>	
Maintain a healthy lifestyle, including sexual health	<input type="checkbox"/>	<input type="checkbox"/>	
Use public transport	<input type="checkbox"/>	<input type="checkbox"/>	
Find and use community resources	<input type="checkbox"/>	<input type="checkbox"/>	
Access rights/representation services, for example CAB, local counsellors, complaints procedures	<input type="checkbox"/>	<input type="checkbox"/>	
Access public services such as banks, passports	<input type="checkbox"/>	<input type="checkbox"/>	
Maintain friendships and participate in social activities	<input type="checkbox"/>	<input type="checkbox"/>	

SELF-CARE SKILLS - FINANCE

What is the young person's current level of financial independence?

Manages all of own finances  Manages most of own finances   
 Manages some of own finances  Does not yet manage finances

	Yes	No	
The young person has a bank/building society account	<input type="checkbox"/>	<input type="checkbox"/>	Further Information
Is the young person able to manage a budget?	<input type="checkbox"/>	<input type="checkbox"/>	
The young person knows how to access financial advice?	<input type="checkbox"/>	<input type="checkbox"/>	
The young person knows how to obtain emergency financial assistance.	<input type="checkbox"/>	<input type="checkbox"/>	

Income should include: salary or wages, any benefits the young person receives, any financial support to the young person from the responsible authority and any savings or awards.

Expenditure should include: any outstanding loans the young person may have, any credit card payments or hire purchase agreements and any outstanding fines.

Details of how any difference between expenditure and income will be tackled should be set out in the plan.

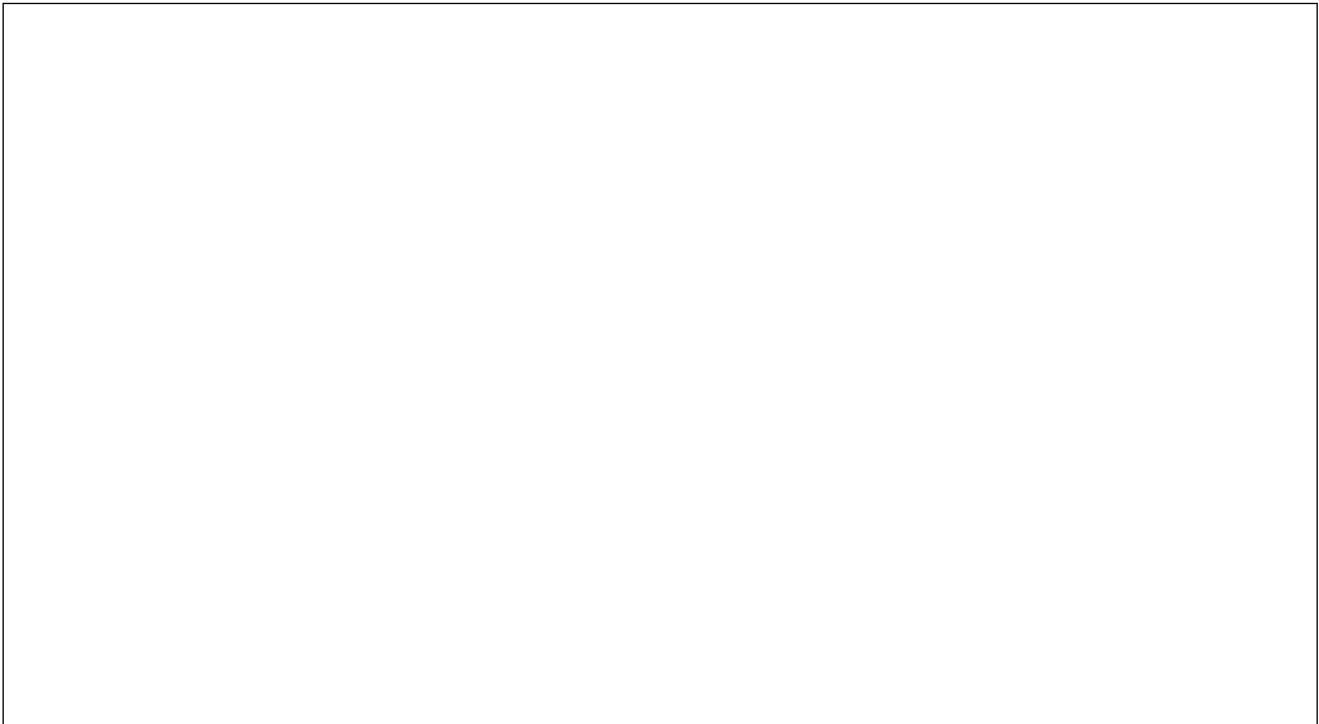
Where a young person is a parent this section of the plan should include details of all income and expenditure and the overall impact of parenthood on the young person's financial circumstances.

Likely Expenditure	Amount in £ if applicable	Cost of item met by Income and/or additional funding, (please state which). Responsibility of young person, local authority or other to make payment?
Rent		
Gas/electric		
Clothes		
Fares		
Food		
Entertainment.		
TV license		
Water rates		
Council Tax		
Toiletries		
Outstanding loans/fines		
Work/College equipment		
Laundry		
Celebrations Birthdays		
Holiday		
Hobbies/Leisure		
Childcare		
Other		

NEEDS ASSESSMENT - SUPPORT

This section should assess the support provided to the young person by their birth family, current or previous carers and the responsible authority.

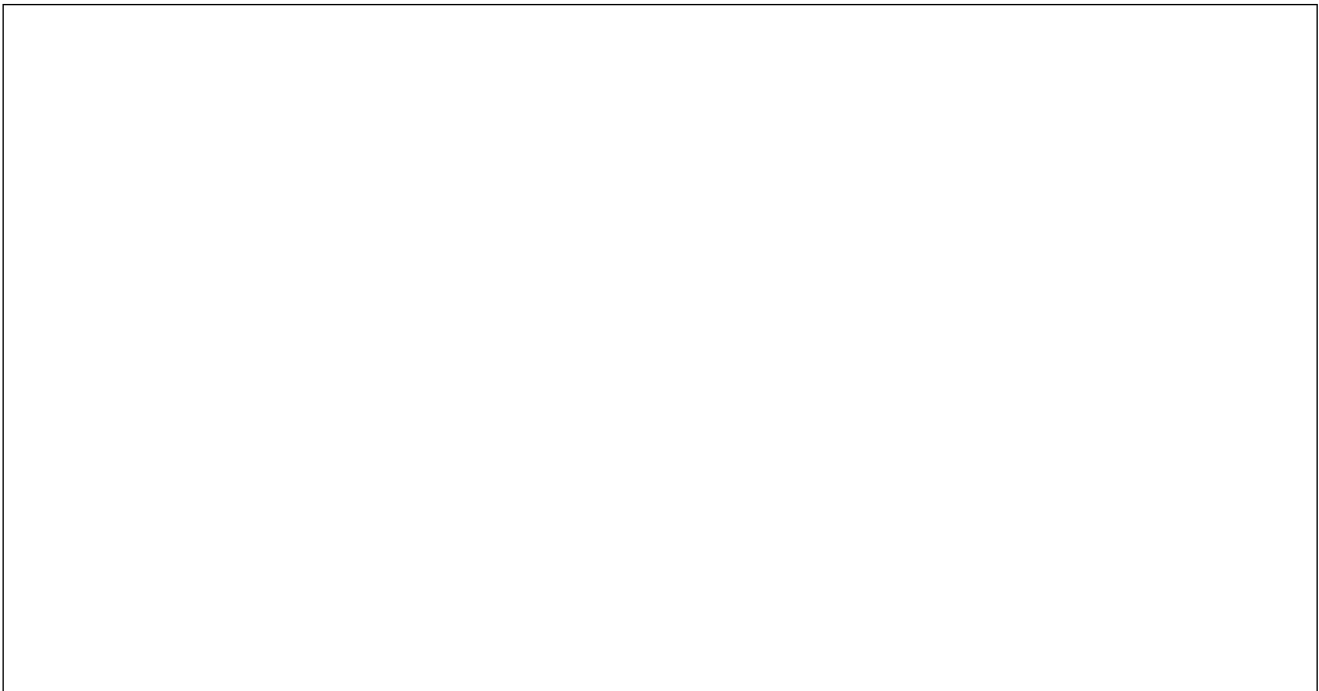
Further Information

A large, empty rectangular box with a thin black border, intended for providing further information related to the 'NEEDS ASSESSMENT - SUPPORT' section.

NEEDS ASSESSMENT - FAMILY AND ENVIRONMENTAL FACTORS

This section should contain an assessment of the impact on the young person, and those providing him/her with support, of wider family and environmental factors.

Further Information

A large, empty rectangular box with a thin black border, intended for providing further information related to the 'NEEDS ASSESSMENT - FAMILY AND ENVIRONMENTAL FACTORS' section.

FAMILY AND ENVIRONMENTAL FACTORS - ACCOMMODATION

Where is the young person currently living?  
Including, type of accommodation

If the young person is a parent what is  
the impact of parenthood on their  
accommodation needs?

	Yes	No	Further Information
The young person's current accommodation arrangements are appropriate and stable.	<input type="checkbox"/>	<input type="checkbox"/>	<u>Details:</u>
The young person is able to carry out basic maintenance tasks, for example changing a fuse.	<input type="checkbox"/>	<input type="checkbox"/>	
The young person knows who to contact for major repairs.	<input type="checkbox"/>	<input type="checkbox"/>	
The young person has a preference for the location and type of any future accommodation.	<input type="checkbox"/>	<input type="checkbox"/>	
The young person has an understanding of the legal and social responsibilities of tenancy.	<input type="checkbox"/>	<input type="checkbox"/>	
The young person's belongings are secure and insured.	<input type="checkbox"/>	<input type="checkbox"/>	
The young person has the necessary budgeting skills to manage a tenancy.	<input type="checkbox"/>	<input type="checkbox"/>	
The young person knows how to access advice on housing..	<input type="checkbox"/>	<input type="checkbox"/>	



Analysis

The analysis should list the factors that have an impact on different aspects of the young person's development and explore the relationship between them. This process of analysing the information available, should result in a clear understanding of the young person's needs, and what types of service provision would best address these needs to ensure the young person has the opportunity to achieve his or her potential.

Part Two - The Plan  
Guidance

Needs	Information for Inclusion in the Pathway Plan.
Health and Development.	<ul style="list-style-type: none"> <li>● Information about support necessary to lead a healthy lifestyle e.g. dietary needs.</li> <li>● Name and address of GP.</li> <li>● Details of any specialist treatment required and how the young person will obtain this.</li> <li>● Emotional and mental health needs with details of services necessary to meet these.</li> </ul>
Education, Training and Employment.	<ul style="list-style-type: none"> <li>● Summary of the young person's educational attainment referring to their Personal Education Plan.</li> <li>● Programme for him/her to be maintained in order to access education or training Opportunities - including the personal support that will be available and how other agencies will assist this objective.</li> <li>● Details of any support necessary.</li> <li>● Information about the young person's individual goals and ambitions for work.</li> </ul>
Emotional and Behavioural Development	<ul style="list-style-type: none"> <li>● Young person's ability to maintain positive relationships</li> <li>● How the young person copes with difficulties and frustrations</li> <li>● Involvement in offending</li> </ul>
Identity	<ul style="list-style-type: none"> <li>● The plan should be based on a clear understanding how the young person defines their own identity.</li> <li>● It should clarify how the young person will be supported to sustain a positive image and maintain links with their heritage.</li> </ul>
Family and Social Relationships.	<ul style="list-style-type: none"> <li>● Information about the practical and emotional support their family will offer a young person to maintain family and other relationships.</li> <li>● Details about other significant people who may be able to assist the young person establish a more independent lifestyle.</li> </ul>
Practical and other skills necessary for independent living.	<ul style="list-style-type: none"> <li>● Evaluation of the young person's current practical, social and emotional skills.</li> <li>● Information about the skills that he/she may need to acquire to enhance his/her abilities to manage successfully in their own accommodation and any support necessary to develop these skills.</li> </ul>
Financial Arrangements.	<ul style="list-style-type: none"> <li>● Summary of support necessary to enable the young person to develop budget management skills.</li> <li>● For relevant young people - information about the funding necessary to meet their basic needs including how they will draw their financial support; arrangements for funding other needs.</li> <li>● How to obtain funds in an emergency.</li> <li>● Bank account details.</li> <li>● Information about help that will be funded to enable young people to set up their own accommodation when they leave care.</li> <li>● Details of arrangements to ensure that a young person's property and accommodation is covered by adequate insurance.</li> <li>● Arrangements to offer the young person independent financial advice if required.</li> </ul>
Accommodation	<ul style="list-style-type: none"> <li>● Information about where the young person will live from age 16.</li> <li>● Arrangements and timing for the young person to move to more independent accommodation based on an assessment of their practical and other skills.</li> </ul>

**Pathway Plan Version 1 (2003)**

**Health and Development**

Please detail the arrangements that should be put in place to meet the young person's current and predicted health needs. Please note who will be responsible for each action, when it will be carried and out and how progress will be monitored.

Young person's identified developmental needs, strengths and difficulties	Actions undertaken &/or services to be provided to meet these needs	Frequency & length of service: e.g. hours per week	Person/agency responsible	Date services to commence/commenced	Planned outcome: progress to be achieved by next review or other specified date

Contingency Plan: What is the contingency plan if any of the above arrangements fall through or cannot be financed?

*Education/Training/Employment*

Please detail the arrangements that should be put in place to meet the young person's current and predicted education/training/employment needs. Please note who will be responsible for each action, when it will be carried and out and how progress will be monitored.

Young person's identified developmental needs, strengths and difficulties	Actions undertaken &/or services to be provided to meet these needs	Frequency & length of service: e.g. hours per week	Person/agency responsible	Date services to commence/commenced	Planned outcome: progress to be achieved by next review or other specified date

Contingency Plan: What is the contingency plan if any of the above arrangements fall through or cannot be financed?

*Emotional and Behavioural Development*

Please detail the arrangements that should be put in place to meet the young person's current and predicted emotional and behavioural needs. Please note who will be responsible for each action, when it will be carried and out and how progress will be monitored.

Young person's identified developmental needs, strengths and difficulties	Actions undertaken &/or services to be provided to meet these needs	Frequency & length of service: e.g. hours per week	Person/agency responsible	Date services to commence/ commenced	Planned outcome: progress to be achieved by next review or other specified date

Contingency Plan: What is the contingency plan if any of the above arrangements fall through or cannot be financed?

*Identity*

Please detail the arrangements that should be put in place to meet the young person's current and predicted needs relating to their identity. Please note who will be responsible for each action, when it will be carried and out and how progress will be monitored.

Young person's identified developmental needs, strengths and difficulties	Actions undertaken &/or services to be provided to meet these needs	Frequency & length of service: e.g. hours per week	Person/agency responsible	Date services to commence/ commenced	Planned outcome: progress to be achieved by next review or other specified date

Contingency Plan: What is the contingency plan if any of the above arrangements fall through or cannot be financed?

*Family and Social Relationships*

Please detail the arrangements that should be put in place to support the young person to maintain relationships with family and friends. Please note who will be responsible for each action, when it will be carried out and how progress will be monitored.

Young person's identified developmental needs, strengths and difficulties	Actions undertaken &/or services to be provided to meet these needs	Frequency & length of service: e.g. hours per week	Person/agency responsible	Date services to commence/commenced	Planned outcome: progress to be achieved by next review or other specified date

Contingency Plan: What is the contingency plan if any of the above arrangements fall through or cannot be financed?

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*Social Presentation and self-care skills*

Please detail the arrangements that should be put in place to meet the young person's current and predicted social presentation. Please note who will be responsible for each action, when it will be carried out and how progress will be monitored.

Young person's identified developmental needs, strengths and difficulties	Actions undertaken &/or services to be provided to meet these needs	Frequency & length of service: e.g. hours per week	Person/agency responsible	Date services to commence/commenced	Planned outcome: progress to be achieved by next review or other specified date

Contingency Plan: What is the contingency plan if any of the above arrangements fall through or cannot be financed?

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*Financial*

What are the financial implications of the plan? How will the young person be supported to develop his/her budgetary skills?

What financial arrangements need to be put in place to support the plan?

These should include details of future payments to the young person in respect of their accommodation.

This section should also specify the arrangements for any ongoing payments to the young person.

If the young person is going on to further education outside the responsible authority, what will the arrangements be for any ongoing financial support for the young person including responsibility for fees, materials, travel and accommodation costs.

<b>Objectives</b>	<b>Person Responsible</b>	<b>Financial arrangements/cost</b>	<b>Date from</b>	<b>Date to</b>

Contingency Plan: What is the contingency plan if any of the above arrangements fall through or cannot be financed?

Support Please detail the arrangements that should be put in place to ensure, where appropriate, that the young person maintains contact with their birth family. This section of the plan should also outline how the authority, as corporate parent will support the young person, including arrangements for maintaining contact with them. Please note who will be responsible for each action, when it will be carried and out and how progress will be monitored.

Young person's identified developmental needs, strengths and difficulties	Actions undertaken &/or services to be provided to meet these needs	Frequency & length of service: e.g. hours per week		Person/agency responsible	Date services to commence/commenced	Planned outcome: progress to be achieved by next review or other specified date

Family and Environmental Factors Please detail the arrangements that should be put in place to meet any needs arising from family or wider environmental factors. Please note who will be responsible for each action, when it will be carried and out and how progress will be monitored.

Family & environmental factors affecting child/young person's identified developmental needs	Actions undertaken &/or services to be provided to meet these needs	Frequency & length of service: e.g. hours per week	Person/agency responsible	Date services to commence/commenced	Planned outcome: progress to be achieved by next review or other specified date

Contingency Plan: What is the contingency plan if any of the above arrangements fall through or cannot be financed?



*Self-Care Skills - Accommodation*

Please detail the arrangements that should be put in place to meet the young person's current and predicted accommodation needs. Please note who will be responsible for each action, when it will be carried and out and how progress will be monitored.

Young person's identified developmental needs, strengths and difficulties	Actions undertaken &/or services to be provided to meet these needs	Frequency & length of service: e.g. hours per week	Person/agency responsible	Date services to commence/commenced	Planned outcome: progress to be achieved by next review or other specified date

Contingency Plan: What is the contingency plan if any of the above arrangements fall through or cannot be financed?

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Young person's views:

It is expected that young people will be consulted and involved in the development of their Pathway Plan. This section is intended to provide young people with an opportunity to give their views on the final version.

Agreements

This Plan has been discussed and agreed with:

	<b>Signature</b>	<b>Date</b>	<b>If not involved, please explain why</b>
Young Person			
Mother			
Father			
Personal Advisor			
Social Worker			
Other			

## Action Plan

This Action Plan accompanies the Review and Recommendations for Strengthening Transitioning-From-State-Care-Services for Youth in the Protection System, February 2022. It draws on the recommendations made in that document. It sets out the activities to bring about the recommended action, the time frame, and responsible body.

The Action Plan does not address the Youth Hostel, as the report recommends that it cease to exist in its present form and that the provisions relating to Category 3 and 4 children's homes should be repealed. It is not recommended that the Department of Human Services (DHS) order administrative detention of children as required in the amended Social Services Regulations, as this raises significant human rights issues and would result in violation of children's rights as the necessary safeguards are not present. The Action Plan contains several components: policy, legal reform, infrastructure, human resources, research, practice, and training.

- Short term: in the next two years
- Medium term: two to five years
- Long term: five to seven years

Action	Activity	Time frame and responsible body
<b>Policy</b>		
Put in place a policy for children transitioning from residential care, with a focus on prevention of children entering the care system and increasing the availability of community-based family care	<ul style="list-style-type: none"> <li>• Appoint a working group to develop policy on children transitioning from care.</li> <li>• Hold consultations with government, civil society, children's home providers, and children.</li> <li>• Draft policy and consult with stakeholders.</li> <li>• Finalize policy.</li> <li>• Implement policy (see below).</li> </ul>	Short term  DHS and the National Committee for Children
<b>Legal reform</b>		
Draft and pass amendments to the Law, especially to the Families and Children Act (FACA) and the Social Services Agencies Regulations	<ul style="list-style-type: none"> <li>• Repeal sections 106(b), (c), and (d) FACA.</li> <li>• Introduce new section allowing for emergency removal where the present section 106(b) of FACA is applicable. This should be done under a court order for a fixed period. Seven days is recommended with one extension period of seven days to determine whether a care order should be sought.</li> <li>• Repeal section 98(c) of FACA.</li> <li>• Add a section providing that no child may be detained unless ordered by the Court following conviction for a criminal offense or under applicable mental health legislation.</li> <li>• Repeal the requirement for a review every 90 days and substitute with a provision requiring a review at least</li> </ul>	Short term  DHS and Community Rehabilitation Department (CRD) Ministry of Justice

	<p>every 180 days and require the Minister to publish regulations on reviews of children in the care system.</p> <ul style="list-style-type: none"> <li>• Add provisions requiring DHS to provide a care plan as part of the application for a care order.</li> <li>• Add provisions on support to be provided to children leaving care, which should cover children at least until 21 and where needed, until 25.</li> <li>• Amend FACA to place a statutory duty on the Ministry of Human Development to provide suitable accommodation and maintain children transitioning from care up to the age of 21.</li> <li>• Amend Regulation 2 of the Social Services Agencies (Operators of Residential Care Facilities for Children) (Registration, Licensing and Minimum Operation Requirements) (Amendment) Regulations 2004 to remove category 3 and 4 homes.</li> <li>• Apply regulations to all 17-year-olds.</li> </ul>	
Overhaul rules relating to safeguarding of children in the care system	<ul style="list-style-type: none"> <li>• Revise rules relating to children visiting school friends to enable after school and out of school visits both in and outside the home.</li> <li>• Issue advice to homes on use of social media.</li> <li>• Establish rules to encourage children to join local sports organizations, army cadets, music groups, etc.</li> </ul>	Short-term  DHS
Review standards for children's homes with greater emphasis on ensuring that children are granted appropriate autonomy and integrated into the community	<ul style="list-style-type: none"> <li>• Place a requirement on residential homes to participate in community activities -compliance to form part of inspection.</li> <li>• Allow greater levels of autonomy as child grows older to reflect the situation of children in a family setting.</li> <li>• Every home to have a children's council involving all resident children.</li> </ul>	Short term
<b>Infrastructure</b>		
Address data collection weaknesses	<ul style="list-style-type: none"> <li>• Review and update FamCare to ensure that data are easily available to inform policy and practice.</li> </ul>	Short term  DHS and Ministry of Human Development
Develop accommodation portfolio	<ul style="list-style-type: none"> <li>• Consult with NGOs and private children's homes to encourage provision of accommodation to children transitioning from care.</li> </ul>	Short term

	<ul style="list-style-type: none"> <li>• Review possibility of accommodation provision at or near existing government homes.</li> <li>• Consider whether transitional accommodation could be provided at either the new children’s home in Belmopan or the reconstructed Dorothy Menzies.</li> <li>• Review use of Golden Haven with a view to making it semi-independent rather than independent living.</li> <li>• Review the possibility of extending the use of ‘landladies’ to support children transitioning from care.</li> <li>• Review use of sponsors.</li> </ul>	
Amend remit of Inspector of Social Services Institutions	<ul style="list-style-type: none"> <li>• All homes classified as children’s homes, in whatever category, taking children under the age of 18 to be subject to inspection.</li> <li>• All transition homes/independent living units/supported accommodation for children transitioning from care, even if post-18, to be subject to inspection.</li> </ul>	Short term  Ministry of Human Development; Inspector of Social Services institutions
Review budget for children transiting from care	Ministry of Finance to conduct a financial review and costing exercise with a view to governmental provision for children leaving care, including: <ul style="list-style-type: none"> <li>• Education costs until full-time education is finished, including university education (no requirement for the child to only study part-time and work).</li> <li>• Accommodation and maintenance costs until the child is able to support him or herself—at age 21 or, if the child remains in education and vocational training, 25 (to include remaining in alternative care placement)—or if the child is unable to support him or herself.</li> <li>• Children to be supported to 25 where they are unable to support themselves.</li> </ul>	Medium term
Review accommodation needs for the next three years	<ul style="list-style-type: none"> <li>• Undertake a needs assessment for children currently aged 15 to 18 to determine likely demand for transition from care services.</li> </ul>	Short term
Provide internet access in all residential homes	<ul style="list-style-type: none"> <li>• Each home to have internet connection plus computer(s)/tablets, to allow for online video/audio calls to keep children connected with family, friends, and assigned social worker.</li> <li>• Require NGO homes to install such equipment if not currently available.</li> <li>• Be availability to be part of inspection.</li> </ul>	Short term
Establish a national organization for children in care and care leavers.	<ul style="list-style-type: none"> <li>• Undertake consultation with interested bodies and children in the care system and previously in the care system.</li> </ul>	DHS, CRD, NGOs, UNICEF, Ministry of Education.

	<ul style="list-style-type: none"> <li>Seek support on remit and organization from similar bodies in the United Kingdom and the United States.</li> </ul>	
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**Human Resources**

Increase social work staff	<ul style="list-style-type: none"> <li>Undertake a demand study to determine number of social workers needed to work with children in the care system and transitioning from care, and the cost of such provision.</li> <li>Road map for progressive increase in staff.</li> </ul>	Short term
Increase counselors in CRD	<ul style="list-style-type: none"> <li>Undertake demand survey to determine number of counselors required for children in the care system and transitioning from care and the cost of provision.</li> <li>Road map for progressive increase in staff.</li> </ul>	Short term
Professionalize care staff	<ul style="list-style-type: none"> <li>Conduct national consultation to determine appropriate skills for care staff in residential homes, including with residential home providers and children in the care system and previously in the care system.</li> <li>DHS to set and publish standards for qualifications and training for care staff.</li> <li>Hold consultations with further and higher education institutions to develop and provide the necessary training.</li> <li>Recognition of qualifications of staff.</li> <li>DHS to publish details of career progression for care staff and rates of pay.</li> </ul>	Short term to medium term  DHS and CRD  Ministry of Human Development  Further / higher education institutions

**Research**

Undertake research regularly to ensure that empirical evidence is available to inform policy, programming, and budgeting, with the aim of promoting better outcomes for children transitioning from care	<ul style="list-style-type: none"> <li>Evaluate outcomes of children who have transitioned into Golden Haven and consult with them on the adequacy of the support and the value of the home.</li> <li>Consider what adjustments need to be made to ensure successful. outcomes for girls placed in Golden Haven.</li> <li>Put in place longitudinal research with the University of Belize or other relevant institution consisting of seven-year tracking system for children transitioning from care, with follow up with each child at least twice a year to provide empirical evidence. Indicators should include length of stay in an accommodation setting; educational achievement; employment, nature of job; length of time in job; health concerns, especially</li> </ul>	Short term          Long term  DHS, CRD, University of Belize or other higher education body or consultants to undertake research
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	mental health concerns; well-being indicators; and social connectedness.	
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Practice		
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Review and planning for children	<ul style="list-style-type: none"> <li>• Replace existing Independent Living Plan with new Care Transition Plan Form, incorporating a full assessment of the child's needs and detailing the services to be provided.</li> <li>• Review the case files of all 16- and 17-year-olds in residential care to ensure care reviews are up to date and that the social worker and child work on completing the Care Transition Form.</li> </ul>	Short term
Review files of children in the care system	<ul style="list-style-type: none"> <li>• Review to determine whether child needs to remain in the care system, and if so, whether residential care is the most appropriate placement.</li> <li>• Ensure all care plans are up to date and reflect the needs of the child.</li> </ul>	
Review criteria for changing children's placements	<p>Review criteria for moving a child's placement with consideration of:</p> <ul style="list-style-type: none"> <li>• Impact of separation of siblings;</li> <li>• Impact of a change of school;</li> <li>• Impact of losing friendships developed during placement.</li> <li>• Adopt principle that children should only move when it is in their best interest to do so or it is unsafe for them to remain.</li> </ul>	
Review behavior policy	<ul style="list-style-type: none"> <li>• Seek advice from counselors in the CRD on appropriate behavior policy to promote self-reliance, self-esteem, and good behavior; and approach to be taken where behavior policy is broken.</li> <li>• Behavior policy to be developed in consultation with the children residing at the home and reviewed regularly to give new children an opportunity to contribute.</li> </ul>	
Develop new transition program	Develop a new program following consultation with children who have transitioned from care over the last five years and those currently in care.	Short to medium term  DHS and CRD
Assigned social workers	Assign each child a social worker who visits or zooms him or her at least once a month.	Medium term  DHS
Assigned counselors	Provide each child access to an assigned counselor.	Medium term  CRD
Prohibit placing children in solitary confinement and detaining children in care	<p>The CRC Committee has held solitary confinement to constitute torture in relation to children.</p> <ul style="list-style-type: none"> <li>• Solitary confinement is prohibited.</li> <li>• Children can be detained by locking them in a room only with the permission of the head of the residential home and</li> </ul>	Short term

	<p>for the minimum period necessary, that is, no longer than the time it takes for the child to calm down.</p> <ul style="list-style-type: none"> <li>• All detentions will be recorded.</li> <li>• Records of detention are to be maintained for inspection.</li> <li>• Corporal punishment, slapping or kicking, etc. are prohibited.</li> <li>• Physical restraint is only to be used by trained staff.</li> </ul>	
Encourage work experience and part-time employment of older teenagers in accordance with Belize law	<ul style="list-style-type: none"> <li>• Contact business owners and build a program of work experience placements for children in the care system.</li> <li>• Allow children to take part-time work provided it does not interfere with their education.</li> </ul>	<p>Short term and ongoing</p> <p>Ministry of Human Development; Ministry of Rural Transformation, Community Development, Labor and Local Government; DHS</p>
Ministry of Education to assign a focal point in each school for children in care	Each school to appoint a teacher with responsibility for children in care attending the school, available to liaise with the residential home and support the child.	<p>Short term</p> <p>Ministry of Education DHS</p>
Review present use of transition homes	Abandon current use of transition homes and change into small group homes with mixed ages of children, preferably with house parents.	<p>Short term for government homes; Medium term for NGO homes. DHS</p>
Explore options in assessment paper for extended care, staying close and other forms of support on transitioning from care	<ul style="list-style-type: none"> <li>• Much of this should be covered in the policy paper.</li> <li>• Hold consultations with residential care home providers on the option for children transitioning from care.</li> <li>• All residential homes to present their plans for children. transitioning from their care within 18 months.</li> </ul>	<p>Short term</p> <p>DHS and CRD</p>
<b>Training</b>		
Training for judges	<p>All magistrates and judges to undergo training on the relevant provisions on FACA before sitting on family care cases.</p> <ul style="list-style-type: none"> <li>• Develop materials.</li> <li>• Develop training program.</li> </ul>	<p>Short-term to medium term</p> <p>Ministry of Justice Chief Justice Solicitor General</p>
Training for care staff in residential homes	<ul style="list-style-type: none"> <li>• Training should include the impact of trauma, grief and neglect, and behavior management.</li> <li>• Residential homes require staff to undergo the requisite training</li> <li>• Include training as part of the inspection.</li> </ul>	<p>Short term to medium term</p> <p>DHS CRD</p>