

Addendum
to the Report issued by the Government of
Andorra in April 1999, on the
implementation of the Convention on the
Rights of the Child

and response
to the questions of
the Committee on the Rights of the Child

October 2001

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I. FOREWORD

In order to update the data in the Report issued in April 1999 and to improve it, we propose adjoining this Addendum to the Report to create one document allowing members of the Committee to form a clear opinion on the situation of children in the Principality of Andorra.

For this reason, details of the eliminations, replacements, complementary and additional information to the Report is given below:

Eliminations:

1. Sections B.1, B.1.1., B.1.2. and B.1.3. of the initial Report have been eliminated because their content has been dealt with and expanded sufficiently in other sections of this Addendum.
2. Section B.5.1.3. of the initial Report has been eliminated.

Replacements:

1. Sections B.1.4. and B.1.5. have been rewritten in this Addendum.
2. Section B.2.3. has also been rewritten in this Addendum.
3. Sections B.5.2. to B.6.3.6. have been replaced in this Addendum by sections B.5.2. to B.6.5.10, with a new layout and text.
4. Sections B.7.6., B.7.6.1., B.7.6.2. and B.7.6.3. have been replaced by and wholly rewritten into section B.7.6. of this Addendum.

Complementary information:

1. Section B.7. on Education of the initial Report has been expanded and modified according to the indexed subsections.

Additional information:

1. New material has been added to this Addendum to cover themes that were left out of the initial Report. These are: A.3.7., A.3.8., B.9., B.10., B.11. and B.12..

Equally, this Addendum attempts to answer the questions put by the Committee on the Rights of the Child, in the List of Issues received on 29 October 2001, as follows:

A. Data and STATISTICS

1. **Please provide disaggregated data (by gender, age, nationality, urban or rural areas) covering the period between 1998 and 2000 on the:**
 - a) **Number and proportion of children under 18 living in the State party.**

This data is provided in Section VI "STATISTICS" of this Addendum, Section I, "POPULATION TABLES", tables numbers 1 to 7.

- b) **Number of children belonging to families with temporary work authorisation or residence.**

The Immigration Service does not, at present, have a register for children of families with temporary work authorisations or residence, since they do not have their own individual immigration permit. There is, however, a new Immigration Law being processed through Parliament, which would provide children with immigration documents. Therefore, there should be statistical data available in the near future.

- c) **Number of children with disabilities either taken care at home or living in institutions.**

Provided in Section VI "STATISTICS" of this Addendum, Section VI "EDUCATION TABLES", tables numbers 9, 10 and 11.

- d) **Number of children in domestic and intercountry adoptions.**

Provided in Section VI "STATISTICS" of this Addendum, Section IV "SOCIAL CARE FOR CHILDREN TABLES", table number 9.

2. **In light of article 4 of the Convention, please provide additional information and disaggregated data (by age and gender) on the amount and proportion of national budget, devoted to children at central and local level, preferably in the last 3 years (1999-2001), to:**

In Section VI "STATISTICS" of this Addendum, Section II "ECONOMIC DATA TABLES", table number 7, the budget of the different *Comuns* destined to child related issues is provided.

- a) **Education (different type of education, i.e. primary and secondary education).**

Disaggregated data is not available for the budget according to type of education, but the overall budget divided into projects is available. This data is provided in Section VI "STATISTICS" of this Addendum, Section VI "EDUCATION TABLES", tables numbers 1,2 and 3.

- b) **Health care (different types of health services, i.e. primary health care, vaccination programmes, adolescent health care and other health care services for children).**

Some of these data are provided in Section VI "STATISTICS" of the Addendum, Section III "MINISTRY OF HEALTH AND WELFARE, BUDGET TABLES", part 1.1.

- c) **Children with disabilities.**

Some of these data are provided in Section VI "STATISTICS" of this Addendum, Section III "MINISTRY OF HEALTH AND WELFARE, BUDGET TABLES", part 1.2.1.

d) **Support programmes for families.**

These data are provided in Section VI "STATISTICS" of this Addendum, Section III "MINISTRY OF HEALTH AND WELFARE, BUDGET TABLES", part 1.2.2., and also in Section V "PRIMARY SOCIAL CARE TABLES, table number 4, where different concepts of assistance authorised by the Ministry of Health and Welfare are detailed.

e) **The protection of children who are in need of alternative care including the support of care institutions.**

These data are provided in Section VI "STATISTICS" of this Addendum, Section III "MINISTRY OF HEALTH AND WELFARE, BUDGET TABLES", part 1.2.3.

f) **Juvenile justice.**

The only data available relate to 2000, since the Minors' Unit has only recently been created (19 November 1999). These data are provided in Section V "APPENDICES" of this Addendum, Point 7: "STATISTICAL DATA: MINORS ATTENDED BY THE MINORS UNIT OF THE MINISTRY OF JUSTICE AND THE INTERIOR"

3. **With reference to child abuse, including sexual abuse, please provide disaggregated data (by age, gender and types of violation reported), on the:**

a) **Number of individual complaints received per year between 1998 and 2000.**

These data are provided in Section VI "STATISTICS" of this Addendum, Section VIII "THE POLICE SERVICE AND PUBLIC PROSECUTOR, TABLES RELATING TO MINORS JURISDICTION", table number 1.

b) **Number and percentage of reports which have resulted in either a court decision or other types of follow-up.**

These data are provided in Section VI "STATISTICS" of this Addendum, Section VIII "THE POLICE AND PUBLIC PROSECUTOR, TABLES RELATING TO MINORS JURISDICTION", table number 3.

4. **Please provide disaggregated data (including by gender, age, nationality and urban/rural areas) covering the period between 1998 and 2000 on the:**

a) **Enrolment in percentage of children in pre-primary schools.**

These data are provided in Section VI "STATISTICS" of the Addendum, Section VI "EDUCATION TABLES", tables numbers 4,5,6 and 7.

b) **Enrolment in percentage of children in primary schools.**

These data are provided in Section VI "STATISTICS" of the Addendum, Section VI "EDUCATION TABLES", tables numbers 4,5,6 and 7.

c) **Enrolment in percentage of children in secondary schools.**

These data are provided in Section VI "STATISTICS" of this Addendum, Section VI "EDUCATION TABLES", tables numbers 4,5,6 and 7.

d) **Percentage of enrolled children completing primary and secondary schools.**

The Ministry of Education does not have relative data available at this point in time.

e) **Percentage of enrolled children in private schools.**

These data are provided in Section VI "STATISTICS" of this Addendum, Section VI "EDUCATION TABLES", numbers 4,5,6 and 7.

f) **Number and percentage of drop-outs.**

These data are provided in Section VI "STATISTICS" of this Addendum, Section VI "EDUCATION TABLES", number 8.

g) **Number of children with disabilities integrated in regular school.**

According to information from the Nostra Sra de Meritxell Specialised School, we only have data relating to the school year 2001-2002, in which 77 students are recorded as integrated into normal schools. Before the school year 2001-2002, data reveals the total number of children with disabilities in education at the Nostra Senyora de Meritxell Specialised School, but we do not know the details of the number of minors integrated into the various educational systems in Andorra.

5. **Please provide disaggregated statistical data (including gender and age) on adolescent health, including early pregnancy, sexually transmitted diseases (STDs), HIV/AIDS, drug and alcohol abuse covering the period between 1998 and 2000.**

These data are provided in Section V "APPENDICES" of this Addendum, Point 4: "MINORS' HEALTH".

6. **Please provide appropriate disaggregated data (including by gender, age and type of crime) covering the period between 1998 and 2000, in particular on the number of:**

a) **Minors, who have allegedly committed a crime, reported to the police.**

The only data available is provided by the Police Service and it relates to the number of detentions of minors according to crimes committed and according to the types of crimes

collected in INTERPOL STATISTICS. These data are provided in Section VI "STATISTICS" of this Addendum, Section VIII "THE POLICE AND PUBLIC PROSECUTOR, TABLES RELATING TO MINORS JURISDICTION", table number 2.

b) Minors in pre-trial detention and length of their detention.

According to the Qualified Law on Minors' Jurisdiction partially modifying the Penal Code and the Qualified Law on Justice, preventive detention of minors under 16 cannot exceed 24 hours, or 48 hours if over 16, before being charged, as detailed in Section A.3.7.1. of this Addendum.

c) Minors who have been sentenced and type of punishment or sanctions.

These data are provided in Section VI "STATISTICS" of this Addendum, Section VIII "THE POLICE AND PUBLIC PROSECUTOR, TABLES RELATING TO MINORS JURISDICTION", number 4.

d) Detention facilities for juvenile delinquents and their capacity.

There is no specialised institution for juveniles in this country.

e) Minors detained in these facilities and length of their detention.

There is no specialised institution for juveniles in this country.

f) The percentage of recidivism cases.

There are no data available.

B. General measures of Implementation

1. Please indicate if the State party may reconsider its declaration with reference to articles 7 and 8 of the Convention.

According to the new Qualified Law on Nationality of 1995, the Government of Andorra will be reconsidering its declaration, since this Law widely covers all the preoccupations and aims of articles 7 and 8 of the Convention.

2. Please provide further information on legislative measures taken to review existing laws in order to ensure compliance with the Convention on the Rights of the Child, particularly with regard to the status of the Penal Code for Minors. In addition, please provide further information on the immigration policy and to what extent it affects children belonging to immigrant families.

In section A.3.7.1., information has been provided about the legislative measures adopted to meet the requirements of article 40 of the Convention. The present Immigration policies allow

children of immigrants with a residence permit to enjoy the same rights as children of Andorran nationals.

3. **Please provide information on whether steps were undertaken to establish a coordination mechanism for ensuring the implementation of the Convention and for coordinating policies relevant to children.**

This point has been explained in section B.5.2. of this Addendum.

4. **Please indicate whether the State party envisages to establish an independent body, such as an Ombudsperson for Children or a Commission for Children, to ensure the monitoring of the implementation of the Convention.**

Given the size of the Principality and its population, an independent body to ensure monitoring the implementation of the Convention has so far seemed unnecessary, although there already exists the figure of the Raonador del Ciutadà who is accessible to all Andorran citizens.

5. **Please provide information on the system for data collection and whether it covers in a disaggregated way all children under 18 and all areas under the Convention.**

At this point in time, there is no system for gathering statistical data in Andorra that would give detailed information relating to minors and answering the Committee's questions.

Nevertheless, in drawing up the Report and Addendum, the need for a more accurate data collection system has become apparent.

For this reason, it is planned to provide guidelines to all ministries and other institutions implicated in children's affairs from 2002, in order to obtain standardised and coordinated statistical data on which to base future actions for the child.

6. **Please provide further information on measures taken to increase awareness, including training, on the Convention among government officials, professionals working with and for children and the population in general, including children. In addition, please provide additional information on how governmental institutions cooperate with non-governmental organisations, especially with reference to the participation of representatives of civil society in the design and implementation of policies and programmes for children.**

These measures have been explained in section B.1.4. of this Addendum.

II. INTRODUCTION

The Andorran government signed the Convention on the Rights of the Child at the United Nations Headquarters in New York on 2 October 1995. It was ratified on 22 November 1995, and published in the Official Bulletin of the Principality of Andorra, number 7, on 24 January 1996.

On 1 February 1996, the Convention entered into force.

In the instrument of ratification, the Andorra government deplored the fact that the Convention did not prohibit the use of children in armed conflict. It also disagreed with the provisions of Article 28, points 2 and 3, concerning the participation and recruitment of children from the age of 15. It also stated that the Principality of Andorra would apply the provisions of Articles 7 and 8 of the Convention without prejudice to the provisions in the Constitution of the Principality of Andorra, Part II of Article 7, concerning Andorran nationality.

In accordance with Article 44 of the Convention, the Principality of Andorra, as a state party, submitted its first Report on the situation of children in Andorra in April 1999. This Addendum to the first Report is now submitted for examination by the Committee for the Rights of the Child.

In the year 2000, Andorra registered a population of 65,844 inhabitants. Of these, 23,697 were Andorran nationals (35.9%); 26,750 Spanish (40.6%); 6,748 Portuguese (10.2%); 4,283 French (6.5%), and 4,366 of various nationalities (6.6%).

As can be seen, Andorran nationals are a minority in their own country, a situation that is unique in the western world.

There are 13,474 individuals aged from 0 to 19, representing 20.4 % of the total population. Of these, 51.6% are girls and 48.4% are boys.

The national income per capita in 1999 was 20,251.60 US dollars¹. There is no official currency although the Spanish peseta and French franc are the most commonly used. Andorra is currently changing over to the Euro, like other European countries.

The official language of the Principality is Catalan, but French and Spanish are also understood and spoken by most people.

Reference should be made to the economy of the country, which is based on the service sector. The strategic sectors of the Andorran economy are commerce, tourism and financial activities.

The present structure of the Andorran economy has brought about specific situations and requirements. In a sizeable sector of the population, for instance, the parents work and need to leave their children in care, creating a demand for kindergartens and other services aimed at children.

¹ Source : Servei d'Estudis del Govern d'Andorra (Research department)

III. ADDITIONAL INFORMATION TO SECTION "A" OF THE FIRST REPORT

Between presenting the first Report and this Addendum, there have been important changes in Andorran legislation to regulate major issues relating to children.

Some laws and regulations have been passed mainly to adapt certain institutions and procedures to the provisions of the Convention and to implement them. For example, the Qualified Law on Minors' Jurisdiction, which partially amends the Penal Code and the Qualified Law on Justice of 22 April 1999. Other laws have an indirect effect on children by regulating other matters, such as the Law regulating Leave for Maternity or Adoption of 22 June 2000. These new legal texts have also been drawn up in accordance with the Convention.

A.3.7. Legal Texts

A.3.7.1. National legislation

This new legislation consists of:

- 1) Law on Sports of 30 June 1998.
- 2) Regulations for Adoption of 10 June 1998.
- 3) Regulations for School Transport of 2 September 1998.
- 4) Qualified Law amending the Code of Criminal Procedure of 10 December 1998.
- 5) Qualified Law on Minors' Jurisdiction, which partially amends the Penal Code and the Qualified Law on Justice of 22 April 1999.
- 6) Regulations for a Rota System of Legal Representation before the Police Service, of 10 February 1999 (later amended by the regulations of 1 March 2000).
- 7) Regulations amending the Regulations for Participating in the Management of the Andorran School of 28 July 1999.
- 8) Law on Public Radio and Television Broadcasting and on the Creation of the Public Company Ràdio i Televisió d'Andorra, S.A.. of 13 April 2000.
- 9) Law regulating Leave for Maternity or Adoption of 22 June 2000
- 10) Regulations for a Rota System of Legal Representation before the Judiciary and the Police Service of 1 March 2000.
- 11) Regulations for Free Justice in Penal Matters of 1 March 2000.
- 12) Regulations for Sport Subsidies of 12 July 2000 (amended later by the regulation of 14 February 2001).
- 13) Regulations for School Safety of 13 September 2000.
- 14) Regulations for School Skiing of 31 October 2001.

- 15) Regulations amending the Regulations for Sport Subsidies of 14 February 2001.
- 16) Regulations for Child-minding in Private Homes of 28 February 2001.
- 17) Decrees updating the Vaccination Timetable of 5 May 1999 and 20 December 2000.

We shall now comment on these legal texts, some in certain detail and others with only an outline of what we believe may be of interest to the Committee. We have done this either because they are covered in other chapters or because the texts are not exclusively concerned with children, albeit related.

– **Qualified Law on Minors' Jurisdiction, which partially amends the Penal Code and the Qualified Law on Justice of 22 April 1999.**

To comply with the provisions of Article 40 of the Convention and specifically regulate cases where minors have committed a criminal offence, the *Consell General* (the Andorran Parliament), in its session of 22 April 1999, approved the Qualified Law on Minors' Jurisdiction, which entered into force on 19 November 1999.

Provisions of the Qualified Law on Minors' Jurisdiction:

1. This law applies to minors between 12 and 16 years of age who have committed an offence described in the Penal Code. This notwithstanding, the courts may apply the provisions contained in this law to those over 16 but under 18 years of age. If the offending minor has not reached 12 years of age, he or she shall be placed at the disposition of his or her legal representatives or government social services.
2. The aim of the Qualified Law on Minors' Jurisdiction is to regulate the procedure to be followed and the measures applicable to offending minors.
3. It sets up the figure of *Batlle de Menors* (minors' judge) as the basic specialized organ in this procedure. The *Batlle de Menors* is competent to judge at first instance those acts that are defined as lesser offences or criminal faults, committed by minors. Assisted by two other *batlles* (judges), he also presides over the collegiate court, which is competent to hear at first instance acts that are defined as major offences by the Penal Code, committed by minors to whom this law is applicable.
4. Minors to whom this Law applies enjoy all the rights recognized by the Andorran Constitution and the legal system and by the Convention on the Rights of the Child, as well as all international regulations for the protection of minors which have been ratified by the Principality of Andorra. Over and above all the guarantees laid down in Article 40 of the Convention on the Rights of the Child, the Qualified Law on Minors' Jurisdiction makes the following provisions:
 - A minor has the right to be treated with due consideration to his or her age and condition, to be informed of the acts of which he or she is accused, the legal consequences of those acts and of his or her legislative rights, in clear and simple language as appropriate to his or her age.

- A minor may be questioned only in the presence of his or her lawyer and legal representative. The minor can not be put in isolation.
 - A minor under 16 years of age may not be held for more than 24 hours without being charged, nor for more than 48 hours if over 16 years of age, before they are transferred to the Judge.
 - Individuals may not bring criminal charges against minors. If a trial is held, it is attended by the Public Prosecutor (who must protect the minor's rights and see that his or her interests are defended), the minor's lawyer and the minor accompanied by his or her legal representatives. The sessions are not public and they are held behind doors.
5. The *Batlle de Menors* has the flexibility to decide on educational measures in the interest of offending minors.
 6. The *Batlle de Menors* in charge of the procedure may order all proceedings to cease to avoid negative effects on the minor.
 7. The *Batlle de Menors* may suspend or replace the sentence and revise the measures imposed, according to the minor's development and personal, social and family circumstances.
 8. This law creates specialized services under the Ministry of Justice and the Interior, with powers to examine and evaluate the psychological and social situation of minors who have committed or are suspected to have committed a criminal offence and, under the control of the *batlle de menors* and the Public Prosecutor, to develop and monitor those educational measures aimed at integrating the minor into society which have been imposed by the judiciaries.
 9. The main measures applicable are:
 - a) Placement of minors in educational centres with a closed, semi-open or open system. In the first case, the duration of their placement may not exceed one third of the sentence provided in the Penal Code for that offence; the maximum duration in the semi-open system is two years and in the open system one year.
 - b) Community service. Maximum 150 hours.
 - c) Prescribed medical treatment for a maximum of 3 years.
 - d) Probation with educational attendance, for a maximum of 2 years.
 - e) House arrest for a maximum of 12 week-ends.
 - f) Guardianship, etc.
 - g) Other
 10. Although this is essentially a law of criminal justice, the *batlle de menors* also has a role in protecting minors in need in situations of social risk. Thus the *batlle de menors* has a double task, being concerned with justice for minors and also their protection.
 11. The new Minors section of the *Batllia* (Judiciary) is created.

- **Regulations for Adoption of 10 June 1998**

They legally develop articles 20 and 21 of the Convention on the Rights of the Child and also the Andorran Qualified Law on Adoption and other Forms of Protection for Unprotected Minors of 21 March 1996. Always aiming at the superior interest of the child, these regulations ensure that both national and international adoptions are carried out with maximum guarantees for the minor. They define which bodies of the administration are in charge, and what other entities are involved, describe the evaluation procedure for those applying for adoption, the procedure for international adoptions and the duties of adoptive parents, among others.

- **Law on Sports of 30 June 1998**

This regulates sports activities, in recognition of their social value in harmonizing personal development and integration. It recommends sport from school age, as a basic element in the educational system.

Sport is considered of preferential interest at school age.

- **Regulations for School Transport of 2 September 1998**

These amend the 1996 regulations, regulating transport for both nationals and residents. The government covers most of the cost in order to promote schooling for all children.

They impose more strict requirements and obligations since school transport service has greater duties and requirements than adult transport. The users are minors and therefore the service adapts to their needs and offers greater guarantees of safety.

- **Qualified Law amending the Code of Criminal Procedure of 10 December 1998**

This establishes a new criminal procedure with greater guarantees than before. It also lays the bases for special treatment for minors in criminal proceedings, later developing the Qualified Law on Minors' Jurisdiction, partially amending the Penal Code and the Qualified Law on Justice of 22 April 1999.

- **Regulations for a Rota System of Legal Representation before the Police Service of 10 February 1999 (amended by further regulations on 1 March 2000)**

Among other things, these implement the Qualified Law on Minors' Jurisdiction by setting up the mechanisms to guarantee the right to legal representation to anyone under arrest, accused or liable to be accused in criminal proceedings. In the case of minors this is unwaivable and obligatory from the very beginning.

- **Law on Public Radio and Television Broadcasting and on the Creation of the Public Company Ràdio i Televisió d'Andorra, S.A. of 13 April 2000**

This regulates radio and television broadcasting in the Principality of Andorra and establishes as a general principle the respect for youth and children with regard to the contents of the programs. More specifically, and regarding minors, article 6 provides for the Andorran Audiovisual Council -a government advisory body - to ensure that programmes respect the rights of children and young people. In relation to the programmes from Spain and France that can also be seen in Andorra, we should refer to their own legislation to that respect.

- **Law regulating Leave for Maternity or Adoption of 22 June 2000**

The most important development since previous labour laws is the provision for fathers to have paternity leave on the birth of a child and also in cases of adoption, thus attempting to put natural and adoptive parenthood on an equal footing. This law considers that the adopted child also needs an initial intensive period for integration into the family.

- **Regulations for Free Justice in Penal Matters of 1 March 2000**

These develop the mechanisms and define the conditions for obtaining free justice in penal matters in order to guarantee everyone's rights to jurisdiction, defence and the technical assistance of a lawyer.

- **Regulations for Sports Subsidies of 12 July 2000 (amended by further regulations on 14 February 2001)**

They develop further the Law on Sport, specifying the requirements for receiving state sports subsidies, and particularly promoting basic and school sports. Their main objective is to make the right to sport a reality for all children in school (article 13), making education more sports-oriented and sports more educational.

These regulations were amended in 14 February 2001 but solely to extend a time limit, without affecting the rest.

- **Regulations for School Safety of 13 September 2000**

These specify the conditions and requirements for school safety in Andorra so that students may enjoy optimum conditions.

- **Regulations for School Skiing of 31 October 2001**

These encourage school sports by promoting skiing - the country's national sport - making it compulsory and free of charge in primary education and optional and free of charge at secondary level.

- **Regulations for Child-Minding in Private Homes of 28 February 2001**

With specific reference to Article 3.2 of the Convention on the Rights of the Child, these regulate the conditions and requirements of a service framed by the Law on Kindergartens of 11 May 1995. They concern individuals who mind children in their own private homes, who must have certain minimum qualifications, providing a complementary service to traditional kindergartens and schools.

These regulations specify the nature and skills of the child-minders, hygiene and safety conditions in their houses, the number of minors they can take in and the administrative bodies responsible for their control.

A.3.7.2. Bilateral and trilateral agreements

- 1) Agreement for Co-operation in Education between the Principality of Andorra and the Republic of Portugal of 15 November 2000.
- 2) Agreement between the Principality of Andorra, the Kingdom of Spain and the Republic of France concerning the entry, circulation, sojourn and establishment of their nationals and the circulation and sojourn of nationals from third party countries within the Principality of Andorra, of 14 June 2001.
- 3) Agreement on Social Security between the Principality of Andorra and the Republic of France of 14 June 2001.

- **Agreement for Co-operation in Education between the Principality of Andorra and the Republic of Portugal of 15 November 2000**

This encourages free, voluntary teaching of the Portuguese language in Andorran educational centers. The studies are offered to all children interested, especially children of Portuguese immigrants, taking into account the fact those Portuguese nationals are the third largest community in the Principality.

- **Agreement between the Principality of Andorra, the Kingdom of Spain and the Republic of France concerning the entry, circulation, sojourn and establishment of their nationals and the circulation and sojourn of nationals from third party countries in the Principality of Andorra of 14 June 2001**

This contains the principle of family reunion to enable the immigration of spouses and descendants under 21 years of age who are dependent on a Spanish or French national holding an immigration permit.

- **Agreement on Social Security between the Principality of Andorra and the Republic of France of 14 June 2001**

This sets out a series of mutual benefits for those covered by the Andorran and French systems. The main text specifically concerns services to the beneficiary's family (wife and children below the legal age) and health coverage for Andorran students while studying in France.

A.3.7.3. International instruments recently signed and ratified by Andorra relating to children

- 1) Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography of 25 May 2000. Andorra signed it on 6 September 2000, and deposited its instrument of ratification on 30 April 2001. According to Article 14, paragraph 1, the Protocol will enter into force three months after depositing the tenth instrument of ratification or accession. Romania deposited its instrument of ratification on 18 October 2001, therefore the Protocol will enter into force on 18 January 2002.
- 2) Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict of 25 May 2000. Andorra signed it on 6 September 2000 and deposited its instrument of ratification on 30 April 2001, but has not yet entered into force.

In the instrument of ratification for the Optional Protocol to the Convention on the Involvement of Children in Armed Conflict, the Principality of Andorra stated that, in relation to Article 3, paragraph 2, it currently had no armed forces. The only specialized forces in the Principality of Andorra are the Police and Customs, for which the minimum recruitment age is the same as that specified in article 2 of the Optional Protocol. Moreover, the Principality wished to reiterate its disagreement with the content of article 2, permitting voluntary recruitment of children under the age of 18 years.

A.3.7.4. Human Rights instruments adhered, signed and ratified by Andorra

Since the approval of the Constitution on 14 March 1993 and Andorra's subsequent entry into the international arena, successive governments have made great efforts to bring their international responsibilities up to date by signing a series of conventions, especially those that safeguard fundamental rights and freedoms. Their clear, firm objective is to consolidate, protect and expand the principles enshrined in the Constitution. Andorra has achieved this task, pursued by many countries over a period of years, in a much briefer period, but always with the same spirit of reformism and progressivism initiated one day by the Constitution.

To this end, since 1993, the Principality of Andorra has adhered, signed and ratified almost one hundred bilateral or multilateral instruments. Below are some of those relating to Human Rights, within the scope of the United Nations, the Council of Europe and other international organisations:

- 1) The Charter of the United Nations. Accession: 28 July 1993.
- 2) Convention on the Rights of the Child. Signed at the UN headquarters in New York on 2 October 1989. Instrument deposited on 2 January 1990. Entry into force: 1 February 1990.
- 3) Amendment to Article 43, paragraph 2 of the Convention on the Rights of the Child. Instrument of approval deposited: 17 January 1997.
- 4) Convention for the Elimination of All Forms of Discrimination against Women. Instrument of accession deposited: 15 January 1997. Entered into force: 30 days after deposition: 14 February 1997.
- 5) Optional Protocol to the Convention on the Elimination of all forms of Discrimination against Women. Signed: 9 July 2001. Pending ratification.
- 6) Amendment to Article 20, section 1 of the Convention on the Elimination of all Forms of Discrimination against Women. Approved by the Government, pending formalisation of the instrument.
- 7) Statute of the Council of Europe. Instrument of accession deposited: 10 November 1994. Entered into force: 10 November 1994.
- 8) Convention on Protection of Children and Co-operation in respect of Intercountry Adoption. Instrument of accession deposited: 3 January 1997. Entered into force for Andorra: 1 May 1997. Accession took effect with contracting states from 1st August 1997.
- 9) Convention for the Protection of Human Rights and Fundamental Freedoms. Signed: 10 November 1950. Instrument of ratification deposited: 22 January 1996. Entered into force: 22 January 1996.
- 10) Additional Protocol number 6 to the Convention for the Protection of Human Rights and Fundamental Freedoms. Signed: 22 January 1996. Instrument of ratification deposited: 22 January 1996. Entered into force: 1 February 1996.
- 11) Additional Protocol number 11 to the Convention for the Protection of Human Rights and Fundamental Freedoms. Signed: 10 November 1994. Instrument of ratification deposited: 22 January 1996. Entered into force: 1 November 1998.
- 12) European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment. Signed: 10 September 1987. Instrument of ratification deposited: 6 January 1997. Entered into force: 1 May 1997.
- 13) Protocol number 1 to the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment. Signed: 4 November 1999. Instrument of ratification deposited: 13 July 2000.
- 14) Protocol number 2 to the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment. Signed: 4 November 1999. Instrument of ratification deposited: 13 July 2000.
- 15) European Agreement relating to Persons Participating in Proceedings of the European Court of Human Rights. Signed and deposited the instrument of ratification on 24 November 1998. Entered into force: 1 January 1999.
- 16) Statute of Rome of the International Criminal Court. Signed: 17 July 1998. Instrument of ratification deposited: 30 April 2001.
- 17) European Social Charter (revised). Signed: 4 November 2000.

A.3.8. Projects

The following are projects for legislation, presently at either a preliminary or advanced stage, relating to implementation and promotion of the Convention

- Reform of the Penal Code. The Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography, requires state parties in the Convention to tipify as crimes serious violations of the rights of the child such as the selling of children, the selling of their vital organs, illegal adoptions, and child prostitution. The Andorran Penal Code dedicates in its Chapter IV, on crimes about sexual behaviour, articles (211, 212, 213, 214, 215, 216 and 217) that punish actions related to child pornography and child prostitution. However, the selling of children, the illegal adoption, the traffic of children's organs, and forced child labor, and some other conducts related to child pornography and child prostitution tipified in the Protocol were not yet included in the Andorran Penal Code. This new project includes all these conducts and tipifies them as crimes imposing higher sanctions when affecting minors. Likewise, the Andorran Parliament (*Consell General*) is also working on the overall reform of the Andorran Penal Code, and it will include these changes, that have been worked out together with different Ministries.
- Regulations for the Management of Children's Homes
- Amendment of the Law on Social Security to equate maternity leaves (for biological and adoptive parents).
- Amendment of the Nationality Law
- Amendment of the present legislative framework for child minding and the regulation of other child-minding systems.
- Implementation of the Qualified Law on Adoption and Other Forms of Protection for Unprotected Minors, with regard to the various forms of protection
- Draft Law Guaranteeing the Rights of Disabled Persons
- Draft Law amending the Immigration Law

The Government of the Principality of Andorra is currently examining the possibility of signing the following international agreements:

- Convention on the Prevention and Punishment of the Crime of Genocide.
- International Convention on the Elimination of All Forms of Racial Discrimination.
- Amendment to Article 8 of the International Convention on the Elimination of All Forms of Racial Discrimination.
- International Covenant on Civil and Political Rights.
- Optional Protocol to the International Covenant on Civil and Political Rights.
- Second optional protocol to the International Covenant on Civil and Political Rights aiming at the Abolition of the Death Penalty.
- Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment.
- Amendments to Articles 17 (7) and 18 (5) of the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment.

IV. ELIMINATIONS, REPLACEMENTS, COMPLEMENTARY AND ADDITIONAL INFORMATION TO SECTION "B" OF THE FIRST REPORT

B.1.4. Publicizing the Convention

In observing Article 42 of the Convention on the Rights of the Child, the Principality of Andorra is particularly keen to inform people about the principles and provisions of the Convention.

At government level, ministries involved in children's affairs are making efforts to observe this Article, whether indirectly (subsidies to other bodies and NGOs) or directly (publishing and publicizing the various laws, regulations and programmes relating to children).

More specifically, the schools in the Principality have been carrying out team projects, lectures and events to inform children of their rights, to promote discussion and consider how they can be implemented in both industrialized and developing countries.

On an individual basis, all professionals concerned with children's affairs and especially those in Social Care for Children are making special efforts to inform children and parents of their rights and obligations.

Wider ranging are the important national campaigns organized by NGOs, particularly UNICEF, which has edited leaflets and posters to publicise the Convention on the Rights of the Child. Information about the Convention is available in all educational establishments in the Principality.

Lectures and debates have also been organized by NGOs, the Ministry of Education, Youth and Sports and other bodies to publicise the Convention.

B.1.5. Encouraging international participation and co-operation

B.1.5.1. Actions by Specialized Social Care in this field

Regarding the general provisions of the United Nations, and specifically within the framework of the Convention on the Rights of the Child, as laid down in article 4; article 17, paragraph b; article 23; article 24, especially paragraph 4; article 28, paragraph 3, and article 29, paragraph 1d, the Government of Andorra promotes citizens' participation at national level and international co-operation. In this way the state's subsidiary role and civil responsibility for community development are guaranteed, especially when meeting children's needs.

B.1.5.1.1. Criteria for project subsidies

Various criteria have been laid down for project subsidies according to the scope of the projects: actions at national level and international co-operation (international actions).

B.1.5.1.1.1. National actions

The **fields for project action** are defined in the bases for offering grants to civil bodies that are legally established in the country and carrying out programmes or actions of a social nature in the Principality of Andorra (approved by the Government on 8 March 2001):

- children and adolescents
- people with disabilities
- the elderly
- equal opportunities for men and women
- social outcasts
- other cases of social need.

The bases also establish that proposals will be evaluated on the social value of their proposed activities, as well as quality and feasibility, and whether they suit the criteria of the National Plan for Social Services, as well as their effect nationwide.

The **main criteria** applied reflect the general principles of the National Plan for Social Services (26 April 1995):

- **co-responsibility** of users, family members and the state;
- **solidarity**: the project should promote public awareness of a given social problem, tolerance and mutual respect;
- **the state's subsidiary role**: evidence of the body's own initiative and ability to raise finance and implement the project independently will be taken into account;
- **participation**: by citizens and associations in defining social problems and designing answers to meet their social needs;
- **prevention**: priority to be given to projects and programmes of a preventive nature, for their social influence, especially for detecting and informing about problem areas;
- **autonomy**: projects should encourage the population group for which they are intended to be independent;
- **optimum use of resources**: projects that encourage the duplication of resources, that are not implemented in co-ordination with the actions of the social care departments in the Ministry of Health and Welfare (Primary social Care, Social Care for Children and Specialized Social Care) or that do not provide the most appropriate answer to the social problem envisaged will not be favoured;

- **plural financing:** the principle that aid and public contributions are subsidiary;
- **contractual nature of public contributions:** whether applications and projects of previous years have been fulfilled and how relations with the administration have developed;
- **follow-up, evaluation and control:** Specialized Social Care has devised a plan for follow-up and evaluation with the NGOs, adapted to the various projects that have been presented and subsidized. Guidelines have been provided on the information required by the Ministry in the record of activities.

B.1.5.1.1.2. International actions

The regulations (approved by the government on 8 March 2001) for offering grants to civic bodies that are legally established in the country and contribute to social development in "Third World" countries through programmes and co-operational activities for 2001. They specify that the following points should be taken into account when proposing and evaluating programmes and projects for approval:

- the quality and feasibility of the projects;
- the social interest of the proposed activities;
- accordance with the criteria of the Andorran National Plan for Social Services and the policies set out in the resolutions of the UN General Assembly on the area of co-operation to which the project relates.

The criteria in the Andorran National Plan for Social Services are the same as those used for national actions (article 2 of the National Plan for Social Services: model of general principles). For UN development policies, we have used material from the Conferences at Rio 92 and Cairo 94, the Global Summit on World Development 95, the Development Agenda for 97, the World Bank's World Development Report 2000/2001 (as a member of the UN Economic and Social Council).

Special attention has been paid to the goals for 2015, set out by the international community for World Development:

- to halve the percentage of people living in a state of extreme poverty;
- to guarantee universal primary education;
- to eliminate gender differences in primary and secondary education (2005);
- to cut infant mortality by 2/3;
- to cut maternal mortality by 3/4;
- to guarantee universal access to reproductive health services;
- to apply national strategies for achieving sustainable development in all countries by 2005 so as to reverse the loss of ecological resources by 2015.

World Development Indicators for 2001 also refer to: population; the global economy and the unequal division of global profits from economic growth; deforestation; access to new technology and mechanization of agriculture; access to energy; vehicle ownership; access to the Internet;

literacy; tobacco consumption; population groups affected by HIV/AIDS; the level of national involvement in development aid.

We have examined UN and World Bank Development Indicators in order to understand each country's:

- political situation
- geographical situation
- social and health situation
- economic situation
- cultural situation.

With the aim of predicting how these will affect project development (e.g. on the political front: government stability in that country; the presence or absence of corruption; government involvement; the presence of international bodies on the ground, etc.).

Priority is given to programmes and projects that:

- are preventive rather than palliative;
- involve the population in their own development;
- involve the local authorities;
- encourage individuals to help themselves and take an active role in their community;
- rehabilitate rather than simply assist;
- take integral rather than partial action;
- are capable of raising funds and involving bodies, for long-term feasibility and sustainability;
- have a firm undertaking from the national civic body concerned to finance the unsubsidized part, achieve goals and monitor and follow up the programme and project.

Finally, we would recall that a programme is planned to begin in 2002, to encourage social participation and co-operation through voluntary work, based on 2001 being declared International Volunteer Year by the UN General Assembly.

Project:

The government plans to increase all ministries' financial contributions to foreign aid during the current legislature.

Appendix 1 lists the projects subsidized by Specialized Social Care.

B.1.5.2. NGOs

The various NGOs in Andorra support several programmes for international co-operation in agreement with the government, as noted above, or independently.

They are:

- CÀRITAS ANDORRANA

Càritas Andorrana does not have a specific global programme for dealing with children's problems.

However, some of their programmes do include specific actions to detect problems, give care, support and monitor children and young people at social risk and to raise awareness and encourage voluntary work among young people.

- UNICEF

Appendix 2 lists the projects and actions carried out over the last three years by the Andorran National Committee for UNICEF.

- PATRONAT DE LES DAMES DE MERITXELL

This board of trustees helps subsidize a kindergarten and allows targeted assistance for families and children.

- ANDORRAN RED CROSS

This body carries out activities that encourage voluntary work and solidarity relating to children.

The task of Red Cross volunteers is to co-operate with all associations, federations and clubs etc. that request a preventive first aid service.

Anyone can enter the voluntary first aid service from these ages:

-14 for first aid training, to become an assistant to first aid workers.

-16 to complete first aid training in a team and become first aid workers.

At special events, the Red Cross organizes activities for children such as competitions, ball games etc.

- AJUDA I SOLIDARITAT

This NGO is involved in various projects supporting Rumania.

- MANS UNIDES

The objective of this NGO is to raise public awareness of the reality of developing countries, to teach them about their cultural and social values and promote changes in the cause of justice.

It carries out development projects in four areas: education, health, social life and farming

- INFANTS DEL MÓN

The Andorran delegation of the Paris organization *Enfants du Mekong* from 1993 to 1999, acting only in Vietnam, became the association *Infants del Món* in 1999.

It promotes aid programmes designed to improve the living conditions and education of children and orphans and help the sick, poor families and needy ethnic minorities worldwide.

- TAULA DE VOLUNTARIAT SOCIAL

This board co-ordinates the activities of the following bodies: Red Cross, Caritas, Hospital Volunteers, Third World Volunteers and the *Moviments d'Esplai Confessionals d'Andorra*.

It carries out specific training activities for volunteers, and gives advice to anyone interested in doing voluntary work at international level.

- ASSOCIACIÓ RIO ESCONDIDO

The *Associació Escaldes-Engordany-Rio Escondido* works with orphans in Peru and was formally set up in 1999.

- AINA

AINA runs summer and other activity camps, guaranteeing their services to all children who need them.

- INTERMON (OXFAM)

Intermon's programmes aim to provide basic education worldwide.

Appendix 2 contains a section on the various projects and actions relating to children, carried out by Andorran NGOs in recent years.

B.2.3. Current legislation and types of employment contract for minors

The information provided in section B.2.3. of the previous report is expanded below. The employment of minors: limitations.

- Section II of the Employment Regulations, covering apprenticeship contracts, specifies the duties of both the business and the apprentice regarding the technical and practical teaching of a trade, its duration, payment and labour conditions, and the formalities of an official contract which must be authorized by the *Servei d'Inspecció de Treball* (Work Inspection Service).

This section also covers apprenticeship contracts with special conditions that aim to integrate the apprentice into society as well as teach him or her a trade. This provision allows for special apprenticeship contracts presented by AGENTAS and XERIDELL to be authorized for disabled people who depend on the Board of Trustees for Nostra Senyora de Meritxell specialized school.

- Section VI of the Employment Regulations, regulating the employment of minors, sets the age of employment at 16 years with the option for minors between 14 and 16 to work for specified periods in school holidays. It also specifies their work hours and wages and the official contract to be authorized by the Work Inspection Service.

- The Law regulating professional training through apprenticeship allows young people between 16 to 19 to do practical work in a company, with theory and complementary studies at the Department of Education's apprentice training centre. Articles 10 and 18 provide for an apprentice-training contract, which must be authorized by the Work Inspection Service and must comply with minors' employment laws.

B.2.3.1. Considerations on adapting legislation to Article 32 of the Convention

A) Our legislation provides for various measures to guarantee the "Right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be detrimental to the child's health or physical, mental, spiritual, moral or social development":

a) The age limit for full employment is 16 years, since schooling is compulsory up to this age. It categorically prohibits any work by those under 14, whether paid or not. It prohibits minors between 14 and 16 from working during term time, only allowing them to work during school holidays on the condition that they have 15 days' off in the summer holidays and half the other school holidays off.

b) Official contracts for minors and apprenticeships must be signed between companies and the legal representatives of minors, setting out all the agreed work conditions - working hours, type of work, wages etc - and authorized by the Work Inspection Service to ensure compliance with the regulations.

c) Under-18s are categorically prohibited from night work (10 p.m. until 8 a.m.) or overtime, and the minimum break between work shifts must be 12 consecutive hours.

d) The maximum working hours and the rest periods for minors are:

a. Minors from 14 to 16 may only work in school holidays, for a maximum of 6 hours per day - with a break of one hour - and a maximum of 33 hours per week. They must have one and a half days off per week.

b. Minors from 16 to 18 may enter full employment but the maximum working day is 8 hours per day - with one hour's break - and 40 hours per week. They must have one and a half days off per week.

e) Working conditions: minors can only do work appropriate to their age, i.e. light work that is not detrimental to their physical or moral development.

Section XI of the Employment Regulations, dealing with safety conditions and hygiene in the work place, obliges the employer to ensure that every worker knows the risks inherent in his job and, when assigning jobs, he must bear in mind the age and physical and psychological aptitude of the individual concerned to avoid any risk.

The Bingo Law of 28 November 1996 (published in BOPA n° 83 of 27 December 1996) prohibits categorically the employment of minors in this sector.

f) Article 11 of the Employment Regulations guarantees a minimum wage to under-18s.

g) The inspection and control of work by minors is entrusted to the Work Inspection Service, whose actions are governed by the Law for creating the Inspection Service of 24 July 1984.

h) Articles 56 and 133 of the Employment Regulations provide for sanctioning any infringement of the regulations for minors, when detected by the Work Inspection Service.

B) Current regulations for minors are adapted to the wide-ranging contents of Article 32 of the Convention on the Rights of the Child, which sets the age limit for full employment, working hours and conditions, and sanctions to guarantee effectivity.

However, the regulations leave ground for improvement in the definition of work permitted to minors as *light and not detrimental to their physical or moral development*. This definition should not just prohibit certain jobs - such as minors' employment in gaming halls - but should also ensure that inherently risky jobs may only be done under an apprenticeship contract, where the apprentice receives technical and practical instruction for a trade from an experienced professional.

Minors entering full employment at 16 or temporary work in school holidays between the ages of 14 and 16 raise many doubts for the Work Inspection Service, when asked to authorize official contracts for minors. There is an area of legal uncertainty when authorizing or refusing contracts for certain sectors of activity not characterized by "light work".

At present, apprenticeship contracts are limited in practice, on the one hand to certain traditional sectors - bakeries, cake shops, mechanical workshops etc. - and on the other hand by the fact that the necessarily long trade apprenticeships cause financial restraints that encourage most minors to enter full employment through the minor's contract covered by Section VI of the Employment Regulations.

Consequently, future revision of the employment laws will have to define and prohibit those jobs which cannot be considered *light and not detrimental to their physical or moral development*, - such as employment in gaming halls - or alternatively, limit them to the apprenticeship contracts provided for by Section II of the Employment Regulations.

B.5.2. Creation of the Secretariat for the Family

Until May 2001, the Government of Andorra had no single, well-defined structure to embrace all areas affecting the family, particularly children, women and family mediation.

Specific problems were dealt with by the various departments concerned and were co-ordinated by the Ministry of Health and Welfare.

On appointing new members to his team and setting his priorities for the next four years, the Head of Government stressed that all matters of social welfare would have priority in his actions

The objective of the new Secretariat of State for the Family is to promote programmes where planning, execution and evaluation consider the situation and needs of women, men and children in all areas: health, society, education, work, culture etc.

In relation to children, the following lines of action have been prioritised:

- To promote the creation of a body to co-ordinate national action relating to children and to guard children's rights.
- To establish effective co-ordination between the various ministries, institutions and other bodies to act on children's affairs.
- To encourage preventive programmes in co-ordination with the various sectors involved.
- To publicise the rights of the child and ensure they are respected.

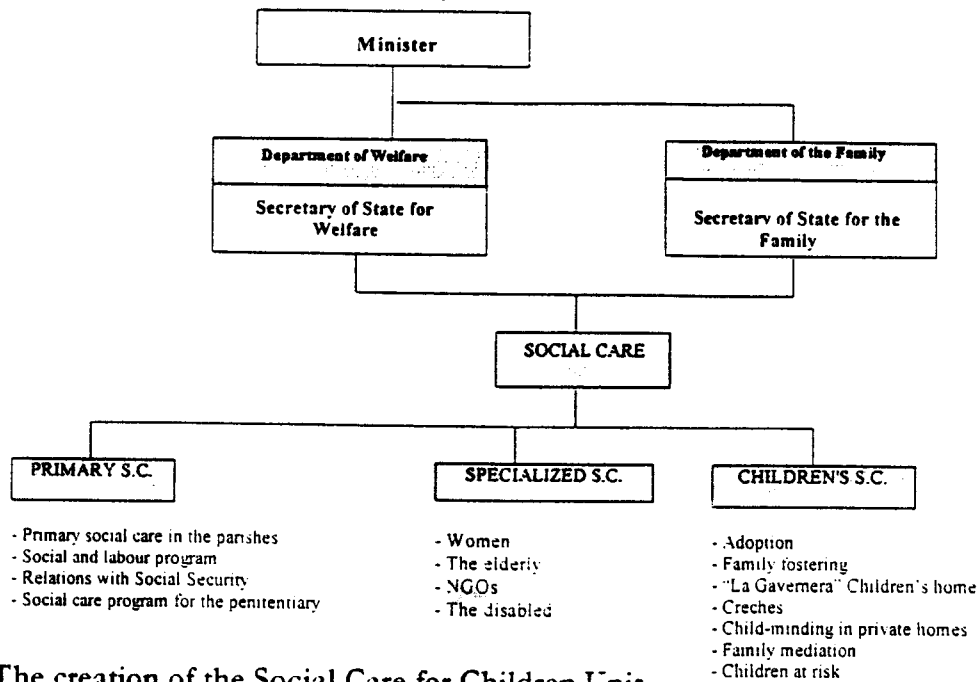
For women, the Secretariat for the Family prioritises:

- The study and diagnosis of the position of women in order to develop a social care plan for women.
- Monitoring and implementing the second phase of the protocol for action in cases of domestic violence, through the creation of a commission and working groups for each area of the protocol.
- Supporting programmes aimed at optimising social participation, working life, health and other factors affecting women.

In Family Mediation, priority is given to promoting family mediation as a way to resolve family disputes that affects the whole family nucleus.

B.5.3. Organizational chart of the Social Care Unit

Organizational chart of the Social Care Unit of the Ministry of Health and Welfare
(May 2001)



B.5.3.1. The creation of the Social Care for Children Unit

The creation of the Social Care for Children Unit in May 1999 meant revising the various existing resources and services to improve them. The following sections should be amended in the April 1999 report:

This new structure also meant restructuring Social Care, which was divided into three different areas of responsibility:

- Social Care for Children

This is a cross-disciplinary team dedicated to caring for children and adolescents at risk, collaborating to prevent these situations. It reports and advises on matters related to children at risk, makes evaluations and draws up plans for improvement and treatment. It proposes measures to be taken by the Technical Commission for Child and Youth Care and implements the Commission's decisions and work plans with the appropriate co-ordination and monitoring.

Social Care for Children coordinates, promotes and monitors all resources and services dedicated to children.

- Primary Social Care

This is the basic service, a free public network of Primary Social Care services available to citizens in each parish (Andorra is divided into 7 parishes). It is a fundamental tool for government planning, providing direct observation and knowledge of social realities from social workers that are closely involved with citizens and the local civic bodies. The focus is proactive: detection, evaluation, advice, and also direct care, assistance, treatment and referral to other services or resources if appropriate.

This is the door to the country's welfare system, to specialized benefits and services.

- Specialized Social Care

Specialized Social Care is part of the secondary level of action in the social services of the Ministry of Health and Welfare. This level receives specific requests from Primary Social Care and Social Care for Children to meet the needs of given sections of the population. Access by users is therefore indirect, based on referral by a professional on another level who first evaluates the initial request.

The main features of Specialized Social Care are its specialized multi-professional resources and the fact that it works with specific sections of the population, i.e. the disabled, the elderly, women, NGOs and other programmes in the pipeline.

B.5.3.1.1. Responsibilities of the Social Care for Children Unit

B.5.3.1.1.1. The Technical Commission for Child and Youth Care

This Commission was approved by government on 29 July 1992, and has changed its composition and duties since Social Care for Children was created.

Most of the Commission's former duties have been transferred to Children at Risk and it now evaluates children at risk; makes proposals for social care to the competent body; periodically revises measures and selects families in national adoption cases.

The Commission currently comprises:

- The Secretary of State for the Family
- The Head of Social Care for Children
- The lawyer for Social Care for Children
- The social worker for Children at Risk
- The psychologist for Children at Risk
- An administrative officer from the Ministry of Health and Welfare

This allows minors' problems to be evaluated integrally, particularly the social, psychological and legal aspects, etc. The inclusion of a lawyer is intended to protect minors' rights and the rights and duties of their families.

This composition is not definitive, as professionals from health and educational psychology are considered necessary to make an overall evaluation of children at risk.

These changes are planned shortly, as are the redefinition of its duties and aims to adapt the Commission to the current situation and requirements.

Social care for Children at Risk is entrusted to a technical team, which is specialized in this area and it is attached to Social Care for Children Unit. The team consists of a leader and professionals from social work, psychology and law.

General objective: To guarantee the protection of all minors in a risk situation.

1) Its main aim is to:

- Prevent risk situations
- Detect cases of children at risk at an early date
- Diagnose minors at risk in a complete and flexible manner
- Guarantee the protection of minors at risk
- Propose the most suitable measures to be taken in each case
- Monitor and evaluate cases and action taken
- Approximate criteria and action in children's affairs
- Draw up inter-sectorial programmes relating to children at risk
- Inform and raise awareness about children at risk among all professionals active in children's affairs.

2) Users:

Intended for all minors in a risk situation irrespective of their legal situation in the country. In exceptional cases, individuals who have been under government protection are still monitored when they come of age, at their own request, or on a proposal from Social Care for Children with the agreement of the person in question.

Children referred to Social Care for Children are victims of any kind of ill-treatment and those at risk.

3) Operation:

Up to May 1999 when Social Care for Children was set up, the Technical Commission for Child and Youth Care was in charge of case examinations, evaluations and proposals. It set out the work plan and the Primary Social Care team followed this up whereas now the Social Care for Children team takes on these tasks in co-ordination with Primary Social Care.

It is Primary Social Care that detects most cases, makes a first evaluation and where necessary refers them to the Children at Risk team.

Referral of a minor's case to the Social Care for Children team is made by written report from Primary Social Care and a meeting between the primary social worker presenting the case and the Children at Risk team.

It is the Children at Risk team that receives and answers applications from foreign social services in matters relating to minors.

In the case of minors alleged to have committed a criminal offence, the Social Care for Children team only acts if a risk situation is detected.

The Social Care for Children team acts in emergency cases. Requests for action may come from Primary Social Care but also from other institutions or professionals who consider that a minor is in a risk situation.

In such cases, the Social Care for Children team acts immediately in order to estimate the seriousness of the risk to the minor. A first evaluation is made, with priority given to the minor.

In emergency cases the Social Care for Children team works in close co-operation with the Police Service, the Judiciary and/or the Public Prosecutor and the Hospital as well as other services or professionals connected with children's affairs. A protocol for co-operation between the various institutions that act in these situations is being drawn up, to make the procedure as untraumatic as possible for the minor.

4) Basic functions:

- Examination of the situation of the minor
- Diagnosis
- Interview on return to the family
- Proposal for protective measures to the Technical Commission for Child and Youth Care, if appropriate
- Handling and co-ordination of applications to court (Batllia)
- To draw up a working plan for the minor and his family, in collaboration with Primary Social Care
- Joint monitoring with Primary Social Care
- Offers of assistance to the family

When drawing up a plan for each case, the Social Care for Children team tries to give objective information to the minor and the family about all its proposals and encourages users to collaborate.

For all decisions, priority is given to the overriding interest of the minor, giving him or her leisure to express his or her opinion, doubts and concerns.

Informing, explaining, listening, understanding and obtaining agreement (however limited) for the proposals is an essential process to ensure that measures are useful to the beneficiaries, i.e. the minors.

In view of the demographic and geographic characteristics of Andorra and its reduced size, the Social Care for Children team is especially careful to respect the principle of confidentiality.

Although the Social Care for Children team always gives priority to the fact that the minor should remain in his or her home, in cases where it is necessary to separate the child temporarily from his or her nuclear family, work is always begun with the objective of returning him/her to the family home. Care is taken to ensure that the separation is as untraumatic as possible for the minor, choosing the resource most suitable for his or her age and needs.

These measures are always framed in a court order to guarantee the rights of all the persons concerned. Both the minor and his biological family are heard by the *batlle* (judge) in charge of the case and visiting rights are always fixed in order to maintain the minor's contacts with his or her family, unless this is contrary to the child's interests.

By order of priority these measures are essentially:

- Fostering by the extended family
- Fostering by a non-related family
- Placement at the *La Governera* children's home

5) Early detection of children in a risk situation:

In order to approximate criteria and help the professionals of Primary Social Care to improve detection of minors at risk, the Children at Risk team has drawn up a document "Children at risk: detection and evaluation" which defines the various situations in which a child may find himself or herself, the various types of mistreatment, indicators of risk and the minor and his family's resources, associated factors and a model referral report (see app.3).

On the basis of this document, work was begun with Primary Social Care in February 2000.

The document has currently undergone various changes, more of procedure than contents, but work is under way on drawing up another type of document (scale, observation grid, etc.) which in the next few years will further improve the detection of minors at risk.

In order to improve detection, various documents have been prepared, pending approval, for distribution to kindergartens and schools in the Principality.

With this same aim in mind, an observation grid for the detection of children at risk was drawn up in 2000 with the Ministry of Education, Youth and Sports and the Police Service of the Ministry of Justice and the Interior.

This work is being carried out during the 2000-2001 school year and we hope that the results will help to optimize the task to be carried out by these ministries in connection with minors (this project is described in more detail at Section V, point 2, paragraph 2.2 New projects).

The creation of Social Care for Children has contributed to improving detection and care for minors at risk. Since its creation, professionals have been appointed to develop preventive tasks and contribute to informing and raising awareness among professionals acting in children's affairs.

B.5.3.1.1.3. Fostering by the extended family

In the Principality of Andorra we find children at risk who have to be temporarily separated from their parents by court order and in these cases a resource is needed to ensure the protection of these children.

To facilitate fostering of these children by their own extended family, work is in course to regulate this type of fostering and present a project for government approval in the last quarter of this year.

Whenever possible, priority is given to fostering by the minor's extended family (grandparents, uncles and aunts, brothers and sisters, etc.), since this helps the child to stay close to his usual environment.

In exceptional cases, when the minor has no family in the Principality but has otherwise family abroad, and fostering by the extended family is considered suitable, appropriate steps are taken in collaboration with the foreign social services to implement this measure with a relevant Court decision.

Children object of this protective measure may be in one of two very different situations: they may be socially normal minors, integrated in their families, but with specific family problems, or they may be minors at risk (children at risk and/or mistreated) for whom fostering by the extended family is considered the most appropriate measure.

Fostering by the extended family is always viewed as a temporary measure, as the final aim is to return the minor to his or her parents wherever possible.

Minors under this protective measure were originally monitored by Primary Social Care but when Social Care for Children was set up in May 1999, the backup work was transferred to them and Primary Social Care is now responsible for financial assistance to cover expenses deriving from childcare.

Social Care for Children is presently drawing up a project for fostering by the extended family, to regulate the support and monitoring of the foster families and fostered minors. The project would give this body control of financial assistance for maintenance or other expenses deriving from child care (extracurricular activities, summer camps, school assistance, etc) in 2002.

B.5.3.1.1.4. Family fostering

This was set up in 1991 and its task has not changed since creation of Social Care for Children. Its objective is still to place minors in families, when they need to be separated temporarily from their biological family, to guarantee they receive proper care and protection.

Family fostering is seen here as a subsidiary measure, temporarily entrusting the care of an unprotected minor to a foster family, when the original family is unable to assume responsibility.

This measure is taken in accordance with our legislation, i.e. whenever the court decides to entrust a minor to the competent social care body, which chooses family fostering as the form of guardianship.

The measure is always for a limited period until such time as the minor is re-inserted in his or her natural family and/or society. In Andorra, family fostering never breaks the link between the minor and his or her family.

The purpose of family fostering is to care for minors at risk for whom a foster family is considered the most appropriate measure, with parental collaboration.

Fostering is considered an element to give parents time to deal with their problems and recover their parental duties as much as possible.

Fostering is based on the specific needs of the child and the biological family.

In exceptional cases, the competent social care body may allow temporary family fostering if the child's parents or guardians request it and show that they are temporarily unable to take care of the minor due to sickness or other exceptional and unavoidable circumstances. The aim is to give timely support to parents who have no extended family in Andorra to look after the child when faced with such difficulties.

1) Objectives:

- To prevent possible problems for minors at risk due to the temporary inability of their parents to care for them.
- To ease children's problems where parental care fails or is insufficient, where there is a risk situation and this measure is agreed.
- To help the minor and foster family to mesh.
- To counsel and offer continuous support to the minor and foster family.
- To recruit and select foster families.

2) Work with the biological family:

The objective is to help the biological family raise their child, co-ordinating with the Children at Risk team and Primary Social Care, the bodies responsible for working with the child's biological family.

When a minor is fostered, the biological family continue to have parental power and the corresponding rights and duties, limited where appropriate by a court order in the best interest of the child.

Whenever possible, meetings are held between the professionals and the foster and biological families to achieve maximum co-operation between all the parties. When appropriate, direct contact is encouraged.

To formalize the foster-care and set out the rights and duties of the parties involved, a contract is drawn up between the foster family, the biological family and the competent social care body, adapted to each individual case. This contract always specifies the contacts between the child and his or her family, which may only be restricted by a court order in the interests of the child.

These contracts have a fixed term, in accordance with the court decision, but can be modified whenever a change in the situation requires.

The Family Fostering team regularly informs the parents and court about the child's development and is always available for consultation.

3) Recruitment of foster families:

Various informative campaigns have been pursued in the Andorran media as well as talks to various associations to recruit foster families.

4) Work with foster families:

In order to guarantee good child care, all applications are studied and a dynamic process set up to inform both professionals and the family, enabling them to discuss doubts and reflect on their motivation and expectations.

Among other things, this study considers:

- The individual's recognition of his/her strong and weak points and his/her ability to put him/herself in the child's position
- The family's ability to carry out its duties, particularly to support a child faced with new situations, and its ability to relate and give affection
- Flexibility, seen as an ability to adapt attitudes or suppositions in new situations
- The foster family's motivation
- The family's legal status and length of residence in the country (the latter to avoid interrupted foster care if the family has not yet adapted to the country)
- Language and cultural characteristics
- Job stability
- Availability of time to look after the child
- Age
- Housing conditions
- Family health

Careful attention is paid to maintaining a respectful relationship between the foster family and the original family, and to the inherent aim of foster work - to help the child to think about his/her family, understand his/her situation and heal his/her relationship with his/her parents.

Careful monitoring of minors and foster families is carried out, to ensure the healthy development of foster care and give support and counseling. This consists of periodical interviews with the foster families and the minors.

In 1993 the foster parents group was set up to share experiences and give greater counseling and support to foster families. This group comprises families who foster or have fostered children and the Family Fostering professionals.

The work done with foster families and the support offered to them is considered essential, since the quality of care given to the families directly affects the quality of their relationship with the child.

In order to support the foster families and make the undertaking more serious, foster families in Andorra receive financial assistance to ensure adequate child care. Part of this covers maintenance and is provided by Social Care for Children whenever the biological parents are unable to do so. Financial collaboration by the biological parents is seen as a way to help them preserve a degree of responsibility for their children and remind them of their needs even when another family temporarily fosters them.

5) Work intended to enable the minor to mesh with the foster family:

For this task, the Family Fostering team studies and selects the family according to its ability to meet the needs of the child and his/her family.

Once the family has been selected, whenever possible, prior contact is established between the child and the foster family so that they may gradually get to know each other and have some time to get used to this new relationship.

Likewise, when the children return to their biological family, an attempt is made to avoid a sudden break and re-insert them gradually.

B.5.3.1.1.5. *La Governen* children's home

Operation of the home has continued to adapt to the needs of minors and legislation concerning children. In the coming months, regulations should be approved that will essentially set down the present operation of the home. The aim is to regulate government procedure and actions and those of other agents involved in looking after minors entrusted to the children's home.

The objective of the children's home is to take in children for their protection and guarantee their rights through care and protection, observation, diagnosis and drawing up general and personalized programmes in the best interest of the minor who is abandoned or at risk.

In accordance with Andorran legislation, this measure is taken whenever the court decides to entrust a minor to the government body responsible for social care and the latter chooses to place the minor under the guardianship of the children's home.

The above-mentioned regulations set out the need to facilitate relations between the minor and his/her family and encourage the latter's co-operation and participation during placement as the aim is to re-insert the minor into his/her nuclear family whenever this is in the minor's interest and in accordance with the court decision.

In exceptional cases, the competent social care body may allow temporary placement if the child's parents or guardians request it and show that they are temporarily unable to take care of the minor due to sickness or other exceptional and unavoidable circumstances, the need to travel abroad or any other analogous situation accepted by the competent body. This exception has been considered in view of the real existence of parents who have no extended family in Andorra to help them in times of difficulty.

1) The objectives of the children's home are to:

- Get to know the needs and possibilities of the minor, by studying and diagnosing his/her situation and that of the family and environment, in order to draw up a personalized work plan to suit his/her needs depending on his/her stage of development.

The work plan will be periodically reviewed and evaluated to adapt it to the child's development.

- Receive and protect the minors entrusted to it by covering their basic necessities, taking on their education, health care and other personal and moral assistance they may need according to their age and personal characteristics.
- Carry out other complementary duties in temporary substitution for the family, meeting the minor's needs and favouring his/her overall development.
- Encourage the minor to participate in the whole placement process, specifically taking his/her opinion into account in all decisions affecting him/her, according to his/ her age and maturity.
- In exceptional cases, support individuals in care after reaching legal age to help them integrate into society.

2) Users:

The children's home is for all minors suffering neglect or at risk whether or not they are formally established in the country.

Those placed may stay on past legal age for the period needed to finish their studies or to integrate into society on condition that the person in question requests this from the competent social care body.

The children's home may not take in minors with psychological disorders or seriously perturbed behaviour, who require special care and might endanger other resident minors or hinder community life in the centre.

In the case of minors falling into the above-mentioned category, a report will be required from the Technical Commission for the Disabled so as to evaluate them and assign the type of treatment most appropriate for their rehabilitation and care.

3) Services offered by the children's home:

- Residential service:
For the temporary care of minors who are unable to continue to live in their family environment until re-inserted in the family or society.

In this service there is a unit specifically for the care of babies under 3 months of age.

- Day service:
For minors for whom it is considered appropriate to complement family care during the daytime without separating them from their family environment.
- Emergency service:
Designed to give a quick, flexible answer to sudden emergency situations in which minors may find themselves.

The children's home can also offer other services to cover situations related to its purpose.

In the regulations for the *La Governera* children's home, the rights and duties of users need to be approximated to the Convention on the Rights of the Child.

The professionals in the children's home will begin work, in 2002, on drawing up new working regulations with the participation of other professionals and the actual minors in care.

B.5.3.1.1.6. Adoption

On 31 March 1993, the Government of Andorra decided to set up the structure needed to regulate adoptions in the Principality, and this was attached to the Social Care for Children Unit since its creation.

The specific legislative framework in this area is defined by the following legal texts:

- Firstly, the Agreement on the Protection of Children and Co-operation in matters of International Adoption signed at The Hague on 29 May 1993. Andorra acceded on 26 February 1997.
- On 21 March 1996 the *Consell General* (Parliament) passed the Qualified Law on Adoption and other ways of protecting unprotected minors.
- On 10 June 1998 the Regulations for Adoption were approved. These attempt to define the principles for action, procedure, competence and duties of government bodies and collaborating persons and bodies involved in domestic and international adoptions.

The aim is to give a degree of protection to a minor legally declared to be adoptable by giving him or her the most suitable family and giving absolute priority to the superior interest of the child, in accordance with the provisions of Article 21 of the Convention on the Rights of the Child.

Consequently the Adoption team is entrusted with carrying out various actions related to the minor such as:

- Finding the most suitable family for the unprotected child undergoing adoption.
- Evaluating the child's characteristics so as to decide which individual or family is best suited to his/her interests.

- Monitoring adopted minors to offer adequate support and guidance to the children and families, and to evaluate their integration, according to our legislation or that of the country of origin of the adopted minor.

The following tasks are also carried out with regard to the adoptive parents:

- Informing applicants.
- Making applications for studying the family through the appropriate forms and documentation
- Evaluating the psychological and social characteristics of the applicants.
- Giving support and counselling to future adoptive parents.

Within the framework of the Convention, the Service for Adoption is the government's designated central authority responsible for meeting these regulations.

The Government of Andorra placed this matter with the Social Care for Children Unit to begin to work in accordance with the Regulations for Adoption. It then laid down the bases for accrediting professional psychologists, as they and the social workers in Social Care for Children are entrusted with carrying out the studies and evaluations of the couples or individuals wishing to adopt a child. A lawyer is also available for assessment.

To this end, a protocol was devised for the psychologists dealing with adoptions, to specify and regulate their tasks. The psychologists first study and evaluate individuals and families who have applied for adoption and then monitor and evaluate the adopted child's development by producing psychological reports.

Note that the government has provided a whole series of information to the psychologists, social workers, judges, public prosecutors and other professionals, to ensure that they have the knowledge they need to offer maximum guarantees.

The study and evaluation of applicants lasts six months and has the following objectives:

- To accurately study and evaluate their capacity for adoption
- To counsel them about aspects related to adoption, particularly international adoption, to ensure that families have as much necessary information as possible and that applicants have carefully evaluated their adoption project.

The specific aim is to ensure that the adoptive parent or family can provide the minor with all he/she needs to promote his/her overall development while respecting his/ her history and culture.

The Adoption team also handles domestic and international adoptions. Note that in Andorra there is no collaborating body for cases of international adoptions, so it is the Adoption team that fills this role.

The first international adoptions took place in 1999 in accordance with the Hague Convention. Andorra presently has adoption agreements with Colombia and Rumania and has initiated a process of co-operation with Costa Rica to reach an adoption agreement.

International adoptions are still a new experience for this country and we cannot yet evaluate the results of our work.

The Adoption team feels that it should take part in training applicants for adoption and intends to carry out this project shortly.

The government has the following draft bills to put through the 2001-2005 legislative session:

- Amendment of the Law on Social Security to equate maternity leaves (for biological and adoptive parents).
- Amendment of the Law of Nationality to enable minors adopted abroad to acquire the Andorran nationality

B.5.3.1.2. Other areas of responsibility relating to children in general

B.5.3.1.2.1. Kindergartens and child-minding in private homes

The legislative framework regulating child minding in the Principality of Andorra consists of the Law on Children's Kindergartens of 11 May 1995, the Regulations for Children's Kindergartens of 30 November 1995 and the Regulations for Child-minding in Private homes of 28 February 2001.

Responsibility for kindergartens was assigned to the Social Care for Children Unit since its creation, in conjunction with the Technical Commission for Children's Kindergartens which, in accordance with Article 10.2 of the Regulations, is responsible for implementing the law, for regulating operational co-ordination and advising the government on the process of implementation of the new rules (kindergartens in existence before the current legislation have been given a period of 5 years to conform, except in cases of grave defects or danger to the children).

This period of grace expired in December 2000. At that date the Technical Commission for Children's Kindergartens drew up a report on the state of all kindergartens in Andorra. The report noted that in general existing kindergartens had adapted well.

To contribute to improving childcare, various ongoing training courses for kindergarten professionals were begun in 2001.

This training has been organized by the Social Care for Children Unit with the co-operation of the Andorran University Nursing School.

40% of training has been subsidized by Social Care for Children and a new entry has been added to the 2002 budget to cover this, on observing the positive response of trainees and high intake.

There are at present a total of 16 kindergartens in Andorra. 7 belong to *Comuns* and 7 are private.

Another one is an association of the *Patronat de les Dames de Meritxell*, the Government and the Andorran Social Security (CASS). The Government and CASS subsidize 50% of one the kindergarten's annual expenses.

And the last one belongs to a *Comú* but is subsidized by the *Patronat de les Causes Pies de la Massana*.

In total, the Principality of Andorra currently has 807 places in kindergartens, covering 39.64% of the child population (this percentage is based on children aged from 0 to 2 years, as most 3-year-olds are already at school).

All the kindergartens are 100% full and most have a waiting list, except for the *Comú* kindergarten *Llar d'Infants Els Marrecs* in Pas de la Casa, a dependency of the parish of Encamp, which still has places available.

The number of places available in kindergartens has not met the considerable demand and necessity due to the high percentage of women in employment in Andorra - 73.36% of the female population between 20 and 64 years.

This situation led the Ministry of Health and Welfare to carry out a survey of the needs of the youngest children and the state of childcare in private homes in Andorra.

The second part of this survey relates to the existence in Andorra of persons who mind children in their homes, an activity that has emerged with no legislative framework to guarantee proper care for the children.

The reasons for child-care in private homes are, on the one hand, the lack of places in the kindergartens and, on the other, the need for a sector of the population with greater timetable flexibility, since many parents have work timetables that do not fit in with those of kindergartens.

The survey confirmed a shortage of existing resources and the need to offer other child-care systems to cover the demand while guaranteeing standards.

On the basis of this survey, on 28 February 2001 the Government approved by decree the above Regulations for Child-minding in Private Homes, which came into effect on 7 September 2001.

The aim of these regulations as set out in Article 1 is:

- To enable parents to exercise their rights and duties in leaving their children in the charge of an individual who minds children at home, and to control the standard of the services and care provided to those children.
- To encourage childcare while protecting children's rights.
- To facilitate the training of child minders.

Work is presently under way to provide basic training for individuals involved in or wanting to enter this activity.

In order to regularize the position of individuals already providing this service and to improve it, this training will be provided free of charge to all those interested. Social Care for Children will subsidize this training for 2 years during which four training periods will be provided.

Although it is still very early to judge if this resource will provide childcare for every child needing it, it does have the advantage that the proposed diversification will provide more facilities to cover current shortages.

Note that local authorities (*Comuns*) and private initiative plan to enlarge existing kindergartens.

So we can see that the government, local authorities and private initiative are making a considerable investment to guarantee sufficiency and standards in these services.

Work has begun in Andorra to regulate other existing child-minding systems and in this context the government has given priority in this legislative session to amending the current legislative framework in order to improve the law as it stands and to regulate the various child minding services to adjust them closer to the needs of society.

B.5.3.1.2.2. Family mediation

The Family Mediation team consists of professionals in this field and was created by the government on 13 April 1994. It has been attached to the Social Care for Children Unit from the start.

It acts to resolve conflict in cases of separation, in a non-legal context, in order to minimize the negative emotional effects on the family and safeguard the children's interests.

They attempt to help parents to:

- Learn how to listen
- Make the effort to understand
- Learn how to express their own point of view
- Be responsible for their commitments

The aim of this work is to:

- Guarantee the rights of children caught up in a separation process, prioritising joint custody of the children and being careful to preserve their relationship with their parents and respective extended families.
- Help parents to draw up practical agreements, being careful to guarantee the rights and duties of the parents with regard to their children.

Efforts are made to help married couples avoid litigation.

Family mediation is offered when both parents request it voluntarily. They may opt out of this process at any time.

This assessment is free to all parents with children that requested it

To formalize the agreements reached, a document is drawn up and passed to the competent judicial authority where a Court Decision can ratify them.

In cases where Family Mediation considers it necessary and depending on the age of the child, interviews are conducted with the minor to ascertain his/her opinion.

During the family mediation process, the professionals also try to detect other problems, related or not to the separation process, and this enables them to refer the parties to the most appropriate resource and/or service.

It is planned to transfer mediation to Specialized Social Care in 2002 with the aim, on the one hand, of working on other conflicts for resolution through mediation and, on the other, to achieve government objectives.

B.5.3.1.3. Other projects of the Social Care for Children Unit

The government has given priority to various projects for children, which do not figure in the list of fields grouped under Social Care for Children but are set out below:

- Project: Single parent families

In its memorandum for 2000 Social Care for Children noted difficulties in this group which require specific support work. The analysis and evaluation of the problems of single parent families will be made in 2002 with a view to setting up an action plan.

- Project: Implementation of the Qualified Law on Adoption and other forms of protection for unprotected minors, with regard to the various forms of protection.

There are plans to draft regulations to implement this part of the Law at the end of 2002, in the hope that government will pass them in 2003.

B.5.3.1.4. Health coverage for children under protection

In order to preserve the rights and duties of parents as far as possible, they are encouraged to take responsibility for their children's health coverage through their own social security.

In cases where the parents have no health insurance and consequently cannot make their children beneficiaries, coverage has been arranged through other systems:

- In cases of minors fostered by the extended family or an unrelated foster family, agreement has been reached with the Andorran Social Security for children without coverage to benefit from the social security coverage of their foster parent.
- In the case of minors in the *La Governera* children's home, health is covered by a welfare allowance processed by Primary Social Care at the request of Social Care for Children.

B.5.3.2. Primary Social Care

B.5.3.2.1. Description

Primary Social Care is the basic care level available to any member of the Andorran population who finds himself in a situation of social difficulty. It is public and free, acts globally on many levels and comprises Social Work professionals (social workers) divided between the Andorran parishes.

B.5.3.2.2 Functions

The following tasks are entrusted to Primary Social Care:

- To inform and advise individuals, families and groups about existing social resources and their rights and duties with regard to the national social protection system.
- To intervene and treat the social problems of individuals, families or the community.
- To take action to prevent and detect situations of social risk or need.
- To collaborate in processes for integrating individuals into the community.
- To liaise with parish institutions and bodies to co-ordinate joint action for social welfare.
- To reach an accurate understanding of parish society in order to draw up proposals to improve living conditions and community life.

Primary Social Care provides the government with direct observations and understanding of society on which to base its planning. It is a door to the country's welfare system, to children's and other specialized services and benefits.

B.5.3.2.3. Purpose

To prevent, provide support and treat social problems (lack of financial resources, risk situations, integration difficulties etc.)

B.5.3.2.4. Field of activity

Primary Social Care has a specific field of action open to the whole population, whether Andorran nationals or residents, according to the regulations.

Nevertheless there are areas of special attention:

- Families
- Children
- Young people
- Women
- The elderly
- The disabled
- Poverty
- Immigration
- Delinquency
- Drug addiction and AIDS

B.5.3.2.5. Organization

This team comprises:

- 1 head of Primary Care.
- 8 social workers that carry out primary care tasks at individual, group and community project level in the 7 parishes of Andorra.

B.5.3.2.6. Legislative framework of Primary Social Care

- 1) National Plan for Social Services in Andorra of 25 September 1995.
- 2) Regulations for Social Assistance Services of 20 November 1996.

1) National Plan for Social Services in Andorra

The basic objective of the National Plan for Social Services in Andorra is to design and structure social services based on the principles of the Constitution and rooted in Andorran social customs. This model of social services is based on the assumption that individuals, families and institutions accept their responsibilities and act in solidarity to ensure that every person can live in dignity and independence, contributing to and benefiting from social progress.

The model for social services set out in the National Plan for social services has the following main guidelines:

- **Joint responsibility:** between individuals, families, civic bodies and the state.
- **Solidarity:** through support for the family, children, relations between generations etc.
- **Subsidiary nature:** the state should not replace the actions of the individual, family, neighbours, civil bodies, etc. to help themselves, but assist in maximizing natural resources and actions in the field.

- **Participation:** the state guarantees the right of all citizens to active and continuous participation.
- **Prevention:** priority is given to preventive action to avoid situations of need.
- **Autonomy:** policies of giving donations and other actions that encourage dependency and lack of motivation and social initiative should be avoided. The aim should be full individual and family autonomy.
- **Optimizing resources:** through a uniform, rational, integrated and efficient social policy, innovative programmes and methods.
- **Plural finance:** the social services have mixed finance.
- **The contractual nature:** of public contributions, beneficiaries provide a service or social work in return, as long as their physical, psychological or social condition permits.
- **Subsidiary:** nature of public benefits and services.
- **Monitoring and evaluation:** to guarantee correct services, programmes and financial contributions.

2) Regulations for social financial assistance

These specify that social financial assistance is complementary to the social protection systems in order to cover basic minimum needs and the reintegration of individuals and families in dire straits.

These regulations specify the following types of financial assistance:

- Integration grants to enable individuals in difficulties to reintegrate socially.
- Grants to families with serious survival problems, for maintenance and housing, and to families with no financial resources to voluntarily return to their country of origin.
- Financial assistance for children and young people, consisting of:
 - a) Subsidized kindergarten fees, to improve childcare.
 - b) Subsidies to promote socialization and integration, to promote the integration of minors through extracurricular activities.
 - c) Subsidies to pay a stay abroad when needed for social reasons, as part of the work programmes for minors when these require separation from the family and/or care abroad.

- Grants to disabled people to acquire technical aids, face specific emergency situations, contribute to the costs of residential care or to enable them to continue living at home.
- Grants to the elderly to enable them to continue living at home and contribute to the costs of residential care.
- Grants for other situations, to face extraordinary emergency situations for those with survival difficulties (the indigent) or to face exceptional situations not provided for in the regulations for services.

B.5.3.2.7. Social programmes

Primary Social Care provides, participates in and co-operates in the design and execution of programmes in other government areas when factors within its competence are involved.

At present Primary Social Care has the following programmes:

- **Primary Social Care at parish level**

Objectives: - To become involved in the social problems affecting the population of the various parishes

Beneficiaries: - Persons legally resident in the Principality

Referral: - Direct
- Other bodies

- **Social and work training programme**

Objectives: - To encourage co-operation between society and business in order to eliminate people's work problems, incorporate them into the labour market and avoid their exclusion from society.

Beneficiaries: - Adolescents aged 16 to 20 years defined as being in social risk groups

Referral: - Primary Social Care
- Penitentiary social care programme

The social and work training programme subsidizes the costs of these young people during the work training period (between 2 and 18 months) by means of a wage and health coverage.

- **Penitentiary social care programme**

Objectives: - To work on the social needs of internees and their families, to achieve their integration into the community.

Beneficiaries: - Internees at the Penitentiary Centre
- Family

Referral: - Direct

- **Relations with Social Security**

Objectives: - A specific team for informing, managing, handling and negotiating social security matters.

Beneficiaries: - The population at large

Referral: - Primary Social Care
- Andorran Social Security (CASS)
- Direct

B.5.3.2.8. Primary Social Care actions relating to children

Through the primary social care workers located in the parishes, Primary Social Care acts to prevent, detect, evaluate, diagnose, treat, counsel and refer in situations which pose or could pose child care problems.

It is the first step in detecting and treating problems of families and children, using all the technical and human resources available to help resolve situations of conflict.

To this end Primary Social Care has its own resources relating to families and children but when the conflict situation has gone beyond its ability to act and respond, it refers to the specialized social services, specifically to Social Care for Children.

B.5.3.2.9. Primary Social Care resources relating to children

- Own resources:
 1. Financial assistance to families and children in accordance with the Regulations for Social Assistance Services of 20 November 1996.
 2. Professional resources
- Co-ordination and collaboration with parish and/or national educational, judicial, health and work services etc.

B.5.3.3. The creation of Specialized Social Care

Specialized Social Care is the latest of the three social care areas to be set up. It was designed in October 2000 to be an independent unit of Primary Social Care which had taken over the implementation of actions within the competence of Specialized Social Care. However, until the second half of January 2001 it had no professional resources, such as a social worker to implement the programmes and projects in the pipeline.

The National Plan for Social Services of 26 April 1995 already mentioned a specialized care network as part of the structure and content of the country's social services. It defined the centres and services, preventive actions, diagnosis, treatment and integration of individuals, families or groups with specific social needs. The need to register and authorize centres providing specialized social services was also mentioned.

Specialized Social Care is part of the secondary level of action in the social services of the Ministry of Health and Welfare. This level of action receives specific requests from Primary Social Care and Social Care for Children to meet the needs of given sections of the population. Access by users is therefore indirect being by referral from a professional at another level who has received the initial request, evaluated it and sent it on to this specialized level.

We are presently making a study and analysis of the situation to guide legislation and strategy planning.

B.5.3.3.1. Functions

The main functions of Specialized Social Care are to:

- Look for resources and plan services of a specialized nature (related to sectors of population and the professional resources available). This resource planning relates to social needs detected by other areas.
- Advise Primary Social Care and Social Care for Children on specific social problems in given sectors of the population (initially: disabled, elderly, NGOs, women).
- Co-ordinate actions between Primary Social Care, Social Care for Children and other institutions and/or non-specific social agents of the Institutional Social Services (NGOs, associations, foundations, Technical Commission for the Disabled, Monitoring Commission for the Protocol on domestic violence etc).
- To coordinate ministries and administration to gather data for making reports for various official bodies. These reports reflect the treatment of existing social problems in the country and the adaptation of planned social resources.

As we have pointed out, this unit is currently implementing projects in the following intervention areas:

- The elderly
- NGOs
- Women
- People with disabilities

B.5.3.3.2. The Disabled

Actions for the disabled are aimed at achieving an improvement in the quality of life of individuals suffering from any kind of disability that restricts autonomous development.

The first legal provision for the disabled was "the Law to create a pension for physically and/or mentally disabled adults" which was passed on 14 October 1983. This law regulated the process and criteria for receiving a non-contributory subsidy aimed at socially integrating the country's disabled, whether Andorran nationals or residents with a minimum period of residence (3 years at that time).

It also regulated the composition of the Commission, which was to handle the approval of applications and the terms of revision and provisions for annulment.

This was a law dealing with benefits and subsidies since central government intervention was based on financial aid to individuals. In time, changes in social reality, philosophy and directives for intervention in disability cases, linked to the recognition at international level of new social problems and new lines of action for the disabled, made the law obsolete. This is why the Ministry of Health and Welfare began to draw up a bill to guarantee the rights of the disabled. Likewise, the government approved the composition and operational regulations for the Technical Commission for the Disabled in September 1999, the body currently entrusted with approving applications for services (financial, technical and accessibility) by disabled persons and access to the programmes of the Nostra Senyora de Meritxell Specialized School. Its current members are:

- 1 doctor representing the Andorran Social Security
- 1 doctor representing the administration
- 1 representative from the Ministry of Health and Welfare
- 1 representative from the Ministry of Education
- 1 specialist doctor appointed by the government

At present, 215 adults hold a disability pension.

The draft bill to guarantee the rights of the disabled was approved by the government in May 2000 and now awaits revision and a second definitive approval. At present work is in progress on improving it and it is expected to be passed in the last quarter of this year. Its innovative content, which differentiates it from the previous law, lies in its integral approach to meeting the needs of disabled people. The bill provides for a process of social integration for disabled people through access to health, education, housing, work, the social protection system and other services.

This year, too, the *INTEGRA* project for educating the disabled in leisure begins. This project aims to unify and co-ordinate the social resources available for the disabled from ministries, government (including *Comu* resources) and the various social agents (the Nostra Senyora de Meritxell Specialized School, associations, NGOs).

Meanwhile, the Ministry of Health and Welfare together with the Ministry of Education, Youth and Sports and the Andorran Social Security are preparing approval of the collaboration agreement with the Nostra Senyora de Meritxell Specialized School.

B.6. Basic Health and Welfare

B.6.1. The Health Care System

B.6.1.1. The health model

According to the General law on health of 1989, the Andorran health system is a mixed system, based on social security with a series of structures and services relating to hygiene, public health and individual and collective health care, directly controlled by the general administration. Both financing and provision are mixed: normally the service user pays a part and both the independent professionals in private practice and those in public service and the public and private institutions ensure the provision of services in public and private amenities and establishments.

Within this framework, duties relating to health care and public health are divided between the general administration and bodies under its protection as follows:

- The government is responsible for ordering and programming in all fields related to health and for dealing with matters of public health and hygiene.
- The Andorran Social Security (CASS) is responsible for collecting contributions from the insured and financing the health services received (used) by beneficiaries.
- The Andorran Health Care Service (SAAS) is responsible for managing the publicly financed health services.

B.6.1.2. Social insurance

Social protection against disease-related risks is provided first and foremost by the sickness section of the Andorran Social Security (CASS) which is a legally constituted body under the protection and regulatory authority of the government.

Affiliation to CASS is compulsory for all wage earners. All other persons may join it voluntarily.

In order to comply with the provisions of Article 26 of the Convention on the Rights of the Child, children in Andorra enjoy social security benefits as beneficiaries of their parents and/or legal representatives up to the age of 18 years.

This age limit is prolonged to 25 years in cases of continued study.

The disabled may benefit after the age of 18 years from a pension for disabled adults which includes affiliation to the CASS as well as financial assistance. In cases where an individual is not entitled to this pension, the social security increases its coverage if a certificate of school attendance is presented, also up to the age of 25 years. At present, as set out in the section on the disabled, Specialized Social Care is planning to draw up a draft bill to guarantee the rights of the disabled in which provision will be made for all disabled persons to be affiliated to the CASS.

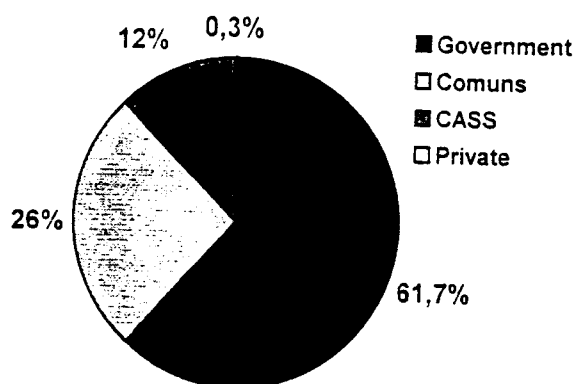
Certain individuals and children may find themselves with no insurance at all due to problems of another kind. In these cases free care is guaranteed to all those without resources. This care is provided through the Andorran Health Care Service (SAAS) either through its services or through referrals to or agreements with other professionals or establishments (General regulations for the incorporation, structuring and operation of the Andorran Hospital Centre of 30 December 1986 and subsequent amendments, Article 68).

In exceptional cases, Primary Social Care, after evaluating the situation and through various types of services, may cover certain cases not foreseen in the protective structures.

B.6.1.3. Financing

The most recent and accurate estimates put total health expenditure at 9.382 billion pesetas or 6.2% of the GNP. 91% of this amount - about eight billion pesetas - is allocated to overall management of the health system. The following diagram shows the financial contribution made by the various institutions. At present we have no data available to show us what proportion is allocated to primary care. It is also difficult to pinpoint which part is allocated to paying for services outside Andorra.

Sources of health funding, 1996



B.6.1.4. Provision of services

Services are provided in surgeries and in the hospital by professionals who practise in public and private centres. The practice of all professions is regulated and may be carried out in the public or private systems. This latter system is known as private practice and is the model for independent freelance professionals. Depending on the case, these professionals may practise in public establishments such as the hospital.

Most doctors, dentists, pharmacists, psychologists and physiotherapists practise as independent professionals in their own private offices. Apart from pharmacists and psychologists, these professionals come to an agreement with the CASS on the conditions for providing services

Those insured and citizens in general have a wide range of services to which they can go directly on their own initiative. Access to medical treatment from GPs, specialists or the hospital is open.

Apart from the Andorran services, users may easily access those services covered by conventions with the public systems in Spain, France and Portugal.

Services covered by the CASS:

Within applicable limitations, insurance with the sickness section covers expenses for GP and specialist services (diagnosis, treatment or rehabilitation), medication, oral and dental care, opticians, orthopaedics and prostheses for up to 75% of the fees fixed by the relevant conventions.

Hospital expenses and those of the programme for Protection of the Mother are covered up to 90%.

Mechanisms exist to cover 100% of the fees in specific situations where the cost and the insured person's financial means are disproportionate.

There are publicly financed health programmes for the prevention of tuberculosis, for the systematic vaccination of children and adolescents, for school health and an advisory service for young people.

B.6.1.5. The Andorran Health Care Service (SAAS)

The SAAS is a semi-public entity set up by law to manage and administer public resources allocated to health care.

The SAAS manages and administers the Nostra Senyora de Meritxell Hospital, the Health Centre Network, the School Health Service, the Mental Health Services, the Traveller's Information Service and the Medical Examination Service.

The Health Centre Network consists of 10 establishments covering all the parishes which offer direct access to nursing services for prescribed treatments, for follow-up treatment for wounds and illnesses, for taking laboratory samples and for carrying out certain programmes: home care, post-natal care for mothers and their infants, Advice for Young People, home oxygen therapy and others.

B.6.2. Health resources

B.6.2.1. Planning, protection and prevention

The Ministry of Health and Welfare, being the ministry entrusted with health, is responsible for planning health care, prevention and protection. To this end the ministry has units for Food and Nutrition, Environmental Health, Pharmacies and Health Establishments and Products and Epidemiological Vigilance.

B.6.2.2. Care resources

B.6.2.2.1. Hospitalization

Andorra has a secondary level public hospital (the Nostra Senyora de Meritxell Hospital) which is run by the SAAS and in 1999 had 161 beds with a 70% occupancy level. The average stay in 1999 was 6.7 days.

B.6.2.2.2. Health professionals

According to the Register of Health Professionals (RPS) of the Ministry of Health and Welfare, in 1999 the total number of doctors in public or private practice in the country was 171, which gives a proportion of 259 doctors per 100,000 inhabitants. The number of Primary Care doctors was 29, with a proportion of 44 GPs per 100,000 inhabitants. In 1998, the proportions for the European Union were a total of 353 doctors per 100,000 inhabitants and 99 GPs per 100,000 inhabitants, and in 1999 the overall proportions in Europe were a total of 362 doctors and 64 GPs per 100,000 inhabitants.

With regard to specialists in obstetrics and gynaecology, there were 6 gynaecologists in private practice and 4 in the hospital to cover the gynaecological and obstetric shifts in Andorra in 1999. At the same time there were 8 paediatricians in the country, 5 in private practice and the others in the Paediatrics and Neonate Service of the Nostra Senyora de Meritxell Hospital.

The total number of nurses and midwives was 194, giving a proportion of 295 per 100,000 inhabitants; in Europe as a whole the proportion was 755 per 100,000 inhabitants. The total number of midwives was 10 but only 6 practising as such, which gives a proportion of 15.2 midwives per 100,000 inhabitants whereas the European average was 46.7 midwives per 100,000 inhabitants.

The number of pharmacists was 62, giving a proportion of 94 pharmacists per 100,000 inhabitants. In Europe as a whole the proportion was 51.6 per 100,000 inhabitants and in the European Union 81.7 per 100,000 inhabitants.

In Andorra in 1999 the number of inhabitants per pharmacy was 1,500. If we compare this indicator to that for the countries of the European Union, we note that Andorra comes in second place, after Greece with the least number of inhabitants per pharmacy (the same indicator for Spain, for example, is 2156 inhabitants per pharmacy, for France 2500 inhabitants per pharmacy, for the UK 4500 inhabitants per pharmacy and for Luxembourg 5000 inhabitants per pharmacy).

The number of dentists was 31 with a proportion of 47 dentists per 100,000 inhabitants. In 1998 the EU proportion was 68.6 dentists per 100,000 inhabitants and in 1999 the proportion for Europe as a whole was 51.6 dentists per 100,000 inhabitants.

B.6.3. The Nostra Senyora de Meritxell Specialized School

We have introduced a new version of the following items of the initial report:

- B.6.3. Programmes on health and welfare of the Nostra Senyora de Meritxell Specialized School aimed at disabled minors.
- B.6.3.1. The early intervention programme IMPULS.
- B.6.3.2. The PROGRÉS programme.
- B.6.3.3. The schooling programme with assistance.
- B.6.3.4. The TRÀNSIT programme.
- B.6.3.5. The XERIDEL programme.
- B.6.3.6. The residence ALBO

At the beginning, these items were incorporated in the Health Area, but now, after a more accurate revision of their content, we firmly believe that their subjects, explain hereto, could fit better in the Area of Welfare and Education.

In 1972 the association called the *Nostra Senyora de Meritxell Specialized School* was set up with the general objective of caring for the disabled throughout their lives and attending to their special needs in all necessary areas, including education, rehabilitation, vocational counselling, jobs, social integration, health and housing.

To fulfil this task, the Nostra Senyora de Meritxell Specialized School has progressively set up the programmes and services necessary to satisfy the growing and ever more diversified demand. The basic principles which guide the action of the Nostra Senyora de Meritxell Specialized School are always normalization, self-determination and quality.

The programmes and services of the Nostra Senyora de Meritxell Specialized School are at a very reduced cost for users, at present a 10% share of the Andorran Social Security (CASS) monthly provision, a share in canteen and transport costs equivalent to what families contribute in other national schools and a share in the costs of some materials and extraordinary activities such as sports events or outings. Families may apply to CASS to cover 100% of their contribution and to the government for a canteen and transport subsidy.

Through the Ministries of Health and Welfare and Education, Youth and Sports, the government helps to finance the Nostra Senyora de Meritxell Specialized School, based on the budget presented by the association and the forecast deficit. At present this system is under revision and for 2002 it is planned to implement a system of quotas per user depending on the type and intensity of support needed in the educational, health care, social service and work fields.

B.6.3.1. Programmes aimed at minors

The Nostra Senyora de Meritxell Specialized School currently provides the following programmes and services:

a) The early intervention programme IMPULS

IMPULS is the early intervention programme of the Nostra Senyora de Meritxell Specialized School. The programme is aimed at all boys and girls *with disabilities or at high*

risk (conditions which may lead to serious problems throughout their development) from birth up to roughly 4 years of age and offers support and guidance to their families.

b) The assisted schooling programme PROGRÉS

PROGRÉS is the assisted schooling programme of the Nostra Senyora de Meritxell Specialized School. The programme is aimed at all pupils with special, serious and permanent educational needs at pre-primary and primary levels, i.e. roughly between ages 4 and 12/14. The students attend normal schools but are partially assisted by specialized PROGRÉS staff, according to the collaborative agreements made between the Nostra Senyora de Meritxell Specialized School and the Ministry of Education, Youth and Sports for Andorran schools, the *Consejería de Educación* for Spanish schools, and the respective boards of trustees for church schools.

c) The special education programme EDES

EDES is the Nostra Senyora de Meritxell Specialized School programme aimed at pupils with serious disabilities who need the resources and a level of assistance that can only be provided by a special centre.

d) The programme for transition to adult life TRÀNSIT

TRÀNSIT is the programme of the board of trustees of the Nostra Senyora de Meritxell Specialized School for guidance, training and development of disabled persons in their transition to adult life and particularly into employment. This guidance process is applied in a broad sense, beginning at compulsory secondary schooling and ending with effective employment. Thus TRÀNSIT may be accessed any time after entering secondary education (from the age of 12 to 14).

TRÀNSIT also cares for young adults who need a period of work training or preparation before trying to definitively enter employment. Finally TRÀNSIT also cares for certain people of any age who have lost or had to leave a job and need a period of re-orientation, re-training or psychological assessment. Generally speaking, the training process in TRÀNSIT covers up to around the age of 21.

Consequently, TRÀNSIT covers two different but related areas: secondary education, where it acts as an assisted schooling programme, and post-compulsory secondary education, where it offers specific training programmes for personal development, apprenticeships in basic skills and work training.

e) The protected home programme L'ALBÓ

L'ALBÓ is the programme of the Nostra Senyora de Meritxell Specialized School, offering a home to disabled persons who need it. It therefore acts as a home and housing support, an alternative to the family home. Current users of this programme reside in a building of their own but a programme of protected flats within the community is planned for the future.

All users take part daily in other programmes of the Nostra Senyora de Meritxell Specialized School outside the home.

f) Services

The Nostra Senyora de Meritxell Specialized School also offers the AGENTAS and XERIDELL programmes to those over 18, offering physiotherapy, speech training, psychomotricity and physical education services.

B.6.5. Prevention and promotion of health in children and young people

B.6.5.1. The Maternity Programme (PMI)

The Maternity Programme (PMI) was set up in 1993 with the aim of offering personalized care to the mother and child and to detect possible problems during pregnancy, childbirth and the post-natal period, which might adversely affect the health of the infant and the mother.

On this basis, the PMI midwife acts in the following general areas:

- Monitoring normal and risk pregnancies
- Maternal education
- Monitoring the post-natal period
- Support for maternal breast-feeding
- Monitoring the infant up to the age of 6 months

In each of these areas she/he carries out the tasks of educating the mother in healthy attitudes and living habits, detecting irregularities or problems in advance and giving support and assistance if these occur.

During 1999 PMI made first visits to a total of 578 women and 1335 follow-up visits. These visits are carried out in the health centres or at home depending on the midwife's evaluation of needs in each case.

The main cases supervised by PMI are problems of hypertension and diabetes in the mother, the threat of premature birth and multiple pregnancies.

PMI follows WHO objectives regarding maternal breast feeding and hence gives particular support to all women who express an interest in opting for this type of feeding for their infant. Of the 578 women attended by PMI in 1999, 64% opted for breast feeding, 27% for artificial milk feeding, 2% for mixed feeding and in 7% of cases the choice made is unknown. Compared to 1996 maternal breast-feeding increased by 2% reflected by the fall in artificial feeding.

PMI carries out its tasks in close co-ordination with hospital midwives, gynaecologists and the social care services of the Ministry of Health and Welfare or other bodies.

B.6.5.2. The Hospital Paediatric Service

Since 1989 there has been a Neonate and Paediatric Service operating at the Nostra Senyora de Meritxell Hospital. This now has 8 beds for neonates (newborns) and 6 paediatric beds. 3 paediatricians, 10 nurses and 5 auxiliaries cover the service.

This service is responsible for monitoring the development of newborn babies and the health problems of children and young people up to 14 years of age who need to be admitted to hospital. It should be noted that there is no home emergency or paediatric service as this is basically dealt with by GPs and the emergency service of the Nostra Senyora de Meritxell Hospital (see hospital morbidity).

B.6.5.3. The School Health Service

In 1978 the *Consell General* (Parliament) set up the School Health and Social Service (SSSE) comprising doctors, nurses, psychologists and social workers. The aim of this Service, seen as a primary prevention service, was to detect health and/or social problems at an early stage so as to begin the necessary treatment as soon as possible. From its creation until 1988 it was also a child vaccination centre giving free vaccinations to children aged 5 years and over.

Over the years the Service has modified its services with the growth of other public services and/or programmes and improvements in public and private paediatric services.

In 1986 the Service changed its name to the School Health Service consisting of nurses and doctors. However, it did maintain the basic aim of early detection and worked in co-ordination with other primary care structures such as social care, psychological care, paediatricians and GPs.

At present it carries out school health examinations on all school children in the country at the ages of 4, 6, 11 and 14, carries out a personalized check on the vaccination cards of school children at these ages and of infants attending kindergartens, co-operates in the health prevention and promotion programmes of the Ministry of Health and Welfare such as the programme for the prevention and control of tuberculosis in Andorra (PPCTA), the vaccination programme, the campaigns for vaccination against hepatitis B and meningitis C, epidemiological vigilance and various educational actions for school health.

The health examinations and vaccination checks cover a population of around 2000 school children each year and consist above all of the early detection of sensory, locomotory and oral problems. Children in whom a problem has been detected are referred to the paediatrician or family GP to confirm the problem or irregularity.

In the PPCTA the School Health Service carries out tuberculin tests (Mantoux intradermic reaction) on 6- and 14-year-old school children and does a follow-up and check on the chemoprophylactic treatment of cases in which tuberculous infection has been detected. In 1999 1440 tuberculin tests were carried out and an overall prevalence of 4% was found. Tuberculin tests are also carried out on teaching staff in kindergartens and schools.

Only one child with pulmonary tuberculosis has been detected in the last 5 years. This case was secondary to the pulmonary tuberculosis of a family member.

B.6.5.4. Youth Consultancy

In 1993 the Ministry of Health (now the Ministry of Health and Welfare) set up a free anonymous and personalized care service for the young people and adolescents in the country with the following aims:

- To give an answer to the worries and questions of young people and adolescents about sex and related matters.
- To give reliable information about protective measures and safe practices so as to avoid adolescent pregnancies and the contagion of sexually transmitted diseases.
- To facilitate access to free and, wherever possible, anonymous health care.
- Apart from personalized consultancy in the health centres or secondary and pre-university schools, the nurses responsible for this programme systematically carry out sexual education programmes in the schools.

Youth Consultancy works in close collaboration with national primary care doctors and gynaecologists. A young person can also ask for a free anonymous analysis to find out if he or she is HIV positive, has Hepatitis or is pregnant. Problems outside information or requests for analyses are referred to national health professionals. The Ministry of Health and Welfare covers the cost of examinations by health professionals when the Youth Consultancy makes a referral.

In 1999, of the total number of consultations carried out by this service 36% were requests for pregnancy tests, 31% for post-coital treatment, 10.5% for an HIV test and the remainder were requests for general information about sex and/or contraception.

As this is an individual care service, population data on the sexual habits of young people have been obtained from the 1997 National Health Survey and the 2000 Youth Sociological Survey. According to the first, between the ages of 15 and 19, 57% of the boys interviewed and 63% of the girls stated that they had not had sex. All had used a contraceptive method in their latest sexual relations.

B.6.5.5. Children and young people's mental health care in Andorra

The creation of the Mental Health Services in 1998 continued the public care for mental health problems in children and young people, begun in 1978 with the creation of the Health and Social Service and later the Psychological Medical Centre, which already had psychiatric services. The Mental Health Services are part of the SAAS.

The professional team for psychiatric and psychological care in the field of public health for children consists of two psychologists jointly working 45 hours a week and a psychiatrist putting in 3 hours a week.

Specific programmes:

- Programme for eating irregularities: this programme was set in motion in 1999, faced with the growing demand for treatment. 12 patients were attended in 1999 and 30 in 2000, 10 of whom were minors.
- Programme for hyperactivity/short attention span: 20 patients were attended in 2000. As part of this programme, psychological education workshops for parents of children suffering from this type of problem will start this September.

- Hospitalization unit: opened in November 1998. 25 patients aged under 18 were attended in 2000, 3 of these being under 15.
- External consultancy: in 1999, there were 600 (first and/or second) consultations for child psychology and 200 - 250 for psychiatry. In 2000, there were 105 first consultations and 530 follow-ups.

Apart from public mental health care there are also psychologists and speech therapists working in private practice in Andorra. At present 75% of the cost of psychiatric consultations and speech therapy is paid by the CASS while the costs of psychological consultations are borne entirely by the patient. Consequently, the College of Psychologists has begun negotiations with the CASS and the government to remedy this situation.

B.6.5.6. Dental care

Since oral and dental health is considered a serious public health problem, the Ministry of Health and Welfare has included a preventive programme for oral and dental health as one of the projects for 2002-2005.

B.6.5.7. The vaccination programme

Vaccination has been one of the most important factors in the reduction of infectious diseases among the population at large and above all among children.

As already noted, the vaccination plan began in Andorra in 1988 when the government took on the free vaccination of all children and young people up to age 16, whether by doctors, paediatricians or the School Health Service.

This first vaccination plan included the first timetable for compulsory vaccinations. Since then, both the vaccination plan and timetable have been subject to successive changes brought about by innovations in vaccines, national epidemiology and the new primary care services now available. At present most vaccinations are administered by the paediatrician or in the health centres and have extensive coverage.

In 1999 vaccination coverage from checking and registering the vaccination cards of 4-year-old children stood at about 90% for diphtheria, tetanus, whooping cough and poliomyelitis as well as for the triple virus vaccination (measles, scarlet fever and mumps).

To ascertain the real degree of immunity amongst children, a second sero-prevalence survey was done in 2000 (the first was in 1989) on a sample of children aged 6 - 7, 10 - 11 and 13 - 14 years. The provisional results show that real immunization is much higher than that obtained from the vaccination register based on the health or vaccination cards, since the sample examined showed 100% immunization against poliomyelitis and tetanus.

This shows the efficiency of preventive programmes when they are rigorously carried out and both the population and the health professionals agree on their importance.

B.6.5.8. The National Plan against Drug Addiction (PND)

Aware that the problems related to and resulting from drug abuse and consumption require combative strategies at national level to cover prevention, care and the re-integration of affected individuals and their families, as well as policies for controlling consumption and suppressing drug trafficking, and also aware of the need to carry out co-ordinated actions, the Andorran government approved a National Plan against Drug Addiction (PND) at the beginning of 2001. This is to be carried out by an inter-ministerial commission (Ministry of Health and Welfare, Ministry of Education, Youth and Sports and Ministry of Justice and Interior).

The Plan considers any substance liable to create addiction to be a drug and so the fight against tobacco is also included.

See also in Appendix 5, section 3.1., some of the activities prepared by the Department of Education.

B.6.5.9. AIDS and other Sexually Transmitted Diseases (STDs)

In recent years, several programmes and initiatives relating to AIDS have been started by ministries responsible for health and/or welfare in Andorra from 1992-2001.

No evaluation of the effect of these actions has yet been carried out.

Between 1992 and 1994 a working group was formed, which elaborated the "HIV/Aids Project" and was in charged of creating and coordinating the activities foreseen in the project. Among others, these are some of the actions planned:

- Distribution of information about HIV/Aids: "Aids, facts and hopes".
- The nursing team made some preventive actions in work-places that were considered of high risk.
- An informative campaign was prepared for schools about sexuality and HIV/Aids.
- The Andorran Red Cross had a permanent open line for consultations about HIV/Aids

In 1995, 1996, 1997, activities are focused on celebrating World Aids Days, by printing informative leaflets, handing out condoms and ribbons and divulgation through the media.

In 1995, the first educational programme for the prevention of HIV/Aids "Aids, to know, helps", was presented, prepared by the Foundation "La Caixa", with the special support of the Andorran Government.

In 1996, the Information and Studies Department of the Ministry of Health and Welfare carried out an epidemiological survey on the prevalence of Aids in Andorra.

During 1997, a new "HIV/Aids project" is initiated but it has not been continued.

In 1998, the "Aids and Youth Forum" took place, and since 1999, the Ministry for Health and Welfare has been working on a protocol for action in schools and kindergartens to combat infectious diseases, including Aids.

In 1999 and 2000 the activities have also been focused on the celebration of the World Aids Day.

The Ministry for Education and Youth, with the collaboration and support of the Ministry of Health and Welfare has carried out many activities in recent years to divulge information about the disease in general, and specifically for young people at school. (See Appendix 5 for the activities related with HIV/Aids made by the Education Department of the Ministry of Education, Youth and Sports)

Projects planned for the 3-year period from 2002-2004:

- To create a register of sexually transmitted diseases (STDs) and AIDS
- To publish informative leaflets specifically designed for young people about AIDS at school, called "AIDS and school".

B.6.5.10. Food safety in schools and kindergartens

The Food and Nutrition Area periodically carries out inspections of the kitchens, analyses samples of food and checks up on food handlers in the schools and kindergartens in order to prevent illness and/or health problems caused by poor food standards.

Appendix 4 gives data on the state of minors' health in Andorra.

B.7. Education

This section describes the new actions taken since the initial report..

B.7.4. Guidance for Students

At the end of compulsory education, young people in Andorra have three options, depending on the advice they receive and their own possibilities and aims for the future: they can continue studying for the Baccalaureate; they can learn a trade through professional training or they can go to work. Generally, the option chosen by the student depends on the courses he has followed and the guidance he has received at school.

Each educational system has its own specific system of guidance:

B.7.4.1. Guidance in the Andorran educational system

In pre-primary and primary education, guidance is given by the class tutor. The aim is to promote the child's social integration and adaptation to school, to prevent learning difficulties and build up the relationship between family and school.

In secondary and pre-university education, each class group has a tutor., and guidance focuses on selecting the courses to study or entering active life. Secondary students can also consult specialized information provided mostly by Spanish and French bodies, located in a special information and

guidance area provided by the school. This area can also be used during visits from the educational psychologist. At pre-university level, information days are organized with the participation of ex-students, and students can also attend educational fairs, open days, lectures etc. organized by Spanish and French universities. The educational psychologist also gives study and career guidance to each class group in the form of talks and activities, and provides personalized advice in interviews with students and students' parents.

B.7.4.2. Guidance in the French educational system

The psychologist organizes informative guidance sessions for each class group. He also offers personalized advice in interviews with students and parents. Cards filled in by the students and their families are the usual basis for gathering information.

B.7.4.3. Guidance in the Spanish educational system

In the secular schools, if the number of class groups is sufficient, a guidance department is set up with an adviser trained in educational psychology. The adviser collaborates closely with the Director of Studies to carry out general actions at the school, and with class tutors to draw up and follow through the tutors' action plan. He is a member of the school educational commission and also offers personalized advice in interviews with students and parents.

In the church schools, a psychologist is responsible for guidance to students, in close collaboration with tutors: they design and put into practice personalised projects to suit each student. The psychologist gives personalized advice in interviews with students, and also informative guidance sessions to class groups and parents. The school also provides an area for information and guidance with complete updated information about academic studies and professional training.

B.7.5. Professional training

This section has been modified since the initial Report.

It is presently the National Commission for Professional Training that co-ordinates selected branches of training to meet the social and economic needs of this country and facilitate employment.

The Andorran educational system provides professional training at the Andorran School of Computer Studies and Management and professional diploma courses for sports trainers (specialising in Alpine skiing, Nordic skiing, snowboarding and mountaineering) at the Training School for Sports and Mountaineering Professions. The Apprentice Training Centre organizes trade

apprenticeships and offers diplomas in commercial technique (speciality in sales), hotel and catering (speciality in catering) and the automobile industry (speciality in vehicle mechanics).

The French educational system offers hotel and catering, administration and electronics as well as a professional Baccalaureate.

B.7.6. Other programmes aimed at children

Andorra offers a wide range of sports, cultural, social and leisure activities aimed at children. The aim is to guarantee the right of the child to leisure, play, and recreational activities suited to their age, and their participation in cultural and artistic life.

The Andorran government subsidizes various sports bodies inside the country and encourages the participation of children by organizing cultural events and competitions.

The local authorities for each parish (*Comuns*) also offer an increasingly wide range of extracurricular and school holiday activities aimed at children. They are open to all children and levels of participation are high.

Other *Comu* services and activities include the Parental Care Area of the Comú of Escaldes-Engordany, aimed at parents and children, or the Comú of Encamp's annual Children's Fair.

The Youth Card is a joint initiative by the seven *Comuns* to promote the interests of young people between 0 and 26.

There are 1800 card holders and 380 collaborating bodies, businesses and institutions, which are listed in the Youth Card Guide which is printed every two years and offer advantages and discounts of at least 10%.

The Youth Card organization also takes part in and organizes cultural, sports and leisure events.

On 15 October 1989 the International Youth Card Protocol was signed with EYCA (European Youth Card Association), the body which organises reciprocal benefits between member countries.

The *Comuns* have also collaborated to enable children from each parish to use the amenities and services of the others.

Appendix 6 gives general information about the activities and services provided by the *Comuns* of Andorra.

B.7.8. Grants and study credits

The right to receive financial aid for continued study is recognized by Article 9 of the Qualified Law on Education. According to the Law on Grants and Study Credits of 30 November 1992, the Andorran state may award three types of grant to families with financial difficulties:

- Grants for expenses deriving from ancillary educational services, i.e. school transport, skiing, school meals, educational material and books. These are available to the families of pupils in compulsory education, higher secondary studies and professional training in Andorra and also to students who have applied for a study grant or university study grant.
- Study grants aimed at students who cannot carry out their professional training in any of the official centres in the Principality; at students with physical and/or mental disabilities who cannot get adequate training inside Andorra, and at students on special programmes that combine educational studies with sport.
- University study grants, dependent on the academic results of students in their first or second university year or similar studies.

B.7.9. New projects

The Inter-ministerial commission for pupils with difficulties in adapting to the school environment and in risk situations has been set up on the initiative of the Ministry of Education, Youth and Sports.

This commission comprises representatives from the Ministry of Education, Youth and Sports, the Ministry of Justice and Interior and the Ministry of Health and Welfare.

The aim of this commission is to co-ordinate efforts to carry out a survey in every school, in every educational system, on the difficulties of pupils aged 3 – 16 of adapting to the school and social environment and who may be in a risk situation.

Two phases have been defined for intervention:

- Analysis of the real situation.
- Drawing up preventive programmes.

The first phase was carried out during the school year 2000-2001. The commission plans to produce a general memorandum on the overall situation in schools and a specific memorandum on the situation in each school, based on the data collected in a questionnaire filled in by teaching professionals and containing anonymous information about pupils in the age group covered by the survey.

B.7.10. Actions aimed at co-operation, solidarity and participation among minors

B.7.10.1. The French National Assembly and UNESCO

In order to introduce adolescents to the exercise of democracy and invite them to create future universal values, the French National Assembly and UNESCO organized the World Children's Parliament, which was held in Paris on 21-27 October 1999. Two students from Andorra - aged 14 and 15 - took part in representation of their schools. They collaborated in drawing up and approving a Manifesto for Young People for the 21st Century, which expresses the opinions of 10,000 young people from 174 countries on peace and non-violence, education, the environment, economic and human development, solidarity, culture, communication and inter-cultural dialogue.

This Manifesto was solemnly proclaimed during the opening session of the General Conference at UNESCO headquarters on 26 October 1999, distributed to the various heads of state, government and parliament, and presented to the General Assembly of the United Nations in New York in the autumn of 2000.

B.7.10.2. The Council of Europe

From 28 April to 2 May 1999, 4 secondary students from Andorra (one from each secondary school), the winners of the Youth Assembly competition of the Council of Europe, took part in the Youth Days organized by the Council of Europe. Protection of the environment, the promotion of solidarity and the social consequences of economic development were discussed.

B.7.10.3. Co-operation between the Andorran Ministry of Education, Youth and Sports and the Honduran Ministry of Education

During 2000, the Government of Andorra received a request via the UNICEF Department of Education in Honduras, to collaborate with the Honduran Ministry of Education to reform its educational system. To this end, a person was sent from the Andorran Ministry of Education, Youth and Sports to take part in drawing up the pre-primary educational curriculum (from mid-April to the beginning of July 2000).

B.7.10.4. Exhibitions

- From 2 May to 8 May 2000 the exhibition *Childhood and human rights* was organized on a UNICEF initiative. This was an educational exhibition of paintings and sculptures relating to the Universal Declaration of Human Rights. The Ministry of Education, Youth and Sports encouraged participation in this event by secondary and pre-university students.
- The exhibition *A farewell to arms* was organized on an initiative of the Andorran National Committee for UNESCO. The Ministry of Education, Youth and Sports encouraged

participation by secondary and pre-university students. It covered the themes of child soldiers, the arms trade, demobilization, disarmament and re-building peace after an armed conflict.

B.7.11. Complementary information about training

B.7.11.1. Adult education

The Law regulating the Andorran educational system provides for the right of adults to access the educational system to obtain basic education.

To this end the Ministry of Education, Youth and Sports offers free year or four month long courses in Catalan language and Andorran history, geography and institutions, to those aged 16 years and over. Autodidactic centres for the Catalan language with the support of a professional specialist are also available. Every year official examinations in Catalan language are held, and certificates awarded for the various levels of proficiency.

Equally, the Ministry's Basic Education Centre for Adults holds free courses at two levels of difficulty, for those aged 16 years and over. By a government decree of 15 March 2000 these students and anyone else aged 16 years and over, may ask to sit the twice-yearly, freelance examinations with a view to obtaining the secondary schooling certificate.

B.7.11.2. The Virtual Study Centre

This offers online distance learning to those living in Andorra.

B.7.11.3. Programmes for schooling programmes with special assistance

Within the school framework, the principles of integration and normalization concentrate on the right of children with problems to learn and be educated in an environment that is as unrestricted as possible.

Access to the programmes depends on previous experience, the progressive acceptance of the children with problems by the children and teachers of the normal school and the assistance available.

On 16 November 1995, the government and the Nostra Senyora de Meritxell Specialized School signed an agreement to collaborate in education by which, depending on a combination of criteria relating to age and level, the students access schooling programmes with the following assistance:

- The programme *Progrés*: this is an assisted schooling programme at pre-primary and primary levels, aimed at pupils aged between 3 and 14 with special, grave and permanent educational needs.

- The programme *Transit*: this is a service offering guidance, training and development for young people from 12 to 16 years in their transition to adulthood.

The Government has created a specific project to integrate students with special, grave and permanent educational needs into the Andorran educational system, in keeping with the right to education established by the Andorran Constitution.

Integration is advantageous to children with problems and normal students alike: the former have better chances of development and normal social integration, while the latter learn to develop attitudes of respect and solidarity for fellow students with difficulties. This is one of the most important educational objectives.

There are several forms of integration: normal unassisted classes, normal classes with assistance, normal classes with special attention from teaching staff in a specialized classroom etc.

B.9. The creation of the Youth Unit in the Ministry of Education, Youth and Sports

The Youth Unit was set up in May 2001 (subsequent to the report presented in April 1999) in the Ministry of Education, Youth and Sports, and reports directly to the State Secretariat of this ministry.

The recent setting up of this unit has enabled its objectives to be defined and an increased budget and human team is projected for 2002 so as to carry out the planned projects.

The purpose of this unit is to encourage youth participation in common projects and collaboration between all sectors, encouraging actions aimed at the integration of young people in society, culture and work.

B.9.1. Aims

- To encourage young people's associations, their communicative role with the government, to have them recognized and participating in international forums (Council of Europe, UNESCO, UN etc.)
- To encourage the participation of students in school councils in every school so that their voice is heard and their position understood.
- To enhance the role of the *Institute for Andorran Studies* as a meeting ground for students and a place for educational research and investigation.

- To establish relations with other countries through the Council of Europe in order to encourage exchanges by young people in the fields of education, culture, work and voluntary organizations.
- To encourage young people to do national voluntary work.
- To strengthen programmes and action plans among young people related to quality of life, sports and leisure.
- To set in motion initiatives such as the entrepreneurs' workshop to help young people in the country to set up their own businesses.
- To prevent drug addiction and other risk factors.
- To encourage a national music scene among the young people.

B.9.2. Projects

- To set up the National Council of Young People to embrace the various national associations and act as a consultative body for the State Secretariat for Youth on all matters and projects aimed at young people.
- Based on the conclusions of the sociological survey on the Youth of Andorra 2000, to edit a white paper on Youth 2001-2004 in collaboration with the *Comuns*, NGOs, educational systems, Andorran institutes and economic agents.
- To collaborate with the Ministry of Health and Welfare and other agents of the Andorran health system (the hospital, health centres etc) specifically to prevent drug addiction and other risk factors (AIDS, sexually transmitted diseases etc).
- To collaborate in the National Anti-Drug Plan.
- To survey the network of facilities and amenities offered by the government, the *Comuns* and the private sector to young people in the Principality of Andorra, and ensure that it enables and encourages young people to join associations and take part in building the country.
- An information phone-line (114) specifically aimed at young people has already been set in motion to answer, co-ordinate or pass on any requests for information.
- The creation of a web site is in the finishing stages, to inform young people about activities, projects etc. available in the country. It will include information from all ministries, *Comuns*, NGOs and other bodies.

- Another project for the near future is an Andorran International Film Festival for young people.
- Parliament of children and young people. Work on this project has already begun. The idea is for 28 children and young people representing the various educational systems to hold a session of *Consell General* (Andorran parliament) in order to acquaint young people with Andorran political institutions.
- Organization of the 1st Youth Forum. Youth days took place in 2000 and this year a forum is planned to debate a subject of common interest for young people. This subject will be chosen by consensus with the Youth Council in Andorra.

A suitable register of youth associations will be drawn up and where necessary appropriate legal counselling will be offered.

B.10. The creation of the Minors Unit in the Ministry of Justice and Interior

B.10.1. Application of the Qualified Law on Minors' Jurisdiction

The following actions have been carried out to implement the Qualified Law on Minors' Jurisdiction:

- The *Consell Superior de Justicia* (High Court of Justice) has appointed four *batlles* (judges) to the section and juvenile courts.
- The Ministry of Justice and the Interior has set up the Minors Unit, with a *Cap de Menors* in charge and a psychologist. This service receives collaboration from social workers in the Ministry of Health and Welfare.
- The Ministry of Justice and the Interior has signed agreements to collaborate with the 7 *Comuns* (local authorities) so that minors can carry out community services and also take part in events and activities of a cultural, leisure etc. nature organized by the *Comuns* within their own social environment. Collaboration has also been agreed with five Andorran NGOs to facilitate measures.
- The Ministry of Justice and the Interior is also collaborating with other government ministries (Education, Health and Welfare, Agriculture and the Environment, etc..) and with private bodies (the College of Psychologists) so as to maximize the resources available for integration and social re-integration of minors.

See Appendix 7 for statistical data on minors handled by the Minors Unit of the Ministry of Justice and the Interior

B.11. Immigration: the right to family reunion in relation to minors

At present for a minor to be able to put his or her situation in order with the Immigration Service, he or she must satisfy the following requirements:

A minor may claim family reunion according to the following legislation:

According to article 10 of the Decree on the Residence of Foreigners of the V.I. Veguers of 3 July 1980, the residence permit gives the right to residence of the same category to the spouse, descendants under 16 years of age and ancestors of the holder who are in his or her charge, on condition that this is adequately proven.

Nevertheless, Article 3 of this same decree provides that anyone aged 16 or over who intends to reside in Andorra for more than 3 months must hold a residence permit.

Minors under 16 may not hold any type of residence permit but may be registered with the Immigration Service on condition that they satisfy the requirements set out in the Decree regulating the Immigration Service of 15 February 1996.

Article 11 paragraph 2b of this decree provides that descendants of foreigners, who are minors under 16 years of age and wish to reside effectively and permanently in this country and whose parents or legal guardians have an immigration permit allowing family reunion, must apply for registration with the Immigration Service.

Moreover, Article 3 of the Qualified Law amending the Qualified Law on passive residence provides that the spouse, direct ancestors and descendants in the charge of a person applying for passive residence may also accede to the legal status of passive residents.

For a minor to be enrolled in a school, he or she must be registered with the Immigration Service.

For historical and neighbourly reasons, Spain, France and Andorra have signed agreements providing for more favourable conditions for their nationals in questions of immigration and these take into account the principle of family reunion for descendants under 21 or financially dependent (agreements between the Principality of Andorra, the Kingdom of Spain and the Republic of France relating to the entry, circulation, sojourn and establishment of their nationals and the circulation and sojourn in the Principality of Andorra of the nationals of third party countries of June 2001).

B.12. The Police Service

We would briefly mention the Minors Section of the Police service, dependent on the Ministry of Justice and the Interior.

This section works with both minors victims and minors offenders.

Its specific tasks are:

- Prevention
- Assistance
- Preparing files
- Information

There is close co-ordination between the Minors Section and Social Care for Children in everything relating to minors at risk as this section detects some of the cases of minors at risk, establishes immediate protection for them in cases where this is necessary by means of Social Care for Children resources and carries out the appropriate investigations in any case affecting minors.

In 2000 this section attended:

- 34 files on minors who were victims (40 children)
- 54 files on offending minors (135 children)
- 21 files on grave disobedience or running away from home (21 minors)

In 2001 up to August 16 it attended to:

- 29 files on minors who were victims (39 minors)
- 25 files on offending minors (40 minors)
- 13 files on grave disobedience or running away from home (13 minors)

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V. APPENDICES

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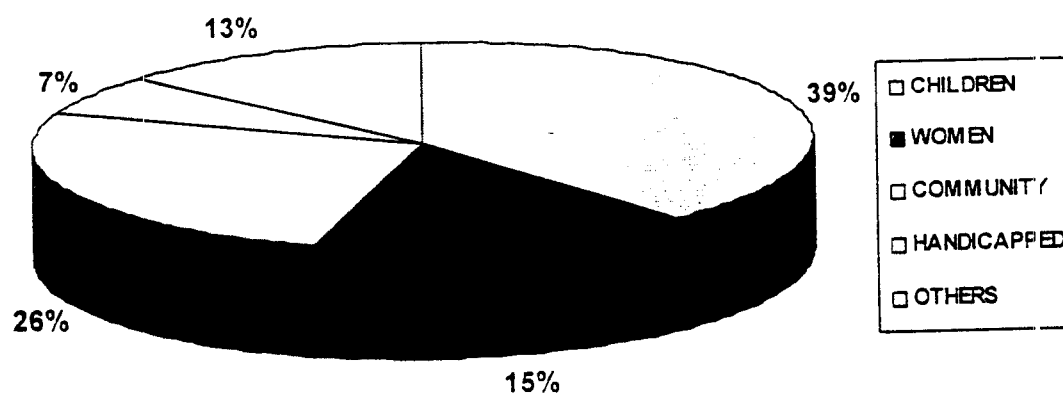
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1. PROJECTS RECEIVING SUBVENTIONS FROM SPECIALISED SOCIAL CARE

Since 1999, the evolution of the sectors of the Ministry of Health & Welfare budget dedicated to subventions to non-profit-making civic entities legally established in the country, on application for carrying out community development projects in the national field and projects of international cooperation, has been as follows (figures in pesetas):

	1999	2000	2001
National actions	15,000,000	17,000,000	17,850,000
<u>International actions</u>	<u>30,150,000</u>	<u>30,900,000</u>	<u>32,500,000</u>
Total	45,150,000	47,900,000	50,350,000

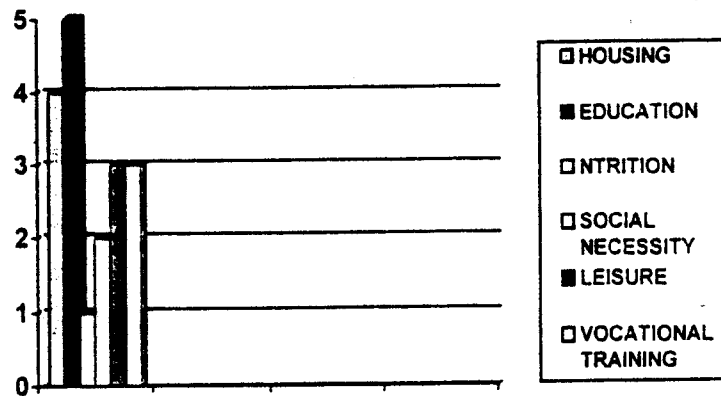
These figures are simply informative, since they do not give an objective view of the effect that these figures have had on the distribution of money between the different NGOs. If we compare the different projects receiving subventions in relation to the sectors of population who benefit, of the total number of projects receiving subventions since 1999, we find the following:



Of the 43 projects receiving subsidies in recent years, 18 have the objective of improving the welfare of children and/or adolescents. Of these projects, 6 were developed in the national field, the other 12 in the framework of international cooperation.

The different fields of intervention in which projects have been developed, concerned with improving the quality of life of children and adolescents are:

AREA OF INTERVENTION	PROJECTS
HOUSING	4
EDUCATION	5
NUTRITION	1
SOCIAL NECESSITY	2
LEISURE	3
VOCATIONAL TRAINING	3



CARITAS

Primary care programme

The Primary Care Programme, present in all the parishes of the Principality, carries out a task of prevention and detection of children in situations of social risk, through care and monitoring of families. Specific problems are worked on jointly by the social worker and the psychologist of the *Support Programme*

In those situations in which the intervention of a specialised service becomes necessary, there is collaboration with or referral to Social Care for Children under the Ministry of Health & Welfare or to the Mental Health Centre of the Hospital.

This programme also does promotional work by giving grants for the *AINA* summer camps and other extra-curricular activities throughout the year.

In 2000, 87 children were being monitored by the social workers of Caritas Andorra.

The *Support Programme*

The initial objective of this programme was to offer a global response to all single parent families in need of social, psychological and legal support.

For the last two years, however, the programme has been opened up to other groups, because of the need to offer a broader resource to specific users and for various problems.

In the field of action for children, with regard to advice and psychological support, the programme carries out tasks of prevention and detection in problem situations, with regard to the family and also the specific nature of the child.

During 2000, the *Support Programme* attended a total of 10 children with various problems, all provoked by single parenthood situations.

The Three Wise Men Campaign

This is a campaign organised jointly by Andorran Radio and Television and Caritas. The idea is to bring the Feast of the Three Wise Men to all children in Andorra, including those from the most disadvantaged families, who for social and financial reasons would not have the possibility of celebrating the festival normally.

In the last campaign, young people from different schools in the country were invited to join in on a voluntary basis, to introduce the concept of solidarity towards others.

In that year 27 young people aged between 14 and 18, from the Comte de Foix Lycée and St. Ermengol schools, took part.

This campaign carries out awareness actions and promotes youth voluntary work.

Awareness campaign in schools

Making the most of the Christmas celebrations and through the collection of basic foodstuffs which were subsequently shared among the most disadvantaged families in the country, the project carried out an awareness task aimed at bringing the social reality of our country closer to schoolchildren and encouraging the principle of solidarity towards the more unfortunate members of the community.

In this last campaign, pupils aged 3 to 14 from the St. Ermengol school and the Spanish schools of La Massana and Andorra la Vella took part.

Youth survey in the Principality of Andorra

Since 1995 Caritas Andorra has worked on an in-depth analysis of the current situation of young people in Andorra, from different viewpoints: their transition to adult life within the framework of our changing society, the educational systems in Andorra, the University and the labour market, Andorran economic trends, the job-finding programmes in the Principality, social inequality and situations of risk in Andorra.

The latest report presented by Caritas Andorra "describes from our experience in social action those elements which show up the problems most directly affecting the young people of Andorra", from different angles.

"In the course of the report we mention certain situations experienced in childhood and adolescence which we believe could significantly influence the process of transition from adolescence to adult life"

On the other hand, the second part of the study brings together a list of proposals at different levels. We would like to emphasize those referring to the family environment and which we believe could contribute some positive element to minimising the later consequences for our young people: taking advantage of school as a leisure area, strengthening the figure of the social and career educator and improving the family-work relationship.

UNICEF

1998

- 978 minors contributed to an exhibition of their work on Bolivia. The objective was to expose the situation of children in Bolivia in relation to children's rights and to compare it with that of this country (Andorra).
- Competition on Human Rights, designed for children aged 15 to 17. The objective being for them to study Human Rights.

- Youth participation project with seminars for young people on children's rights (3 seminars). The objective of these seminars was to make them aware of children's rights and apply them.
- Lectures delivered to children and adults marking the 50th anniversary of the Convention of Human Rights.
- Banc Agrícola i Comercial Andorra SA produces a school diary every year. In the diary for 99/00 UNICEF prepared the contents on Children's Rights.
- Report by UNICEF on the state of the world's children, translated into Catalan and circulated (2,000 copies) to schools, libraries, *Comiss*, Government and other national entities.
- Publication in Catalan of "Questions asked by parents regarding the Convention". Prepared by UNICEF with the collaboration of the Ministry of Health & Welfare.
- Programme for water pipes and drainage in Cuba, Sudan and Central America.

1999

- To celebrate the 10th anniversary of the Convention, UNICEF Andorra organised various lectures and exhibitions involving children from the different school systems (approximately 2,300 children).
- Andorran children wrote 130 stories on the Rights of the Child, which were sent to Latin America.
- A document was published called "My notebook on Children's Rights" prepared jointly by children from Andorra and Honduras.
- A book on Children's Rights was prepared with Edicions Pau.
- 1,200 children made studies of the situation in Honduras, to promote awareness.
- 15 boys aged between 13 and 16 took an active part in all the Committee activities.
- A collection was made of school material to be sent to Central America through the Spanish Committee.
- 40 young people worked on the environment and the cleaning of the river Valira in the Principality of Andorra.
- Seminars on "Children's Rights" with the participation of 70 young people.
- Reports were distributed relating to the state of the world's children.
- Support for emergencies in Kosovo, Turkey and Colombia.
- Support for Cuba

2000

- Seminar addressed to adults, especially psychologists and educational psychologists from schools, on "The resolution of conflicts", delivered by a specialist from the United Nations.

- Second Human Rights prize in the field of journalism and photography, for young people between 14 and 17 years.
- Youth participation workshops. Attended by 400 young people and working on different aspects of youth participation.
- An enquiry was made to find out which were the most important rights for each age group. For children up to 10 years they are food, family and education.

For children from 10 years on they are protection against maltreatment, equal opportunities and the right to be heard.

- Talks to 22 school groups (550 children) on the situation of children in Honduras.
- Work began with the *Comuns* (local governments) of Andorra la Vella and Escaldes-Engordany on a project for youth participation in the *Comuns*, with the objective of creating a youth organisation in each.
- Participation by UNICEF in the various AIDS campaigns carried out by the Ministry of Health & Welfare in recent years.
- Exhibition and work "A farewell to arms" organised by UNICEF jointly with UNESCO, with the participation of 800 young people who carried out a study on disarmament.
- Support for Honduras.
- Support for emergencies in Mozambique and Ethiopia.

UNICEF in Andorra is planning an annual seminar on the Convention on the Rights of the Child for adults and professionals involved in children's affairs.

AJUDA I SOLIDARITAT (AID AND SOLIDARITY)

1998

During October a campaign was carried out to collect material at the Nostra Sra. de Meritxell Hospital and from individual donations (medical material, clothing, domestic and school materials) to be shared out in the Moldavia region in Romania (to hospitals, schools and people with difficulties).

1999

There was a Christmas campaign for collecting toys, clothing and various materials from individual donations to share among schools in Barlad, Romania; and other activities were carried out with a view to achieving the same objective.

2000

The campaign "All children have a right to go to school" was aimed at collecting school and teaching materials. It was started in September and addressed to the different stationers in the Principality, department stores, the Comte de Foix Lycée, schools and private individuals. The school material collected was distributed between various schools, Mihai Eminescu, children, hospitals and various people with difficulties.

Lecture at St. Ermengol school, as part of the campaign for collecting school materials, explaining the needs of Romanian children in order to be able to go to school.

Presentation of Aid and Solidarity at the Andorra la Vella Fair in October, to recruit members and volunteers (through videos, brochures, etc., to make people aware of the situation in Romania).

A typical Romanian dinner was organised in November, to raise money to modernise a kindergarten in Romania.

MANS UNIDES (JOINED HANDS)

1998

- Construction in Santo Domingo, Dominican Republic, of a pre-school kindergarten, with 4 rooms and a capacity for 140 pupils.
- Provision of 20 hospital beds for children with disabilities to Hue, Vietnam.
- Acquisition of 2 sewing machines for a sewing cooperative in Harare, Zimbabwe, formed by groups of young people whose parents have died of AIDS or are suffering from this illness.
- Financial aid for the construction of a welcome, recreation and cultural centre for the unemployed young people of the district.

Equally, *Mans Unides* collaborated in other projects which, although not specifically for children, do affect them, such as drilling a well for water at Gwave, Zimbabwe; equipping a medical consulting room at Llalli, Peru; and pipes for water and sewage in Callao, Lima.

1999

- A centre to take in children orphaned by the war, and a farm to supply the centre at Gitarama, Rwanda.
- Extension for a school in a marginal district of Bogota, Colombia.

As in 1998, *Mans Unides* collaborated again this year in projects affecting children, such as the construction of 10 water deposits and equipment for Moñitos, Colombia; and the purchase of land for the construction of a health centre at Ayaviri, Peru, among other projects.

2000

- Construction of a multipurpose classroom, for various activities such as backup classes for children and career workshops for young girls, at Bogota, Colombia.
- Appeal for office materials and 6 bicycles to train a group of young people to be future agents in matters of human and Christian training in Havana, Cuba.
- Maintenance of residential centres for training girls aged 17 to 20 who live far away from the training centre at Zinguinchor, Senegal.

- Promotion of women and youth at Managua, Nicaragua.

As in other years, Mans Unides has carried out projects which affect children, although not specifically planned for this section of the population, such as the training of health workers at Yungay, Peru.

INFANTS DEL MÓN (CHILDREN OF THE WORLD)

At this moment Children of the World manages 9 sponsorship programmes in 3 countries: Vietnam, Chile and Peru, sponsoring nearly 200 children, and is preparing a new sponsorship programme in the Philippines.

With regard to projects, there are 6 or 7 in each campaign aimed at the construction of homes, schools, hospitals, dispensaries, sending humanitarian convoys, and collaboration in programmes directed by other organisations.

The projects carried out by Children of the World plan a medium or long term result. This system aims to create the infrastructures and mechanisms that help combat children's problems within a community.

With this type of support it is hoped that when the project terminates, the community will be able to continue the work on its own.

1997/98

- Construction of two primary schools in Anjo
- Construction of a kindergarten school in Lienco
- Construction of a dispensary in Dakrong
- Construction of a maternity unit in Dakrong
- Construction of a kindergarten school in Hong Trung
- Moving a school to Huong Phong

All these places are in Vietnam.

1998/99

- Construction of a students residence in Hue
- Renovation of houses of 2 poor families in Hue
- Construction of a kindergarten school in Pleihuet transferred to Pleik Hop.
- Construction of a home for blind children and purchase of musical material for blind children in Dong Ha
- Construction of a kindergarten school in Hon Kim
- Construction of a kindergarten school in Bac Son

All these places are in Vietnam.

1999/00

- Construction of a home for children with leprosy in Hoa Hiep, Vietnam
- Construction of a play area for children in Kontum, Vietnam
- Renovation and extension of a kindergarten school in Quang Tien, Vietnam
- Renovation of the orphanage roof, purchase of an industrial washing machine and a humanitarian convoy in Sighetu Marmatei, Romania

- Start of 3 sponsorship programmes in Vietnam D, E, F

2000/01

- Construction of a home in Kla-Kôn Thmei, Cambodia
- Construction of a kindergarten in Son Thuy, Vietnam
- Construction of an electric line in Plaiback Pleigauden, Vietnam
- Purchase of a house for the Centre for the Blind in Phu Loc, Vietnam
- Start of sponsorship programme G, Vietnam
- Collaboration in the treatment of malnutrition and start of sponsorship programme P in Lima, Peru.
- Start of sponsorship programme X in Lo Prado, Chile
- Financing of an aid programme for teaching 51 children in Passi City, Philippines.

ESCALDES-ENGORDANY RIO ESCONDIDO ASSOCIATION FOR ORPHAN CHILDREN IN PERU

1997

- Supply of material for different institutions (school dining rooms, school for the disabled, hospital, children's hostel) in Huaras, Peru.

1998

- Despatch of a container of humanitarian aid

2000

- For 3 months two volunteers from Andorra did social work in Huaras under the supervision of the social worker from the parish of Belen and its rector.
- A group of firemen from Andorra carried a full load of dental hygiene material for a health education programme for children of school age.

2001

- Audiovisual equipment given for a school in a neighbouring district of Huaras.
- The association assisted in projects favouring children in need in the district of Ayaviri, Peru, using the funds raised from an aerobics marathon.

AINA

This summer published a songbook with the Rights of the Child poster on the back cover. In this way it achieved that all the young monitors could study and then explain all the rights to the children, and also that each child has a copy of the 10 Rights of the Child with UNICEF graphics at home.

For the International Year for Peace, 2000, a Day was organised with children and young people to work on the theme of Peace within the Festival, fundamental for accomplishing each and every one of the Rights of the Child, with the participation of 278 children.

In 2000 AINA celebrated the beginning of the third millennium by adapting the summer camp house for physically disabled children, removing all architectural obstacles from the summer camp house.

In each of the six periods of the Summer Camps, we take in two to four disabled children, not only to accomplish "No child without a summer camp", but also so that their presence should spiritually enrich the other children.

The summer camp house has a farm and garden with twenty different kinds of animals and trees, for all the children, but in a special way for the disabled children.

Every year, on 28 December, a whole day of snow games is organised for the children. This day fulfils the slogan "No child without toys" and toys are shared out which have been collected or bought some days before, to give to children in need.

INTERMON

Oxfam Intermon has in progress at this time the campaign "Education now, break the circle of poverty", because in spite of the fact that education is a fundamental right of all human beings, in fact there are 125 million children who cannot go to school.

The Oxfam Intermon campaign asks all the governments of the world to give a real and coherent political undertaking for universal education which must include:

- more aid for basic education.
- a reduction of external debt so as to be able to invest the freed resources in basic education and other social sectors.
- the overall Action Plan proposed by Oxfam and coordinated by UNESCO, UNICEF and the World Bank, in which governments throughout the world are urged to struggle firmly to achieve the objectives set for 2015.

Situations in which the child can be found

Children in danger

All ill-treated children and children at risk.

Ill-treated children

Victims of physical violence, mental cruelty, sexual abuse, serious neglect, which have consequences over their physical and psychological development.

Children at risk

Exist in conditions which could endanger their health, safety, education or maintenance, but in spite of this they are not ill-treated.

Children not in danger

Their living conditions do not pose any danger to their levels of health, safety, education or maintenance.

Types of ill-treatment

Physical ill-treatment

Any deliberate action on the part of the parents or those responsible for the child, which could result in physical damage or illness.

Ill-treatment through neglect and abandonment

Situations in which the basic needs of the child are not attended to, temporarily or permanently, by the parents or those responsible for the child (food, hygiene, medical attention, education, vigilance, safety...).

Psychological or emotional ill-treatment

Chronic situation in which the parents or those responsible, through action or deprivation, provoke in the child negative feelings towards its own self-esteem and restrict its process of growth and social development (continual scorn, verbal rejection, insult, intimidation and discrimination). The child receives no affection, stimulation, support or protection, thus inhibiting its optimum development.

Sexual ill-treatment

A situation in which a child or adolescent is used to satisfy sexual desires which violate the social and legal mores of society, which the child does not understand or for which it is not prepared, and to which, therefore, it cannot give consent (incest, violation, touching, verbal seduction, masturbation in the presence of a minor, pornography, sexual exploitation).

Tools used to make the evaluation

Indicators

Signs by which the presence of danger or protection for the child are recognised.

In making the evaluation, indicators of resources, of both the child and the family, have to be taken into account, as well as other associated factors. The indicators of resources and associated factors help us to assess and evaluate more precisely the intensity of danger that the child may be suffering.

Types of indicators

1- of risk: Details concerning the risk of ill-treatment actually suffered by the child.

a) Physical signs

- 1 Presence of bruises and suspicious contusions
- 2 Presence of suspicious burn marks
- 3 Presence of marks, wounds and traumatic alopecia
- 4 Significant setback in psychomotor development
- 5 Underdevelopment in size and weight
- 6 Rickets, anaemia, social deprivation
- 7 Children appearing uncared-for
- 8 lacking personal hygiene
- 9 without adequate clothing
- 10 with poor state of skin and hair
- 11 Children lacking proper food (it is noted that they do not have proper meals, they steal food...)
- 12 Children with untreated health problems
- 13 History of suspicious hospitalisation
- 14 Delay in asking for care
- 15 Excessive demand for care

b) Behavioural disturbances

The ill-treated child may present 2 opposing forms of behaviour:

Dejection (sadness)

- 1 Passivity
- 2 Inhibition
- 3 Depression
- 4 Withdrawn
- 5 Very submissive child
- 6 Insecurity
- 7 Low level of self-esteem
- 8 Sudden and uncontrollable fear of adults
- 9 Regression

Agitation

- 1 Psychomotor instability
- 2 Aggression towards other children
- 3 Aggressiveness towards self (self-injury)

- 4 Children having frequent accidents (could be children incapable of understanding their limits or children who have accidents through lack of vigilance)
- 5 Recent and sudden change of behaviour
- 6 Various psychosomatic disorders (in pre-adolescents or adolescents)
- 7 Sleep disorders

c) Indicators found in the school environment

- 1 Absenteeism
- 2 Not keeping to the timetable
- 3 Disinclination for school
- 4 Excessive interest in school
- 5 School dropout
- 6 Children who do not want to play games if they have to change
- 7 Excessively prudish children
- 8 Children with a tendency to exhibitionism
- 9 Children who do not take part in school outings and activities
- 10 Chronically tired children (often falling asleep in class)
- 11 Children with serious concentration and attention problems
- 12 Difficult children who provoke and/or disturb the class
- 13 Children who do not want to go home
- 14 Children who do not do their homework
- 15 Children who fear the holidays and weekends and return after them in worse emotional or material condition

d) Behavioural indicators

- 1 Stealing
- 2 Lies
- 3 Running away
- 4 Suicide attempts
- 5 Instability and violence
- 6 Consuming alcohol or toxic substances
- 7 Behaviour of risk in adolescents (sexual promiscuity without protection, breaches of the highway code...in general behaviour that could endanger their lives)
- 8 Children who form gangs with antisocial behaviour

e) Eating disorders

- 1 Anorexia
- 2 Bulimia with vomiting
- 3 Obesity

2- of resources: in the competence of the child or the family, which can be activated to change or resolve the danger threatening the child.

a) Indicators of resources referring to the child

- 1 Communicative children
- 2 A child that does not hesitate to ask for help
- 3 An intelligent child
- 4 A desire to improve
- 5 Minors integrated at school and socially
- 6 Minors with a realistic future project
- 7 Minors who are aware of their social situation

b) Indicators of risk referring to the family

Social-family history and characteristics

- 1 Parental history (history of family ill-treatment)
- 2 Parents finding it impossible to care for the child for various reasons
- 3 Families with a parent in prison
- 4 Families in which another child has shown serious behaviour problems
- 5 Families with frequent changes of partner
- 6 Families going through a process of separation
- 7 A closed and socially isolated family
- 8 Families with serious employment and financial problems
- 9 Parents with excessive working hours and/or hours incompatible with caring for the children
- 10 Premature families
- 11 Elderly parents
- 12 Families which have another child under the care of the Social Services

Housing conditions

- 1 Lack of housing
- 2 Insalubrious housing
- 3 Lack of space

Problems of the parents

- 1 Families in which one of the parents is diagnosed with a serious mental illness
- 2 Families in which one of the parents is diagnosed or suspected of chronic alcoholism and/or drug addiction
- 3 Chronic state of depression of one member of the couple
- 4 Neurotic depression *post-partum*
- 5 Foetal ill-treatment (consuming toxic substances, ill-treatment of the mother by the father, uncared-for pregnancy)
- 6 Families in which one of the members behaves violently
- 7 Authoritarian parents, rigid and distrustful

Attitudes of the parents towards the minor

- 1 Families showing indifference to the child's state of health
- 2 Families showing intolerance of the child's problems or needs
- 3 Families with difficulty in understanding the child's needs
- 4 Parents with rigid educational principles, making demands disproportionate to the age of the child
- 5 Immature parents who depend emotionally on the child
- 6 Absence of vigilance and control of the children by the parents
- 7 Excessive vigilance and control, especially in adolescence
- 8 Parents who systematically deprecate, ridicule and compare the child disadvantageously
- 9 Parents who show fear of their own children
- 10 Parents who give priority to their own material needs in place of those of the minor

- 11 Families who have nothing to do with the school
- 12 Families who treat their children unequally
- 13 Families who see their children as possessions

Indicators of resources referring to the family

- 1 Desire of the parents to collaborate with the service
- 2 Capacity of the parents to understand the problem
- 3 Capacity of the parents to recognise their mistakes
- 4 Capacity of one parent to protect the child (or some other adult)
- 5 Capacity of the parents to change their attitudes
- 6 Capacity of the parents to seek resources

c) Associated factors

General circumstances which can be of influence when evaluating the ill-treatment or danger affecting the child.

- 1 The child's age
- 2 Frequency of ill-treatment and for how long
- 3 Sex of the victim
- 4 Age of the abuser
- 5 Proximity in relationship between the child and the abuser
- 6 Prematurity (babies who have been in an incubator, producing difficulties in forming the parent-child bonding)
- 7 Children who have lived away from home for some time
- 8 Single parenthood
- 9 A family not socially integrated and without relatives and friends in the country
- 10 Families with a low intellectual level

MODEL FOR REPORT

I/ Family composition

II/ Background and previous interventions

III/ Extended family

- Resident in the Principality
- Resident abroad
- Relationship of these relatives with the family nucleus
- Possible collaboration with the service

IV/ Social-family situation

- Job situation of the parents
- Housing
- Financial situation and budget management
- Relationship of the couple
- Parent-child relationship
- Indicators of risk and of resources on record, referring to the family
- Associated factors if necessary

V/ Situation of the child

- Social-health situation of the child (school, activities, health....)
- Who has observed the case
- Studies carried out and services contacted (specify professionals who have intervened)
- Indicators of risk and resources on record, referring to the minor
- Associated factors if necessary

VI/ Evaluation and proposal

- Types of danger in which the child is found at present and the minor's and family's means of breaking the process
- Types of measures and interventions needed to protect this child

The information given in this report on the state of health of children and young people is taken from data for 1999, the last period in which the data collected had the necessary quality and reliability. In some cases details are given relating to 2000.

The demographic scale of the country on some occasions requires an analysis to be made over periods extending to 5 or 10 years, as happens with mortality.

In the first section information is given on birth rate and infant mortality and the more relevant details of morbidity. In this section also details are given of the perception of the state of health among young people between 15 and 19 years of age and details relating to their consumption of tobacco and alcohol.

Life statistics

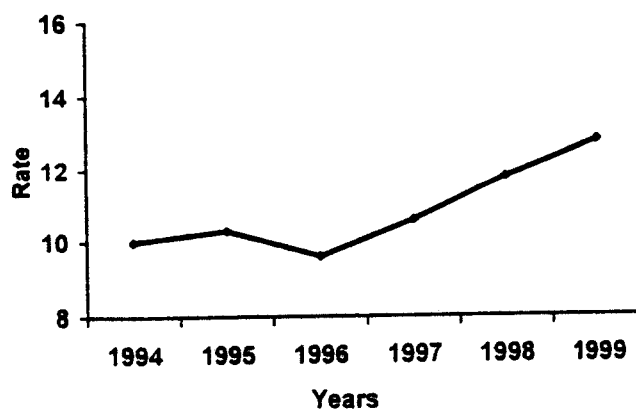
Births

Up to 1998, the birth rate in Andorra stayed more or less stable; in that year the trend to rise appeared, as can be seen in graph 1.

All the children were born in hospital, whether in the country or abroad.

24 % of the children were born by Caesarian section, a fact which means a rate of 237.2 Caesarian sections per 1000 live births. In 1998, this rate in all the countries of the European union (EU) was 191.9 and in 1999, throughout Europe, it was 152.5 per 1,000 live births

Diagram 1. Movement of the birth rat in Adorra. 1994-1999



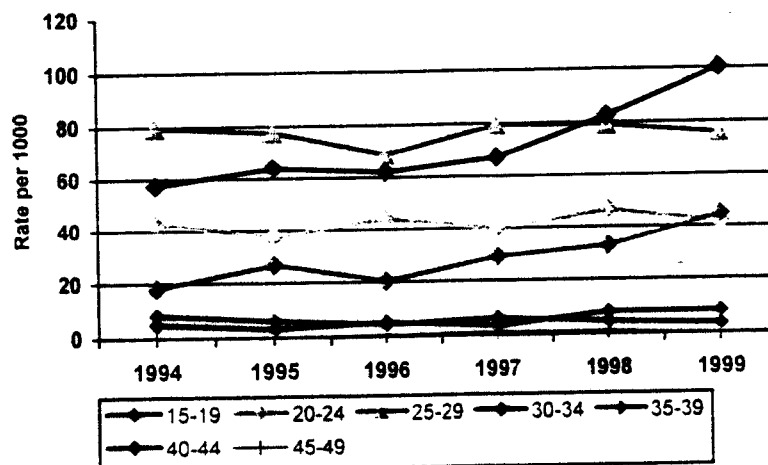
Fertility

The overall fertility rate for the period 1994-1998 was 1.3 children per woman of fertile age and for the period 1995-1999, it was 1.4 children per woman of fertile age.

When we observe the specific rates per age group (diagram 2) we can see that the specific fertility rate of the youngest group of women has undergone a substantial reduction, shifting from 8.3 children born live per thousand women of 15 to 19 years in 1994 to 3.5 children born live per thousand women of the same age in 1999. On the other hand, among women over 30, the fertility rate in some age groups has increased spectacularly.

This situation shows that, in Andorra, as in the rest of the western countries, the procreation age is later.

Diagram 2. Movement of the fertility rate by age groups (1994 a 1999)



Mortality

a) Infant mortality

Infant mortality is a very important indicator of public health. A high rate of infant mortality reflects deficiencies in the physical and socio-economic environment, nutrition, education and health care in the population.

Between 1995 and 1999 6 infants under the age of 1 died in Andorra, giving an infant mortality rate of 1.7 deaths per 1000 live births. The rates by gender were 2.7 per 1000 live-born boys and 0.6 per 1000 live-born girls.

Of the total deaths of infants under 1 year, 4 occurred during the neonatal period and 2 during the post-neonatal period, giving rates of 1.1 and 0.6 per thousand live births respectively.

b) Perinatal mortality

Perinatal mortality is an important indicator in appreciating the effects of programmes and measures developed to improve the results of pregnancy.

Between 1995 and 1999 the rate of perinatal mortality in Andorra was 4.2 per 1000 live births and stillbirths over 1 kg in weight or more than 27 weeks of gestation.

The first cause of infant and perinatal mortality was congenital anomaly. It is noted, however, that in a significant number of infant death certificates the cause is not given.

When comparing the rates of infant and perinatal mortality in Andorra with the rates in neighbouring countries or with the rates for small countries such as Luxembourg, Malta, Iceland and others, or with the average rate in the European Union, it is notable that in Andorra the rates are much lower, particularly the infant mortality rates.

This situation may be the product of a group of social financial factors and a Health Service which encourages good monitoring of pregnancy and good physical and emotional surroundings for the newborn. It must not be forgotten, however, that perinatal deaths are under-reported, as there are cases of risk pregnancies treated outside Andorra and, as a consequence, the death of the newborn is not registered in Andorra.

c) Mortality from 1 to 14 years

In the period 1995-99, there were 10 deaths among children aged 1-14 (2 girls and 8 boys). For those aged 1-4, the major cause in boys was circulatory disease and in girls infectious diseases. After the age of 4, accidents were the cause of death in both sexes.

Morbidity

The details of morbidity are taken from the obligatory monthly declaration of illnesses and from an analysis of hospital morbidity details (hospital records). Annual details are also obtained from the results of the school medical review carried out systematically by the School Health Service in Andorran schools at specific ages.

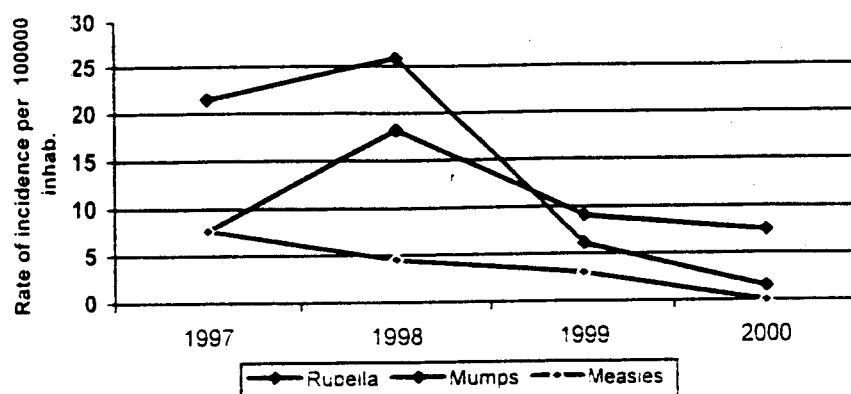
In 1999 the emergency service of the Nostra Senyora de Meritxell Hospital made a total of 5,720 visits to minors under 15 years, which represented 21% of the total visits made by the emergency service. They took in 267 patients, which gives 4.6% hospitalisations/visit.

In 2000 the paediatric doctors in private practice (not hospital consultations) carried out a total of 20,312 consultations.

a) Infectious diseases preventable by correct vaccination

For more than 50 years in Andorra there has not been a single case of poliomyelitis. The progressive reduction of the number of children affected by other diseases preventable by correct vaccination has been very significant, reaching zero cases of diphtheria, tetanus, and whooping cough and a substantial reduction in the rates of rubella, mumps and measles, as can be seen in diagram 3.

Diagram 3. Rate of incidence per 100,000 inhab. of measles, rubella and mumps. 1997-2000



In 1987 the Government of Andorra approved the first vaccination plan in Andorra, which included the first timetable of systematic and compulsory vaccination. Much earlier, however, doctors and paediatricians in the country had already ensured correct vaccination by following the vaccine timetables of neighbouring countries, and the School Health Service administered the vaccine free to schoolchildren nationally and made an exhaustive check of the vaccination record cards of the children.

In 1997, as a result of a substantial increase in the incidence in Spain of meningococcal illness through meningococcus C, and in view of the possible importation of the germ to our own country, the Government offered free vaccination for all children and young people in Andorra through a vaccination campaign. Since this campaign no case has been found of meningococcal C illness.

In order to ensure high protection for young people against hepatitis B, since 1995 the Government has carried out an annual campaign of vaccination against hepatitis B in schools, directed at boys and girls aged 12, and has achieved a high vaccination cover (75%) and a nil incidence of new cases in young people living in Andorra. This fact was confirmed recently with the results of a seroepidemiological enquiry, which besides obtaining data on the level of immunisation against specific illnesses in the child and youth population of the Principality, gave data on hepatitis B and C, and no child was found with positive serology to these infections.

Due to the high cover of the maternal protection programme of the CASS, which guarantees women the minimum essential check-ups for the good progress of pregnancy and the essential serological analyses, in recent years there have been no cases of congenital rubella nor of other pathologies preventable through correct vaccination of the mother.

b) Hospital morbidity

From analysing the register of the Nostra Senyora de Meritxell Hospital, we know the proportion of children taken into hospital and the most prevalent pathologies which caused their hospitalisation.

In 2000, in those under the age of 1, the principal reason for hospitalisation was infection originating in the perinatal period, and most of these were due to slow foetal growth and foetal

malnutrition and disorders related with short gestation and a general lack of weight at birth. Up to 10 years of age the principal reasons were conditions of the respiratory and digestive tracts, and after this age and especially for boys, the primary reason for hospitalisation is external causes.

A high proportion of the health problems requiring hospital admission is related to the life style of the parents or of the children and young people themselves, and could be prevented through good information and health education directed towards children, parents and teachers.

The perception of health

In the National Enquiry into Andorran Health, made in 1997 (ENSA 1997) with regard to the resident population in Andorra over 15 years not institutionalised, 97% of the boys and girls between 15 and 19 said they felt themselves in good health. In the same enquiry, however, when asked whether in the last 4 weeks they had suffered any mental health problem (such as being nervous, morally low, discouraged or sad) 43% of the girls and 16% of the boys said that they had.

Also it was found that 50% of the boys and 31% of the girls had suffered some type of accident (traffic, domestic, sports...) during the last year before the interview.

Toxic habits

a) Tobacco

In the same health enquiry (ENSA 97) it was found that 29% of the boys and 37% of the girls smoked every day. Only 1% of the boys and 2% of the girls said that they were ex-smokers. While all the boy smokers said that they had started smoking at 16, 15% of the girls said that they had started smoking at 13, 7% at 14 and 38.5% at 15 years.

In spite of not having data disaggregated by gender and age group in the Sociological Study on the Youth of Andorra carried out by the Ministry of Education, Youth and Sport in 2000, these trends seem to be confirmed: between 15 and 17 years, 47% of the interviewees (both sexes) smoked more than one cigarette a day.

b) Alcohol

According to data from ENSA97, 35.5% of boys between 15 and 19 years were occasional drinkers and 29% were moderate drinkers. In the case of the girls, 33% were occasional drinkers, and 13% moderate drinkers, and 2% were in a situation of risk.

The details of the sociological study quoted above confirm the data of the enquiry: 34% were occasional drinkers, 29% moderate and 8% were drinkers at risk (there are no data according to sex).

c) Drugs

No study made in Andorra has gone into depth into the consumption of drugs such as marijuana or similar, cocaine, drugs used intravenously and synthetic drugs. Although the individual consumption of these drugs is prohibited in the Principality, the current mobility of young people

and ease of access to neighbouring countries would suggest that the situation in our environment is very similar to that in the other countries of southern Europe.

One of the most urgent tasks needed to be undertaken in the next few months will be to carry out a rigorous study of consumption habits and, above all, young people's perception of drugs.

Healthy habits

Physical activity: According to data obtained by the National Enquiry into Andorran Health in 1997, 50% of the girls and 80% of the boys took physical exercise regularly. Among the boys the most practised sports were basketball, football and running, and among the girls, swimming, basketball and dancing.

Preventive practices: 16% of the girls interviewed said that they made regular visits to a gynaecologist and 73% had never been to a gynaecologist.

Weight: 43% of the girls interviewed had low weight and 57% were of normal weight. Among the boys 32% were of low weight, 48% were normal and 19% were overweight. No young people were found with obesity.

Work situation: 47% of the girls and 32% of the boys were working, the rest were students.

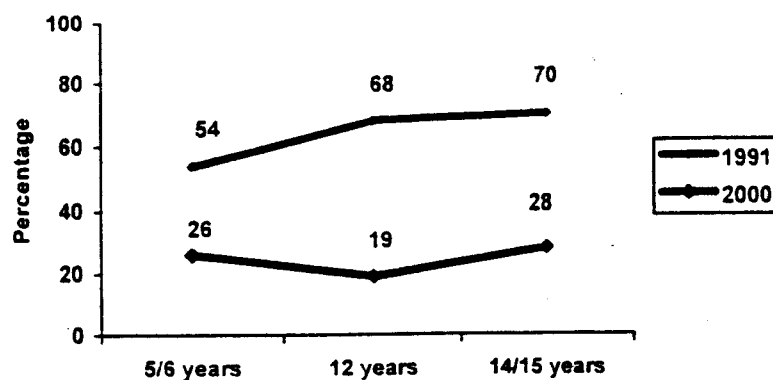
Friends: 6% of the girls said they had no friends, 79% had between 1 and 5 and 15% more than 5. Among the boys 69% had between 1 and 5 friends and 28% more than 5, none of them said that they had no friends.

Dental care

In 1991, the first enquiry into dental health in Andorra was carried out, on a sample of the school population of 6, 12 and 14 years, and it was found that 65% of the schoolchildren had or had suffered caries.

In 2000 there was a second enquiry into dental health on a sample of schoolchildren of 5, 12 and 15 years, and an overall prevalence of caries was found of 24.5%. As can be noted, there has been a substantial reduction between these two enquiries in the proportion of children and young people with caries or a history of caries; this substantial reduction is noted in all ages, as can be seen in diagram 5.

Diagram 5. Percentage of children with caries according to age. 1991 and 2000



Several factors have contributed to this important decline in caries in children. In the first place, the population is generally better informed about health and has begun to understand the health risks posed by carious teeth. This education has been due, largely, to national health professionals, who are ever more aware of the need to tackle this problem, even when dealing with milk teeth.

Schools have also played an important role in educating the youngest in habits of dental hygiene and making them aware of the problem and the need to prevent it by good brushing and suitable diet; this education of the children means that it indirectly reaches the families. Another determinant was the detection of caries in the school health examinations, and on informing the parents of the caries and/or malformations of their children's teeth, they were obliged in a greater or lesser degree to take the children to the dentist. Here again we must not forget the great influence of the dental health cover given by the Caixa Andorrana Social Security system, which covers 75% of the expenses of these problems.

In spite of this very important improvement in the situation of the prevalence of caries in children and young people, the Ministry of Health & Welfare, aware of its importance for public health, has included the prevention of caries in the projects for preventive measures and the promotion of health for 2002.

1. SCHOOL YEAR 1993-1994

1.1. Activities for teaching staff

A voluntary training activity for teaching staff was organized by the Teacher Training and Resources Service, called *"Dealing with sexuality and AIDS at school"*, at the 1993 Summer School (5-9 July, 10 hours).

The programme was as follows:

Aims

To give participants basic training in teaching about sex education and AIDS at school and provide them with the theory and methodology to incorporate prevention into the curriculum.

Content

1. Sexuality
 - 1.1. Concept and evolution
 - 1.2. Anatomy and physiology of the reproductive organs
 - 1.3. Human sexual response
 - 1.4. Sexual myths and taboos
 - 1.5. Health education
 - 1.6. Minority sexual expression: homosexuality
2. AIDS
 - 2.1. Definition
 - 2.2. Epidemiology
 - 2.3. Transmission
 - 2.4. School and Aids

Evaluations

Teachers: shortage of time to finish subject. Little participation by teachers from secondary schools.

Attending: 10 questioned: 5 really satisfied, 5 satisfied. Overall evaluation positive.

Offered the possibility of extending the course or doing others during regular training in 1993-94.

1.2. Activities directed at students

A project was devised for students from 12-18 with the aim of integrating an AIDS prevention programme into the educational framework.

The project aims were:

- To provide information that would be suitable (according to the level of development and capacity of the receivers), varied (not only anatomical and physiological but also psychological and anthropological aspects of sexuality) and accurate (based on current scientific knowledge and therefore unprejudiced)
- To encourage positive attitudes towards sexuality and one's own body, to promote self-esteem and respect and affection towards others
- To take the myths and guilt out of sexuality, suppressing guilt and shame in favour of spontaneity and awareness of the variety and wealth of human sexual conduct
- To encourage healthy sexual behaviour and prepare the individual to deal with problems arising from sexual experiences
- To increase and improve one's capacity for relationships, to be satisfied with oneself and others

Methodology employed:

- The program was held in natural school groups of no more than 20, lasting about 2 hours per session
- To better evaluate the knowledge, attitudes, concerns and behaviour of the young people involved, a questionnaire was drawn up by the team and the anonymous answers used to provide an understanding of the level of the group and their main doubts and concerns.
- Intervention was structured according to the information gathered.
- Material appropriate to the age of those in each session was used, to increase understanding of condom use in young people

The schools where intervention was made were:

- Escola Espanyola del Pas de la Casa (groups from 6è, 7è i 8è d'EGB)
- Col·legi Janer (groups from 1st & 2nd grade technical training)
- IEBA Aixovall (groups from 1r, 2n i 3r de BUP, i de COU)
- Col·legi Sagrada Família (group from 8è d'EGB)
- Escola Espanyola de Sant Julià de Lòria (groups from 6è, 7è i 8è d'EGB)
- Escola Espanyola d'Andorra la Vella (groups from 8è d'EGB)
- Escola Espanyola d'Encamp (groups from 8è d'EGB)
- Escola Andorrana de Santa Coloma (groups from 1r, 2n i 3r secondary)
- Escola Espanyola d'Escaldes-Engordany (groups from 7è i 8è d'EGB)
- Escola Espanyola de la Massana (groups from 6è, 7è i 8è d'EGB)
- Liceu Comte de Foix (groups from 4ème i 3ème)

Other activities that were carried out with students:

- The projection of the film "Les nuits fauves" to students at COU/ Terminale levels, followed by debate
- An exhibition about AIDS, organised by the Department for School Entertainment and the Department for Artistic Activities
- An exhibition of books and audiovisual material about AIDS at the National Library

1.3. Activities aimed at society in general

On 29 November 1993, the Ministry of Education, Culture and Youth and the Ministry of Health, Welfare and Work organised a round table titled "Teachers faced with the problem of AIDS" at the Prada Casadet hall.

2. SCHOOL YEAR 1994-1995

2.1. The AIDS project. "Knowledge helps"

In 1994 the project AIDS. Knowledge helps was carried out: a multi-disciplinary educational programme to teach about and prevent AIDS. It was designed by the "La Caixa" Foundation in collaboration with the Generalitat de Catalunya (Catalan regional government)

The "La Caixa" Foundation produced a series of educational materials with the Andorran government, which were distributed in the various Andorran schools. The programme aimed to provide teaching staff at secondary and Baccalaureate levels with a series of resources allowing them to approach the subject of AIDS from an academic perspective of the various materials and fields.

The material was distributed to:

- The Teacher Training and Resources Service of the Ministry of Education, Youth and Sports
- Escola Espanyola de Sant Julià de Lòria
- Escola Espanyola d'Andorra la Vella
- Col·legi Janer
- Institut Espanyol de Batxillerat d'Andorra
- Escola Espanyola del Pas de la Casa
- Escola Espanyola d'Encamp
- Col·legi Sant Ermengol
- Escola Andorrana de Santa coloma
- Liceu Comte de Foix
- Catalan autodidactic centre in la Massana
- Andorran College of Computer Studies
- Col·legi Sagrada Família
- Escola Espanyola de la Massana

- The Nursing College
- Escola Espanyola d'Escaldes-Engordany
- Youth department in Comú d'Andorra la Vella
- Consulta Jove – Health Centre network
- School Cultural Activities
- Nostra Senyora de Meritxell Specialised School
- Nostra Senyora de Meritxell Hospital – hygiene nurse

In order to distribute the material, teaching staff in all three Andorran educational systems were given an 8-hour course as part of the regular training programme during 1994-1995. This was the programme:

Course: "AIDS: Knowledge helps"

Objectives

Provide participants with information about the teaching materials for "AIDS. Knowledge helps" and content to enable them to work the material into the curriculum.

Contents

1. AIDS. Medical, epidemiological and prophylactic aspects.
2. Presentation of the program "AIDS. Knowledge helps".
 - General educational objectives
 - Interdisciplinary methodological proposals
 - Follow-up and evaluation
3. Historical and cultural understanding. Epidemics and AIDS.
4. Scientific understanding and AIDS. The immune system
5. Analysis of the materials and proposals for use in educational centres (work groups)
 - Documents for the teaching staff
 - Video "IDS. Knowledge helps"
 - "AIDS, speak up", collection of posters
 - Theatre projects
 - Computer games "Epidemics throughout history"

3. SCHOOL YEAR 1997-1998

3.1. Teacher training (July 1998)

For the 1998 Summer School, the service for Teacher Training, Educational Innovation and Research and Teaching Resources from the Ministry for Education, Youth and Sports organized the course "*Prevention of drug addiction and AIDS among our students*".

The programme was as follows:

Objectives

To provide and maintain practical tools and adequate knowledge to enable professionals in education to design and develop educational strategies at work so that:

- Students opt for a life without drugs
- The age of first contact with legal drugs is deferred and provided for
- Students are armed with behavioural tactics to confront risk situations involving the consumption and abuse of drugs
- Students are equipped with adequate knowledge to adopt an alternative behaviour to drug use
- Students recognise and avoid risk practices
- Students' self-esteem and capacity to establish solid personal relationships is promoted
- Students display tolerance in the face of frustration and resistance to group or social pressure

Contents

1. Technical area
 - 1.1. Presentation of the training objectives
 - 1.2. What one needs to know
 - 1.2.1 Basic concepts
 - 1.2.2 Classification of drugs
 - 1.2.3 Synthetic drug consumption. Causes and effects. History of this phenomenon.
 - 1.2.4 Risk factors that can drive people to drug consumption. The influence of the media
 - 1.2.4.1 Teenagers and young people today
 - 1.2.4.2 Factors displayed by students
 - 1.2.4.3 Family factors
 - 1.2.4.4 School factors
 - 1.2.4.5 Within the district, town or society in general
 - 1.2.4.6 Drug addiction and AIDS
 - 1.3 How to carry out an educational program about drugs
 - 1.3.1. Precautions to be taken by the teacher
 - 1.3.2. Methodological guidelines. Teacher-school-family
 - 1.3.3. General objectives in relation to habits
 - 1.4 Specific objectives for different educational cycles
 - 1.5 Bibliography, teaching resources and work cards for the teacher
2. Practical area: workshops for dynamic group activities and social drama

4. SCHOOL YEAR 1998-1999

4.1. The "AIDS and Youth" Forum

Due to the concern caused by AIDS, the Ministry of Health and Welfare set in motion a series of activities for the school year 1998-1999 from the "La Caixa" Foundation's educational program "AIDS. Knowledge helps", in collaboration with the Caixabank Foundation and the Ministry of Education, Youth and Sports, including the "AIDS and Youth" Forum, which was held at the Congress and Exhibition Centre of the Comu d'Andorra on 26, 28 and 29 May 1999.

AIDS is one of the principal causes of death in young people worldwide. Despite advances in its treatment, prevention is still the most effective tool for beating AIDS. The educational program "AIDS. Knowledge helps" aimed at introducing this important social theme into the classroom. The Forum was a place for young people to meet, debate and express themselves on the question of AIDS. The main protagonists of the act were the group of young people who attended.

4.1.1. General objectives of the Forum

- To promote exchange and reflection on the AIDS phenomenon between groups of 12-18 year-olds, between teachers who have worked on a project with their students during the school year, and between teachers and students
- To appear before the media and various important sectors of society to promote cooperation between institutions and close social networking to strengthen positive values and attitudes towards the epidemic

4.1.2. Forum activities

4.1.2.1. Conference

Relating to "Young people and the society of today"

4.1.2.2. Debating groups

5 debating groups were formed by the young people present to deal with one of the proposed cases. Each group was guided by one of the teachers involved in the project. A representative for each group presented their conclusions and discussion between the various representatives was guided by a moderator.

4.1.2.3. Exhibition

During the Forum, work carried out by schools during the school year was exhibited

4.1.2.4. Dramatization of the Letter of Opinion "Youth faced with AIDS"

Young people of Andorra expressed their opinions and proposals regarding the AIDS phenomenon in the Letter of Opinion addressed to the public. The process was as follows:

- Following an outline presented by the CaixaBank Foundation, each centre began work on their Letter of Opinion, involving as many students as possible in writing it and reflecting the opinion of the majority of students in that centre
- On 13 May 1999, 5 students from each centre met together with a linguist present. The students presented the letters from each centre and the definitive Letter of Opinion was drawn up

The Letter of Opinion was presented to the public during the Forum by the young people who attended. Three workshops were organized to produce it: plastic arts, music and theatre.

4.1.2.5. Prize giving

During the Forum, three prizes were awarded for the corresponding competitions between educational centres: the youth theatre competition "AIDS and young people", an educational competition from the programme "AIDS. Knowledge helps" and a poster competition.

4.1.2.6. Participating schools

The participants in the Forum were 12-18 year-old students from educational centres that had prepared a project about AIDS during the 1998-1999 school year. The opening and closing sessions, conference and exhibition of school work were open to the general public.

Schools participating in the Forum were:

<i>School</i>	<i>Educational competition</i>	<i>Poster competition</i>	<i>Theatre competition</i>	<i>Letter of Opinion</i>
Escola Andorrana de Santa Coloma	X	X	X	X
Col·legi Janer				X
Institut Espanyol d'Andorra		X	X	X
Liceu Comte de Foix		X		X
Col·legi Sant Ermengol		X		X
Col·legi Sagrada Família				X

4.2. Teacher training

To help teachers to prepare their work project to be presented at the Forum, a training program with two 8-hour modules was organized by the Teacher Training, Innovation and Educational Research and Teaching Resources Service in the Ministry of Education, Youth and Sports.

4.2.1. AIDS course. Knowledge helps. Module I

Addressees

Teaching staff with 12-18 year-old students in all educational systems in Andorra

Objectives

To introduce the educational program "AIDS. Knowledge helps", methodology and proposed activities.

Contents

1. Scientific knowledge: the immune system, transmission routes, research and preventive attitudes
2. AIDS in Andorra. The present situation.
3. Presentation of the program "AIDS. Knowledge helps".
 - General objectives of the program
 - Analysis of materials
4. Presentation of proposed activities for the 1998-1999 school year.
 - Poster and theatre competition
 - Educational projects
 - Young people's manifesto
 - Telematic magazine
5. Interdisciplinary methodological proposals: educational strategies

4.2.2. AIDS course. Knowledge helps. Module II

Addressees

Teachers of 12-18 year-old students in all educational systems in Andorra

Objectives

To help teaching staff participating in the "AIDS and Youth" Forum to prepare the work project with the students.

Contents

1. Presentation and analysis of preliminary educational projects
2. Organization of activities for the "AIDS and Youth" Forum
 - Exhibition of project materials

- Workshops for young people and teachers
 - Presentation of the Manifesto
 - Conferences and seminars
3. Analysis of projects carried out
4. Evaluation by the teachers of the work carried out in relation to:
- Work methodology in the centres
 - Student motivation
 - Relations with other professionals and/or institutions

4.3. Parallel activities relating to AIDS

4.3.1. World AIDS Day

In order to celebrate World AIDS Day, the School Cultural Activities Service of the Ministry of Education, Youth and Sports organised the play "*Stories of HIV*" on 23 and 25 November 1998 at the Comu Theatre in Andorra la Vella, for Bacallaureate students.

Each session was followed by a discussion with assessment by the health personnel from Consulta Jove in the Ministry of Health and Welfare.

The participating schools were:

- Escola Andorrana de Batxillerat (1st and 2nd year of Bacallaureate)
- IEBA Aixovall (1st year Bac)
- Col·legi Janer (technical training)

Equally, the leaflet "The first times" was distributed in schools, edited by the Ministry of Health and Welfare, and also pins.

4.3.2. Exhibition "What is AIDS? The battle of the immune system"

From 26 May to 15 June in 1999, the exhibition "*What is AIDS? The battle of the immune system*" was held at the Congress and Exhibition Centre of the Comu d'Andorra la Vella, for students of secondary and Bacallaureate.

The exhibition was devised to be visited independently. After each visit, a debate was organised by one of those in charge of the exhibition.

The following schools participated:

- Escola Andorrana de Santa Coloma
- Escola Francesa d'Escaldes-Engordany
- Liceu Comte de Foix
- IEESA La Margineda

- IEBA Aixovall
- Col·legi Sant Ermengol
- Col·legi Sagrada Família

5. SCHOOL YEAR 1999-2000

5.1. World AIDS Day 1999

One of the objectives of the campaign in that year was to make the general public aware of the Manifesto (Letter of Opinion) which the young people had dramatised for the "AIDS and Youth" Forum on 26, 28 and 29 May 1999.

For this reason, the text of the Manifesto was printed and distributed with pins to schools.

Equally, in order to involve students and teachers in World AIDS Day, a television documentary was made by the actual students about how the day progressed in Andorra. The programme tried to capture Andorran public opinion about AIDS through live interviews carried out by a group of 16 students from the different educational systems (4 from the French system, 4 from the Andorran, 4 from the secular Spanish, 4 from the Spanish church schools) accompanied by 4 teachers (1 per educational system) and 2 cameras. Filming was held throughout Andorra (1 group was in charge of Pas de la Casa, Canillo, Encamp and Escaldes-Engordany, another group Sant Julia de Loria, Andorra la Vella, La Massana and Ordino).

The documentary was broadcast on Andorran TV.

6 ACTIVITIES AND SERVICES OFFERED BY THE DIFFERENT COMUNES OF THE PRINCIPALITY OF ANDORRA

Parish	Extra-curricular activities (1)	Holiday workshops (2)	Library	Kindergarten	Sports complexes	Children's play centre	Youth Space-Area
CANILLO	Yes	Yes	Yes	1	Yes	No	No (in project)
ENCAMP	Yes	Yes	Yes	2	Yes	No	Yes
ORDINO	Yes	Yes	Yes	1	Yes	No	No
LA MASSANA	Yes	Yes	Yes	1	No	No	No
ANDORRA LA VELLA	Yes	Yes	Yes	1	Yes	No	No
SANT JULIÀ DE LÒRIA	Yes	Yes	Yes	-	Yes	No	No
ESCALDES-ENGORDANY	Yes	Yes	Yes	2	Yes	Yes	Yes

Source: The *comuns* of Canillo, Encamp, Ordino, La Massana, Andorra la Vella, Sant Julià de Lòria, Escaldes-Engordany.

Note:

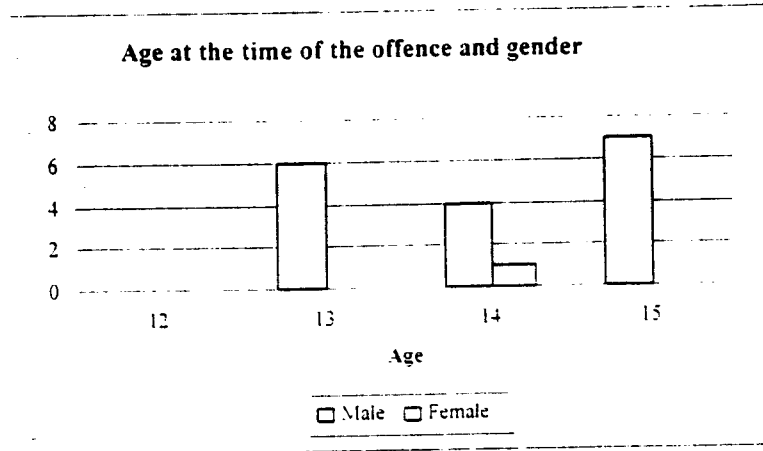
- (1) The extra-curricular activities are, in general, sports activities (swimming, karate, rhythmic gymnastics, football, basketball, etc.) and cultural activities (drawing, painting, theatre, photography, etc.).
- (2) The holiday workshops are adapted to the ages of the children and the climate of the country. Thus, during the winter holidays snow sports and games take priority, and in the summer mountain activities and others based on the equipment and resources of each *comú*.

7 STATISTICAL DATA: MINORS ATTENDED BY THE MINORS'S UNIT OF THE MINISTRY OF JUSTICE AND INTERIOR

Since the Qualified Law on Minors Jurisdiction came into force, 16 minors have been attended, two of them repeated offenders, with a total of 18 criminal procedures started.

1. Personal details of minors

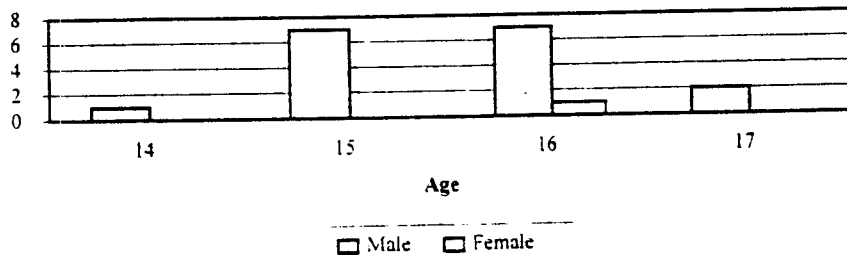
Age at the time of committing the offence and gender



Age at the time of carrying out the psycho-social study and gender

Gender	Age				Total
	14	15	16	17	
M	1	7	7	2	17
F	0	0	1	0	1
Total	1	7	8	2	18

Age at the time of the study and gender



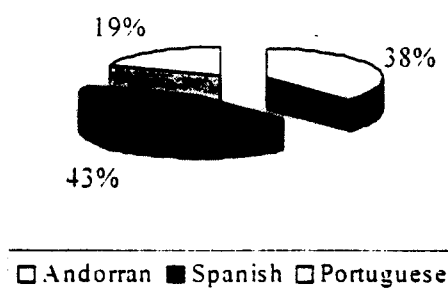
Of the 18 cases attended, only one was a girl. Thus, the female sex represents only 5.5% of the criminal proceedings started against minors, while the male sex represents 94.5%.

With regard to ages, the age band showing the maximum number of offences committed (100%) is the section of 13 to 15 years, while the greater part of the psycho-social studies (83%) are carried out with youths of 15-16 years. It is clear, therefore, that there is a gap of between one and two years from the time of committing the offence to the time when the study takes place on the judge's order

Nationality of minors

Nationality	Sex		
	Male	Female	Total
Andorran	5	1	6
Spanish	7	0	7
Portuguese	3	0	3
Total	15	1	16

Nationality of the minors

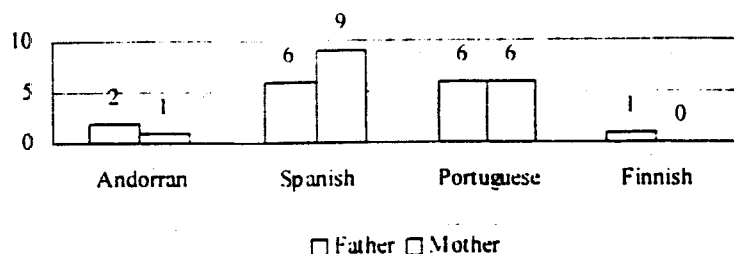


43% of the minors are Spanish, followed by Andorrans (38%) and Portuguese (19%).

Nationality of the parents

Andorran	2	1	3
Spanish	6	9	15
Portuguese	6	6	12
Finnish	1	0	1
Total	15	16	31

Nationality of parents

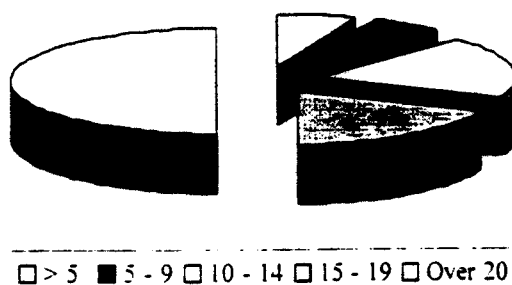


The majority nationality of the parents is Spanish (48%), followed by Portuguese (39%) and Andorran (10%). To understand these details it has to be taken into account that the population of Andorra is characterised by the high number of foreign residents, 65.5% with respect to the total.

Length of residence of the parents

Years residence	No.	%
> 5	1	6.25
5 - 9	1	6.25
10 - 14	3	18.75
15 - 19	3	18.75
Over 20	8	50
Total	16	100

Years of residence of parents



For the concept of time of residence of the parents, the reference point used has been the years of residence of the parent who has been longest in the Principality, taking into account that in some cases families originating in other states arrive in two stages. Normally the husband is first to travel and when sufficiently installed he brings his family to join him.

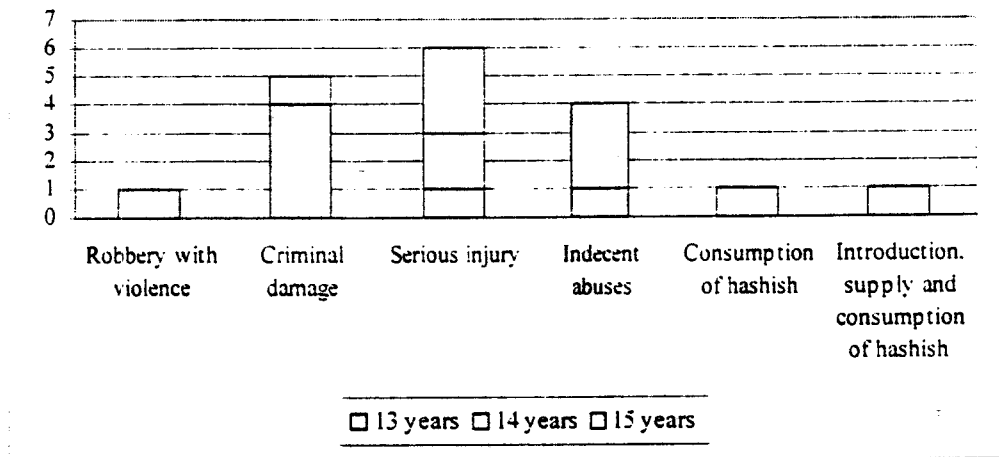
Most of the minors belong to families well settled in the Principality, 50% have been living there for more than 20 years and 37.5% for between 10 and 19 years. Only one family has been living in Andorra for less than 5 years.

2. Details referring to the offence

Types of offence by age

Type of offence		Age			Total
		13	14	15	
Against property	Robbery with violence			1	1
	Criminal damage	4		1	5
Against individuals	Serious injury	1	2	3	6
Of sexual behaviour	Indecent abuses	1	3		4
Against public health	Consumption of hashish			1	1
	Introduction, supply and consumption of hashish			1	1
Total		6	5	7	18

Type of offence by ages



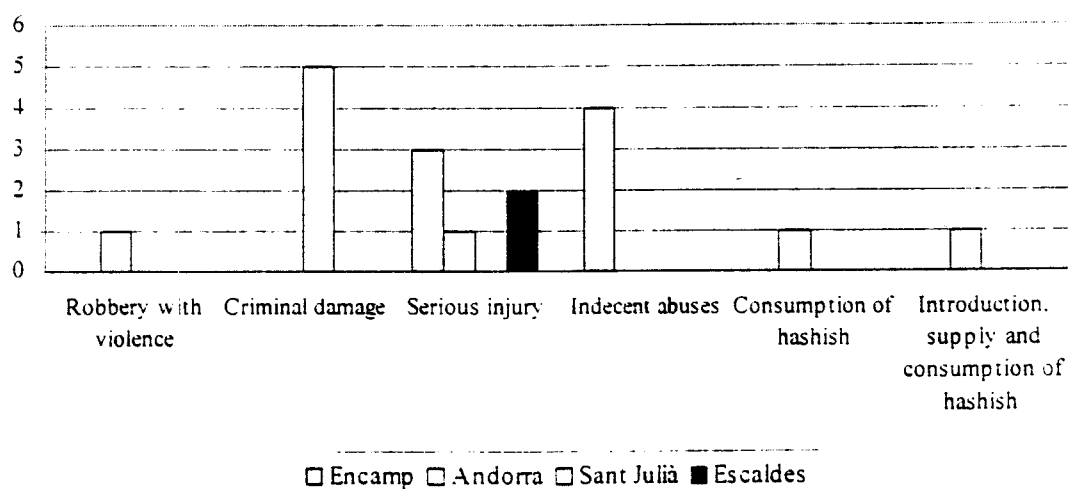
The criminal damage offence is committed mostly by the younger minors (13 years), while the offence of indecent abuse is committed by youths of 14 years. The emergence of adolescent sexuality linked to the need to assert oneself in front of one's peers seems to be the origin of this sexual conduct, the character of which is occasional.

Criminal behaviour related with the consumption and supply of narcotics predominates in the older youths (15 years). In these cases a common denominator can be seen in a latent depression, with a tendency to avoid situations which generate emotional suffering.

Type of offence by parishes

Type of offence		Parishes				Total
		Encamp	Andorra la Vella	Sant Julià de Lòria	Escaldes-Engordany	
Against property	Robbery with violence		1			1
	Criminal damage			5		5
Against individuals	Serious injury	3	1		2	6
Of sexual behaviour	Indecent abuses	4				4
Against public health	Consumption of hashish		1			1
	Introduction, supply and consumption of hashish		1			1
Total		7	4	5	2	18

Type of offence by parishes



Offending minors have only been recorded in four of the seven parishes of the Principality. Encamp is the parish with the largest number of minors showing criminal behaviour (39%), followed by Sant Julià de Lòria (28%), Andorra la Vella (22%) and Escaldes-Engordany (11%). It must be noted that the most populated parishes are Andorra la Vella and Escaldes-Engordany; Encamp and Sant Julià de Lòria occupy third and fourth place, respectively.

With regard to the types of offences committed by parishes, the fact that in some parishes a significant concentration of certain types of offence is detected, such as sexual abuses (Encamp) or serious damage (Sant Julià de Lòria) is due to the fact that various minors have acted in groups.

Measures applied for minors

Voluntary measures	No.
Community service	1
Psycho-social follow-up	15
Basic Adult Education	7
School backup classes	1
Vocational training	1
Psychotherapy	1
Total	26

Voluntary measures applied for the minors



■ Community service □ Psycho-social follow-up
 □ Basic Adult Education □ School backup classes
 □ Vocational training ■ Psychotherapy

All the measures applied to minors have been proposed by the Technical Team for Minors and are carried out voluntarily by them. No resolution has been received from the Andorran Courts agreeing the application of the measures envisaged in the Act, the execution of which corresponds to our Service. In this context, it must be noted that 10 minors are awaiting a court ruling.

Almost all minors (93%) have voluntarily accepted that there should be a psycho-social follow-up until the time that a legal verdict is delivered. It is also noted that the minors have an interest in obtaining the secondary school diploma by attending the Centre for Basic Education for Adults, 43% of the minors (7) began studies in the Centre, two of whom left without managing to pass. This fact is explained principally by the difficulty of combining studies and work, since the majority of the minors who go to the centre also have a job.

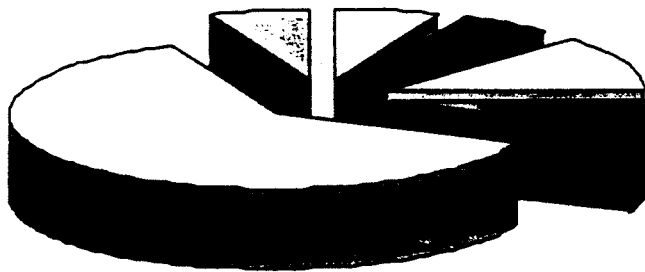
3. School and work details of minors

Minors' occupations

The details set out below correspond to the principal occupation of the minors at the time of the psycho-social examination. At the present time only four continue in education as the principal activity, 7 are working full time, 3 are awaiting their 16th birthday in the next few months in order to start work, and two have no activity.

Jobs	Construction and related	1
	Shops	1
	Services	2
	Public Authorities	1
Studies		10
Without activity		1
Total		16

Activities carried out by the



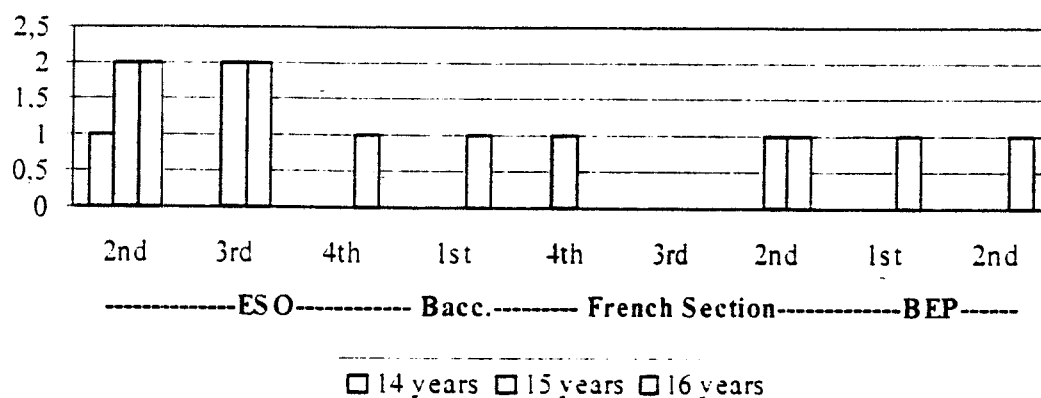
- Construction and related Shops
 Services Public Authorities
 Studies Without Activity

Level of studies achieved and types of education

The details given show the highest level of studies taken by the minors and their ages at that time, and do not mean that they satisfactorily passed the last level attempted

Age	Types of education									Total
	Andorran/Spanish/Church				French					
	Primary/Secondary			Bacc.	Secondary			Bacc.		
	2nd	3rd	4th	1st	4th	3rd	2nd	1st	2nd	
14	1									1
15	2	2			1		1			6
16	2	2	1	1			1	1	1	9
Total	5	4	1	1	1	0	2	1	1	16

Level of studies



Seven minors are behind at school, having to repeat one or two years. In this context, it must be said that in the Andorran/Spanish/church educational systems a maximum of two repetitions is allowed during the whole of the compulsory school period (up to 16 years).

Of the sixteen minors studied, only four continue at the moment in regular education as the principal activity and, of these four, one has serious behavioural problems (aggressive conduct) and another is significantly behind. The rest have left school without obtaining a qualification. Thus, the level of failure at school is very high.

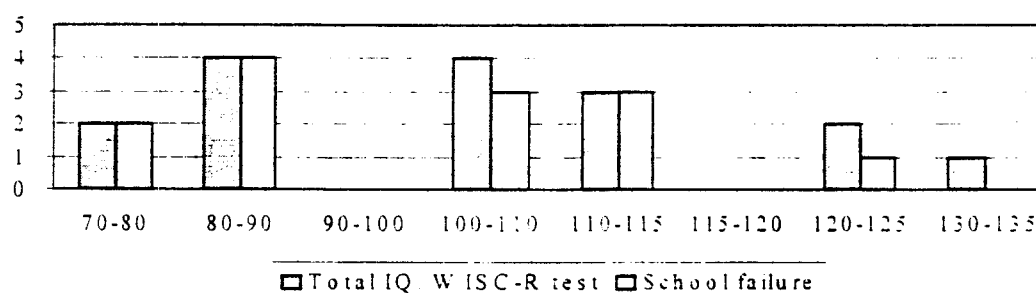
More than half the minors (56%) have studied or are studying in Spanish schools, 31% in French schools, 6% in Andorran schools and 6% in church schools.

4. Details of the psychological development of minors

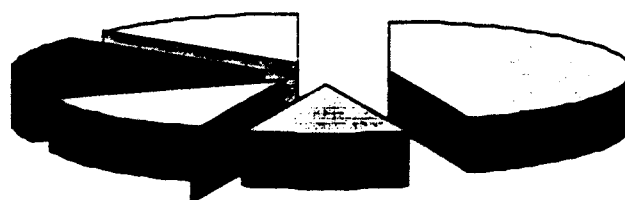
Details of cognitive development and school learning of minors

Total IQ WISC-R test	No. Minors	School failure	Mod. learning difficulty	Adequate performance	Cognitive disturbance	Adaptation problems	Absenteeism
70-80	2	2	0	0	1	2	2
80-90	4	4	0	0	1	2	0
90-100	0	0	0	0	0	0	0
100-110	4	3	0	0	1	0	0
110-115	3	3	1	0	0	1	2
115-120	0	0	0	0	0	0	0
120-125	2	1	1	0	1	0	0
130-135	1	0	1	0	0	0	0
Total	16	13	3	0	4	5	4

Relation between IQ and failure at school



School problems



School failure Mod. learning difficulty Adequate performance
 Cognitive disturbance Adaptation problems Absenteeism

Of the 13 minors who failed at school, six have a low intellectual level which could justify these results. The rest (7), have a normal intellectual level or are above average. Of the 7, two show residual signs of specific cognitive disorders such as untreated dyslexia, but that do not explain the learning difficulties detected. Thus, in 54% of the cases of failure at school, the intellectual level is normal or above average.

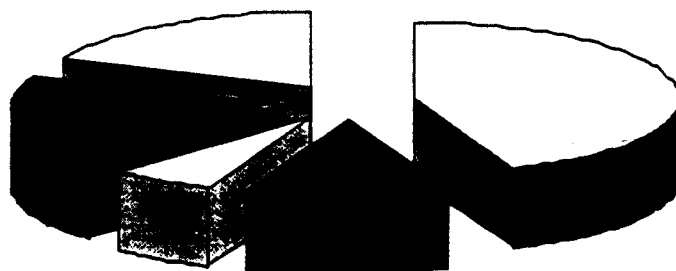
It is significant that the youths with the most marked intellectual limitations are also those showing the highest degree of absenteeism and problems of adaptation to school, facts which denote their latent frustration, faced with educational requirements which are too high for them.

5. Details of personality development

Classification of the diagnosis according to the CIE-10 criteria

Classification CIE-10	No.	%
Adaptation disturbance	7	43,75
Episodic depression	2	12,5
Anxiety disturbance	1	6,25
Borderline personality	3	18,75
Antisocial disturbance	3	18,75
Total	16	100

Diagnosis classification CIE-10



- Adaptation disturbance
 Episodic depression
 Anxiety disturbance
 Borderline personality
 Antisocial disturbance

The more specific symptoms of minors

Symptoms	No.	%
Anxiety symptoms	8	21,62
Obsessive symptoms	4	10,81
Depressive symptoms	9	24,32
Hypomania symptoms	2	5,41
Tendency to addiction	2	5,41
Behaviour & character distur	9	24,32
Social adaptation disturbance	3	8,11
Total	37	100

Symptoms



<input type="checkbox"/> Anxiety symptoms	<input type="checkbox"/> Obsessive symptoms
<input type="checkbox"/> Depressive symptoms	<input type="checkbox"/> Hypomania symptoms
<input type="checkbox"/> Tendency to addiction	<input type="checkbox"/> Behaviour & character disturbance
<input type="checkbox"/> Social adaptation disturbance	

Of the 16 minors studied, seven present a low level of risk, with adaptation disturbances which fit the upsets and reactive crises that are considered normal in adolescence. Thus, the offences committed by the youths included in this category of diagnosis do not lead one to presume there are antisocial tendencies or clinically relevant behavioural disturbances.

Of the rest of the minors (9), the three diagnosed with antisocial disturbance are those most likely to relapse into criminal activities.

The three minors with personality disturbances of a borderline type present a similar risk of maladjusted behaviour because of their immaturity and insufficient definition of their identity. These features make them inclined to act impulsively according to fluctuations in their state of mind and the high level to which they can be influenced.

One of the two youths also shows episodic depression, and he is particularly vulnerable and prone to relapse because of problems arising from this initial disturbance.

In the other two minors, in spite of having a personality with clinically relevant features, no antisocial behavioural risk is appreciated.

6. Social-family details of the minors

Families and minors who were the subject of intervention by the social services of the Ministry of Health & Welfare

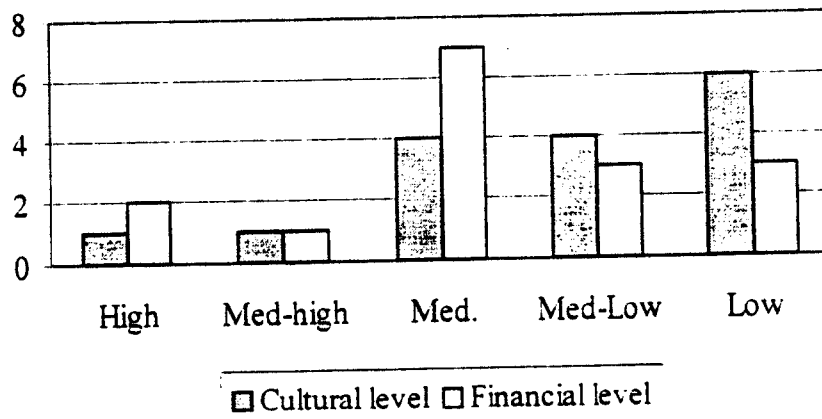
Year of intervention	No. of families	Reason for intervention		
		Neglect and crisis	Financial difficulty	Others
1991	1		1	
1992	1	1		
1993	1	1		
1995	1	1		
1998	1		1	
1999	1	1		
2001	1			1
Total	7	4	2	1

Seven of the minors have a background of intervention by the social services of the Ministry of Health & Welfare. In four of these cases family conditions of potential risk were detected for the psycho-social development of the minors. Two of these four youths have been catalogued as of high risk, with an antisocial personality structure, in the current study, a detail which makes the importance of early detection to prevent this type of disturbance clear.

Financial and cultural level of the family

Cultural level	Financial level					Total
	High	Med-high	Med	Med-Low	Low	
High	1					1
Med-high			1			1
Med	1	1	2			4
Med-Low			2	2		4
Low			2	1	3	6
Total	2	1	7	3	3	16

Financial and cultural level of the family



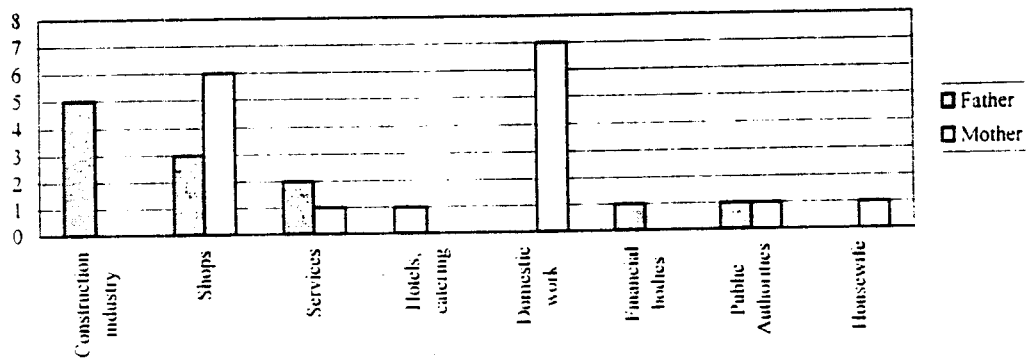
Families of average financial level predominate (44%), with a monthly income greater than the minimum salary. Normally both of the couple go to work and they enjoy adequate conditions of living and housing.

The cultural level does not always correspond to the financial and working level, as we find people who without having studied are occupying very well paid jobs or perhaps have other supplementary income.

The parents' jobs

Type of jobs	Father	Mother
Construction	5	
Shops	3	6
Services	2	1
Hotels, catering	1	
Domestic work		7
Financial institutions	1	
Public administration	1	1
Housewife		1

Types of jobs



Most of the mothers do domestic work (44%) or work in shops (37.5%).

With regard to the fathers, 38% work in the construction industry, followed by those with jobs in shops (23%) and services (15%). Three families have their own businesses.

Social-family problems detected

Social-family problems	No.	%
Neglecting children	5	19.23
Neglecting	1	3.85
Changes in parental behavior	5	19.23
Disturbing parental influences	1	3.85
Separation of parents	6	23.8
Death of one of the parents	2	7.69
Single mother	3	11.54
Mental illness or handicap in the family	1	3.85
Financial difficulties	2	7.69
Total	26	100

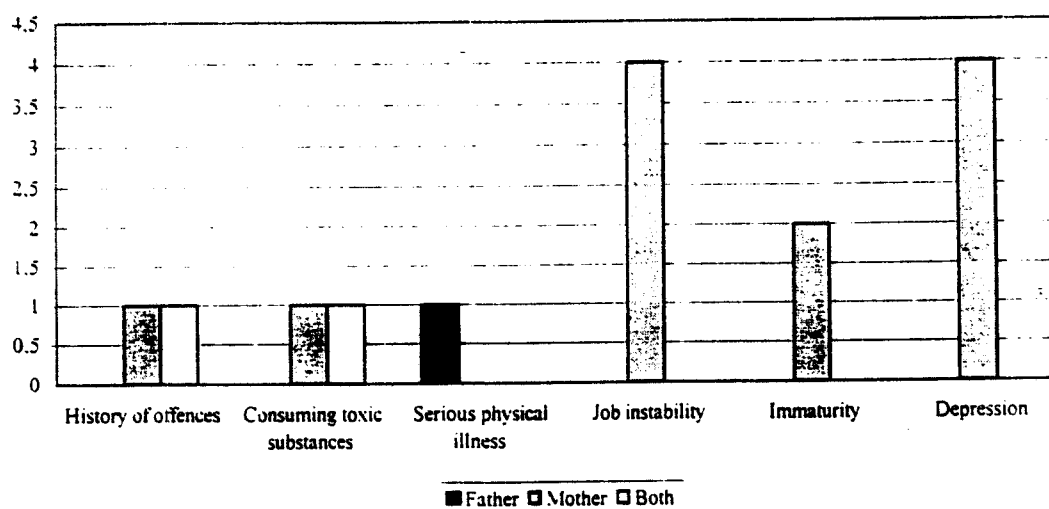
Of the social-family problems, it is notable that there are five cases of neglect during childhood. Of these, four were the subject of intervention by the social services of the Ministry of Health & Welfare, because of the risk involved for the mental development of the child.

Factors such as single parenthood, the separation of the parents, the death of one of the couple and the presence of a mentally ill or disabled member of the family, show no relation with the neglect of the children and, in spite of the fact that some of these families have required help from the social services to meet crisis situations, this has been of an occasional nature.

Specific problems of parents

Problems of the parents	Father	Mother	Both
History of offences		1	1
Consuming toxic substances		1	1
Serious physical illness	1		
Job instability		4	
Immaturity with difficulty in bringing up the children		2	
Depression		4	

Problems of the parents



In the families studied the maternal figure is the most fragile, with significant symptoms of depression in 4 cases, job instability in 4 cases and 2 cases of immature personality lacking resources to take responsibility for the upbringing of the children.

With regard to the consumption of toxic substances by both parents, this is linked to a history of offences.

7. Budget of the Area of Minors

Year 2000

5.800.000.-pesetas

8. Conclusions

The majority of the minors studied belong to socially integrated families, only in one case has the family been in the country for less than five years.

The financial and working level of the families of these minors is one of reasonable comfort, as they receive monthly income above the minimum salary. Families with moments of financial difficulty are in the minority and in no case are in severe trouble.

With regard to the type of offences committed by the minors, serious injuries predominate (33%), followed by criminal damage (28%) and indecent abuse (22%). Of the 16 minors studied, there were only two cases of relapse.

An important proportion of the offences can be interpreted as maladjusted behaviour of an occasional nature in youths not presenting clinical personality disturbances. Only three of the youths studied presented an antisocial personality structure, with a significant risk that their maladjusted behaviour would become fixed. Three more, diagnosed with a personality disturbance of a borderline type, also present a moderate risk, because of the high degree to which others can influence them.

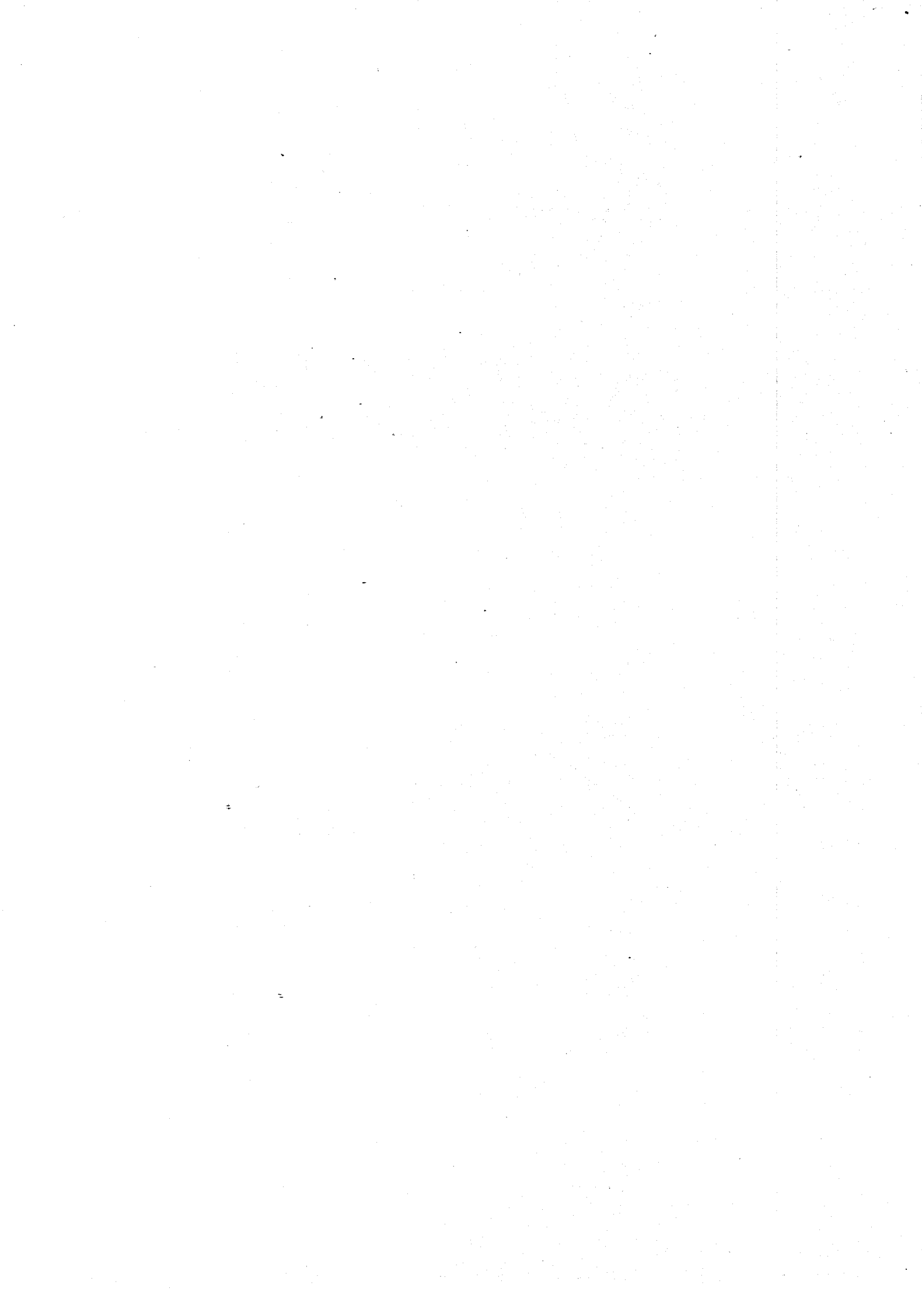
The high index of failure at school detected is significant. We think it shows up the difficulties of a substantial part of the young people in the current educational system. The obligation to attend school up to 16 years and the fact that often a substantial part of the school population goes up a year without absorbing the earlier levels of education, means that some of these youths, incapable of following the classes, express their frustration through disruptive behaviour and create subgroups that seek notoriety through negative identification, with provocative attitudes.

Most of the youths studied are found to be on the threshold of a pathological adolescence, in such a way that the measures adopted in this age band can be decisive in directing the development of their adult personality.

A considerable number of youths are prepared to restart their studies, combining this with a job after they have reached the age of 16 years.

The labour world is confirmed as an important integrating element insofar as it offers an alternative, different from school, for the youth to attain a role and adapted social status.

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I. POPULATION TABLES (to 31 December 2000)

1. Population distribution by age and gender. 1998-2000

Age groups	0-4		5-9		10-14		15-19		20-64		>64		Total	
	Boy	Girl	Boy	Girl	Boy	Girl	Boy	Girl	Boy	Girl	Boy	Girl	Boy	Girl
1998	1,756	1,557	1,830	1,716	1,642	1,512	1,871	1,760	23,514	20,969	3,880	3,870	31,493	31,384
1999	1,778	1,640	1,793	1,679	1,671	1,571	1,776	1,672	23,435	20,979	3,980	3,997	31,433	31,538
2000	1,761	1,646	1,803	1,650	1,671	1,572	1,725	1,646	23,190	20,946	4,118	4,116	31,268	31,576

Source: Ministry of Justice and Interior

2. Population distribution by parish. 1998-2000

	Canillo	Encamp	Ordino	La Massana	Andorra la Vella	Sant Julià	Escaldes-Eng.	Total
1998	2,691	10,385	2,184	6,092	21,513	7,623	15,389	65,877
1999	2,706	10,595	2,283	6,276	21,189	7,623	15,299	65,971
2000	2,808	10,576	2,291	6,280	20,845	7,647	15,397	65,840

Source: Ministry of Justice and Interior

3. Population movement. 1998-2000

	Births	Deaths	Growth	Migration
1998	781	235	546	25
1999	833	207	626	-532
2000	747	259	471	-598

Source: Ministry of Justice and Interior

4. Population movement by parish. 2000

	Population	Births	Deaths	Natural increase	Migration
Canillo	2,808	29	7	22	80
Encamp	10,576	137	27	110	-129
Ordino	2,291	35	5	30	-22
La Massana	6,280	71	16	55	-51
Andorra la Vella	20,845	210	81	129	-473
Sant Julià	7,647	74	27	47	-23
Escaldes-Engordany	15,397	142	64	78	20
Total	65,844	698	227	471	-598

Source: Ministry of Justice and Interior

5. Population distribution by nationality. 1998-2000

	Andorrans	Born in Andorra	Spanish	French	Portuguese	Others	Total
1998	14,277	7,589	28,229	4,420	7,024	4,338	65,877
1999	22,743	0*	27,588	4,384	6,894	4,362	65,971
2000	23,697	0*	26,750	4,283	6,748	4,366	65,844

Source: Ministry of Justice and Interior

* In 1999, children born in Andorra were considered Andorrans (Born in Andorra = children born in Andorra of foreign parents)

Between 1998 and 2000, the population of Andorra under the age of 20 represented 20.5% of the total population.

6. Distribution of the population under the age of 20 by age group. 1998-2000

Year	Age group						Total
	0 - 9		10 - 19		Total		
	Boys	Girls	Boys	Girls	Boys	Girls	
1998	3586	3273	3513	3272	7,099	6,545	13,644
					52%	48%	100%
1999	3571	3319	3447	3234	7,018	6,562	13,580
					51.6%	48.4%	100%
2000	3564	3296	3396	3218	6,960	6,514	13,474
					51.6%	48.4%	100%

Source: Population data

Analysis: *Àrea de Vigilància Epidemiològica* - Epidemiological Care Unit

7. Distribution of the population under the age of 20 by nationality. 1998-2000

Year	Nationality					Total
	Andorran	Spanish	French	Portuguese	Other	
1998	9,454	2,201	464	995	530	13,644
	69.3%	16.2%	3.4%	7.3%	3.8%	100%
1999	9,779	1,923	435	919	524	13,580
	72%	14.2%	3.4%	6.8%	3.8%	100%
2000	10,003	1,705	386	861	519	13,474
	74.2%	12.6%	2.8%	6.4%	3.8%	100%

Source: Population data

Analysis: *Àrea de Vigilància Epidemiològica* - Epidemiological Care Unit

II. ECONOMIC DATA TABLES

1. Economic indicators. 1998-2000

	Income per capita S	Electrical energy consumption MW·h	Vehicle registrations (units)
1998	19.905.40	372.045	4.194
1999	20.251.60	392.525	4.680
2000	-	412.143	4.638

Source: Research Department

2. Imports and exports. 1998-2000 (thousands of PTA)

	Imports	Exports
1998	161.429.310	8.652.184
1999	171.262.243	6.690.597
2000	184.024.056	8.234.590

Source: Research Department

3. Number of employed by sector of activity. 1998-2000 (annual average)

	1998	1999	2000
Sectors			
Primary	195	172	161
Primary industries	495	524	522
Construction	2.833	3.083	3.140
Construction related industries	2.199	2.351	2.651
Manufacturing	721	670	648
Garages	441	454	449
Food retail	1.285	1.346	1.409
Tourism business	5.887	6.281	6.673
Services	3.544	3.902	4.256
Hotel & catering	4.546	4.741	4.914
Tourism services	1.054	1.072	1.180
Financial and insurance bodies	1.328	1.339	1.416
Professionals	669	711	759
Administration	3.834	4.028	4.275
Others	1.756	1.915	2.041
Total	30,787	32,587	34,494

Source: Caixa Andorran de Seguretat Social

4. Average monthly wages by sector of activity. 1998-2000

Sectors	1998	1999	2000
Primary	133.935	137.712	140.174
Primary industries	195.611	205.123	216.870
Construction	202.323	212.261	226.451
Construction related industries	200.522	208.741	218.732
Manufacturing	202.236	209.208	220.183
Garages	182.042	190.362	204.583
Food retail	172.557	176.560	183.236
Tourism business	170.361	175.926	183.566
Services	179.354	186.126	197.920
Hotel & catering	146.420	151.137	159.570
Tourism services	189.515	188.308	199.339
Financial sector	374.834	387.550	422.138
Professionals	180.114	188.799	201.722
Administration	241.781	252.468	260.773
Others	120.138	126.217	135.542

Source: Caixa Andorran de Seguretat Social

5. Central administration budget. Income and expenditure. 1997-2001

	Income (thousands of PT.À)	Expenditure (thousands of PT.À)
1997	27.452.207	28.932.465
1998	35.671.176	36.752.648
1999	28.858.500	31.896.611
2000	36.373.635	39.196.853
2001	39.091.798	41.727.582

Source: Research Department

6. Final statement of the *Comu* budgets. 1999 (thousands of PTA)

	Canillo	Encamp	Ordino	La Massana	Andorra la Vella	Sant Julià	Escaldes-Eng.
<i>INCOME</i>	1.013.782	2.610.347	1.755.871	918.044	3.053.278	1.503.143	2.505.033
<i>EXPENDITURE</i>	3.567.655	2.963.856	2.315.459	529.273	4.434.351	1.813.754	4.180.725
Current expenditure	443.171	1.629.340	866.006	423.810	2.246.236	884.742	2.498.355
Capital expenditure	3.124.484	1.34.516	1.449.453	105.463	2.188.115	794.351	1.682.370
Financial operations	0	0	0	0	0	134.661	0

Source: Research Department

7. Budgets of the *Comuns* dedicated to child related issues

A.P.A.: Andorran Parents Association

CANILLO (in pesetas)		2001
Kindergarten		28.400.000
Bibliotheca		500.000
Extra-curricula activities		7.100.000
Curricula activities		400.000
A.P.A.		900.000
Sant Jordi's Day (Catalan festival)		200.000
Total		37.500.000

ENCAMP (in pesetas)	1998	1999	2000
Kindergarten "Esquirolets" (Encamp)	81.657.884	88.721.884	98.690.250
Kindergarten "Marrecs" (Pas de la Casa)	73.098.304	75.573.178	77.941.667
Youth Unit	18.893.409	26.773.407	37.723.098
Children's fair	29.398.993	31.181.550	0
Subsidies to different entities (sports, cultural, social and educational)	98.152.709	77.998.008	80.064.601
Activities in general (sports, cultural, social and educational)	48.915.817	59.081.582	78.440.623
Total	350.117.116	359.329.609	372.860.239

ORDINO (in pesetas)	1998	1999	2000
Subsidies to the A.P.A. of Ordino	2.000.000	2.200.000	3.000.000
Subsidy to a Kindergarten	8.604.230	10.157.852	15.454.037
E.C.O.A. (Ski Club Ordino-Arcalis)	7.000.000	7.000.000	9.000.000
Championship "Borrufa"	3.500.000	3.825.395	5.201.234
AINA (summer camp residence)	40.000	40.000	40.000
Enfants du Mékong (NGO)	650.000	0	0
Summer Activities Ordino-Massana	0	514.790	694.334
Summer Activities Ordino	0	0	173.302
Extra-curricula activities	0	620.135	516.485
Total	21.794.230	24.358.172	34.079.392

THE MASSANA (in pesetas)	1998	1999	2000
Youth card	300.000	300.000	300.000
Extra-curricula activities	670.277	778.801	1.834.817
Summer sport activities	5.696.170	5.353.399	8.193.334
Festivals and Social Events	327.000	236.000	Thus year included in out of school activities
Activities of the Children's Library	200.000	100.000	225.000
Subsidies to public schools	1.318.000	1.320.000	1.410.000
Subsidies to A.P.A.	450.310	450.000	458.570
Children's home	4.000.000	4.000.000	4.000.000
Total	12.961.757	11.760.178	16.421.721

ANDORRA LA VELLA (in pesetas)	1998	1999	2000
Social Care			
- Kindergarten	26.088.950	49.497.544	49.720.000
Sportive activities			
- Sports schools	5.000.000	5.500.000	6.000.000
- Summer sports school	6.000.000	10.500.000	14.400.000
Activities of Leisure			
- Residential centre for children "El Llamp"	29.543.181	30.365.928	37.008.676
- Kindergarten "El dau"	7.750.000	8.450.000	9.995.000
Other cultural events			
- Child Theatre	5.000.000	5.000.000	4.500.000
- Dancing Club	3.000.000	3.130.000	3.430.000
- Theatre Class	3.500.000	4.100.000	4.700.000
- Arts School	48.240.349	52.641.821	54.798.658
- Music Conservatory	62.993.898	78.705.159	87.828.893
Total	197.116.378	247.890.452	272.381.227

SANT JULIA (in pesetas)	1998	1999	2000
Kindergarten	0	0	0
Cultural Activities			
- Theatre	1.485.111	712.885	0
- Library	1.750.282	273.179	2.292.817
Sports, educational, social and leisure activities			
- Youth Centre	3.812.721	4.573.457	3.988.625
- Subsidies to Youth associations	990.153	386.100	1.100.000
- Sports Schools	6.463.069	1.164.723	6.850.000
Others addressed to Minors and Family			
- Youth Card	500.000	500.000	500.000
- Grants and sports and cultural activities	300.000	300.000	700.000
Total	15.301.336	7.910.344	15.431.442

ESCALDES-ENGORDANY (in pesetas)	1998	1999	2000
Christmas workshop	1.900.000	1.800.000	1.600.000
Carnival workshop (from 4 to 18 years old)			
Twining with the Reunion Island	6.000.000	6.000.000	6.000.000
Cultural Centre Children's Library	1.847.988	1.737.032	5.610.187
Cultural Centre "Salada" and Dancing School	1.800.000	1.950.000	2.100.000
Textile and Glass Workshop	8.242.360	12.486.965	8.734.378
Social and Leisure Centre and Play Centre Watercolour and Drawing workshop	19.656.052	18.255.900	17.265.343
Youth Centre - Leisure Centre (dfrom 12 to 18 years old)	7.463.130	5.536.000	8.585.394
School "Bressol - 1"	31.708.398	33.077.700	38.266.136
School "Bressol - 2"	30.724.374	28.998.433	30.752.333
Subsidies to A.P.A.s	2.050.142	2.081.104	2.130.224
Parental Care Centre	0	0	1.930.000
Sport Activities	200.000	225.000	270.000
- Publicity	400.000	500.000	550.000
- Competition and demonstrations	9.000.000	8.500.000	7.500.000
- Sports Clubs	2.000.000	3.500.000	3.500.000
- Sports entities	18.241.000	18.903.000	19.589.000
- Food	9.605.000	9.780.000	13.500.000
- Sport material	1.900.000	2.200.000	2.300.000
- Clothing	300.000	300.000	600.000
- Transportation	450.000	500.000	500.000
- Children's-Games Workshop	0	700.000	750.000
- Winter Sport	200.000	200.000	200.000
- Food	678.000	565.000	621.500
- Transportation	400.000	400.000	500.000
- Transportation	150.000	160.000	170.000
Total	164.916.444	158.356.134	173.524.495

III. MINISTRY OF HEALTH AND WELFARE, BUDGET TABLES

1. Budget for specific programmes of the Ministry of Health and Welfare

1.1. Health Unit

These budgets do not include transfers from current account or capital to the SASS, the Hospital or the costs of doctors and odontologists duties, nor the budget for general services affecting Health and Welfare.

In pesetas	1999	2000	2001
Budget	56.295.790	70.040.000	81.685.000

Nevertheless, data is available regarding the child vaccination project, for the periods 1999, 2000 and 2001, described in section B.5.6.7. of the Addendum.

In pesetas	1999	2000	2001
Budget for child vaccination	11.500.000	19.350.000	23.850.000

1.2. Welfare Unit

This ministry provides data about the budget for children in the following chapters, although the data is not disaggregated by gender and age.

1.2.1. Children with disabilities

In Spanish Pesetas	1999	2000	2001
Residència Albó	24.435.000	24.697.241	23.278.691
Ntra. Sra. de Meritxell Specialised School	44.578.000	47.280.818	61.912.322

1.2.2. Support programmes for families

Regarding direct assistance to families.

In Spanish Pesetas		1999	2000	2001
Primary Care by parish	Encamp	11.573.121	12.084.000	12.167.000
	St. Julià de Lòria	7.547.270	6.575.000	6.690.000
	Escalde-engordany	14.066.474	10.217.000	10.265.000
	Andorra la Vella	19.500.000	15.000.000	15.170.000
	Ordino	2.000.000	2.000.000	2.000.000
	Canillo	2.000.000	2.000.000	2.000.000
	La Massana	6.050.225	5.082.000	5.130.100
Children kept at home		0	0	5.800.000

1.2.3. Protection and help for children in need

These programmes are described in detail in section B.5.3.1.1. of the Addendum. Social work insertion is aimed at minors with work problems who need financial assistance.

In Spanish Pesetas	1999	2000	2001
Adoptions	0	900.000	350.000
Children's home (C.A.I)	42.428.270	40.429.404	43.249.617
Foster families	8.000.000	9.500.000	7.300.000
Social work insertion	14.250.000	10.000.000	8.000.000
Children at risk	0	0	5.800.000

IV. SOCIAL CARE FOR CHILDREN TABLES

1. Number and proportion of children attended by the Children at Risk team, aged 0–19, by gender. 1998-2000

Year	Gender		Total
	Boys	Girls	
1998	32 (56.1%)	25 (43.8%)	57 (100%)
1999	42 (55.2%)	34 (44.7%)	76 (100%)
2000	62 (52.1%)	57 (47.8%)	119 (100%)

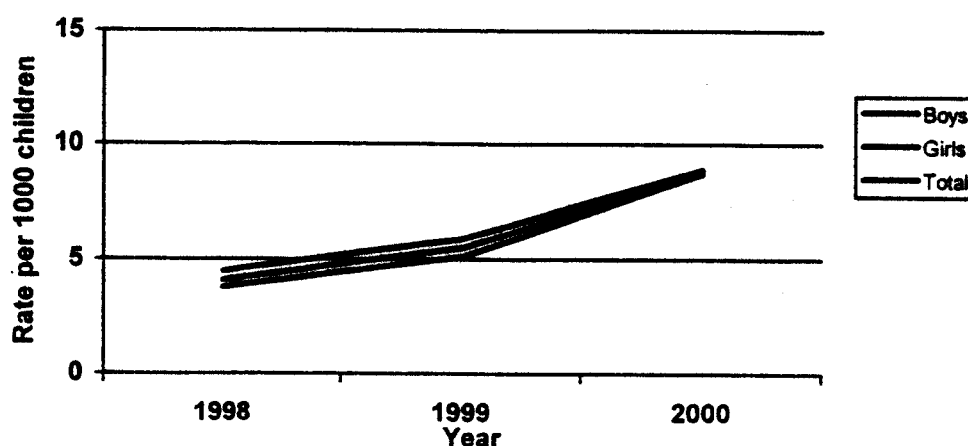
Source: Social Care for Children. Ministry of Health and Welfare

2. Overall rate of care by gender. 1998-2000

Year	Population		Number of cases		Rate per 1000 children		Overall rate
	Boys	Girls	Boys	Girls	Boys	Girls	
1998	7,099	6,545	32	25	4.5	3.8	4.1
1999	7,018	6,562	42	34	5.9	5.1	5.5
2000	6,960	6,514	62	57	8.9	8.7	8.8

Source: Epidemiological Care Unit. Ministry of Health and Welfare

Diagram 1. Overall rate of care and specific rate per sex. 1998-2000



The increase in the number of cases attended is the result of the creation of Social Care for Children, which has taken over the study, evaluation and follow-up of minors since May 1999.

3. Proportion of children attended by nationality. 1998-2000

Nationality	Year		
	1998	1999	2000
Andorrans	32 (56.1%)	28 (36.8%)	57 (48%)
Spanish	10 (17.5%)	25 (33%)	36 (30.3%)
French	4 (7%)	7 (9.2%)	5 (4.2%)
Portuguese	8 (14%)	10 (13.2%)	16 (13.4%)
Others	3 (5.3%)	6 (8%)	5 (4.2%)
Total	57 (100%)	76 (100%)	119 (100%)

Source: Social Care for Children. Ministry of Health and Welfare

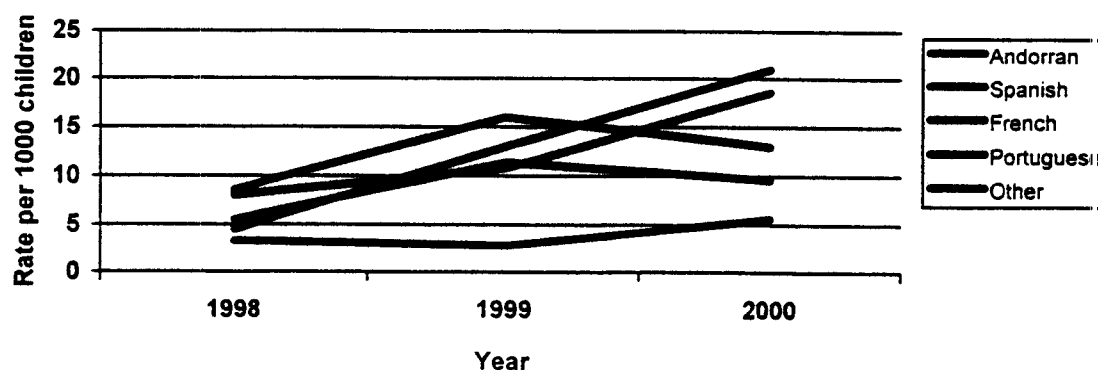
4. Specific rate of care by nationality per 1000 children. 1998-2000

Nationality	Year								
	1998			1999			2000		
	Population	Cases	Rate	Population	Cases	Rate	Population	Cases	Rate
Andorran	9454	32	3.38	9779	28	2.863	10003	57	5.6
Spanish	2201	10	4.54	1923	25	13	1705	36	21.1
French	464	4	8.62	435	7	16.09	386	5	13
Portuguese	995	8	8.04	919	10	10.88	861	16	18.6
Other	539	3	5.57	524	6	11.45	519	5	9.6
Total	13653	57	4.17	13580	76	5.596	13474	119	8.8

Rate: Epidemiological Care Unit. Ministry of Health and Welfare

Diagram: Epidemiological Care Unit. Ministry of Health and Welfare

Diagram 2. Specific care rate according to nationality



The increase in the number of cases attended is reflected in the three majority nationalities in the country.

5. Proportion of cases attended by age. 1998-2000

Age groups	Year		
	1998	1999	2000
0-4	5 (8.8%)	14 (18.4%)	21 (17.6%)
5-9	17 (29.8%)	23 (30.3%)	45 (37.8%)
10-14	9 (15.8%)	22 (28.9%)	34 (28.6%)
15-18	18 (31.6%)	17 (22.4%)	17 (14.3%)
Total	57 (100%)	76 (100%)	119 (100%)

Source: Social Care for Children, Ministry of Health and Welfare

Diagram 3. Proportion of children attended according to age group 1998 a 2000

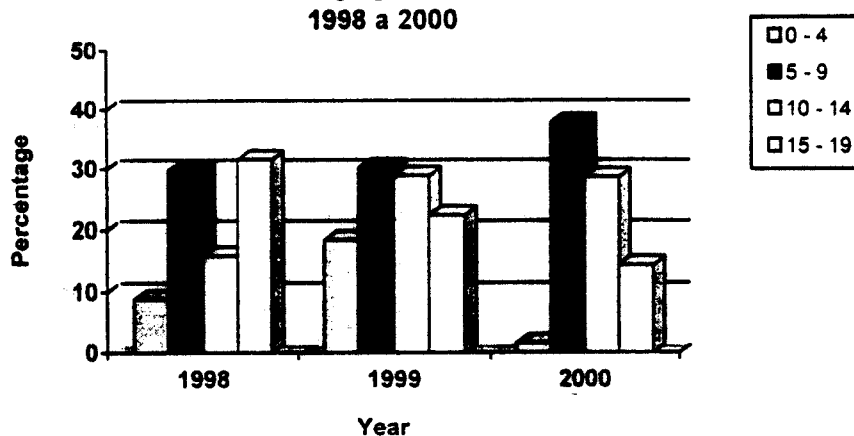


Diagram: Epidemiological Care Unit, Ministry of Health and Welfare

The important increase in adolescents attended can be explained by the lack of family restraint at this stage in the minor's life. The reduction in age of the smallest group may be explained by awareness programmes and health programmes for pregnant women and babies.

6. Specific rate of care by age group per 1000 children. 1998-2000

Age groups	Year								
	1998			1999			2000		
	Population	Cases	Rate	Population	Cases	Rate	Population	Cases	Rate
0-4	3313	5	1.51	3418	14	4.10	3407	21	6.16
5-9	3546	17	4.79	3472	23	6.62	3453	45	13.03
10-14	3154	9	2.85	3242	22	6.79	3243	34	10.48
15-19	3631	18	4.96	3448	17	4.93	3371	17	5.04
Total	13644	57	4.18	13580	76	5.60	13474	119	8.83

Rate: Epidemiological Care Unit, Ministry of Health and Welfare

Diagram 4. Specific rate of care per age group 1998 - 2000

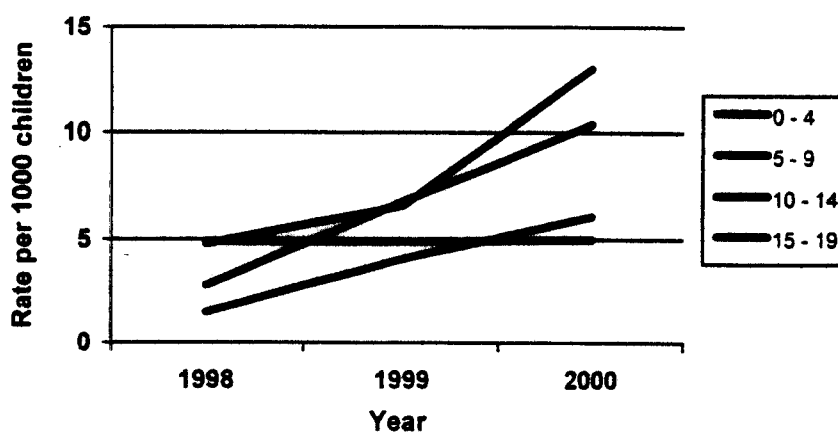


Diagram: Epidemiological Care Unit, Ministry of Health and Welfare

7. Percentage of minors' problems attended. 1998-2000

Type of problem	Year		
	1998	1999	2000
Physical and/or mental mistreatment	3 (5%)	22 (29%)	11 (9%)
Neglect	47 (82%)	53 (70%)	66 (55%)
Abuse	2 (4%)	1 (1%)	3 (2.5%)
Others	4 (7%)	-	39 (32.8%)
Total	57 (100%)	76 (100%)	119

Source: Social Care for Children, Ministry of Health and Welfare

* Distribution of the percentage in the category "others" in 2000

- Lack of family restraint 23%
- Parental health problems 10.2%
- Illegal fostering 7.6%
- Suspicion of mistreatment 17.9%
- Requests foreign social services 15.3%
- Requests to study in Andorra 15.3%
- Cases under study 7.6%
- Without problems 2.5%

Diagram 5. Percentage of problems attended

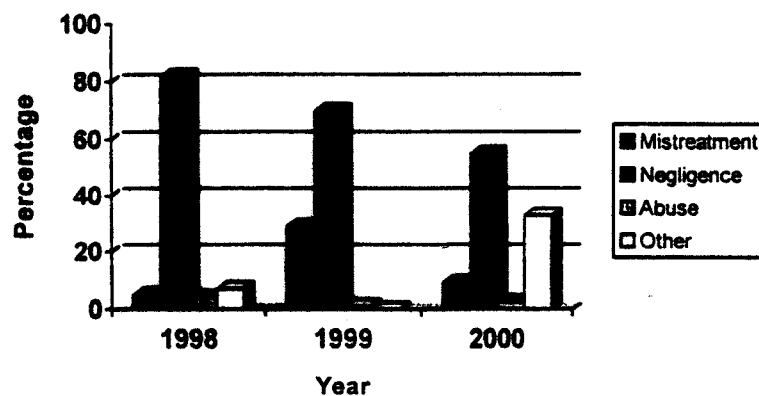


Diagram: Epidemiological Care Unit, Ministry of Health and Welfare

8. Percentage of protective measures taken. 1998-2000

Measures	Year		
	1998	1999	2000
Extended family	-	15 (19.7%)	11 (9.2%)
Family fostering	11 (19.3%)	12 (15.8%)	6 (5%)
Children's home	29 (50.8%)	24 (31.6%)	18 (15.1%)
Follow-ups	17 (29.8%)	25 (32.9%)	84 (70.5%)
Total	57 (100%)	76 (100%)	119 (100%)

Source: Social Care for Children, Ministry of Health and Welfare

**Diagram 6. Distribution % of measures taken
1998 - 2000**

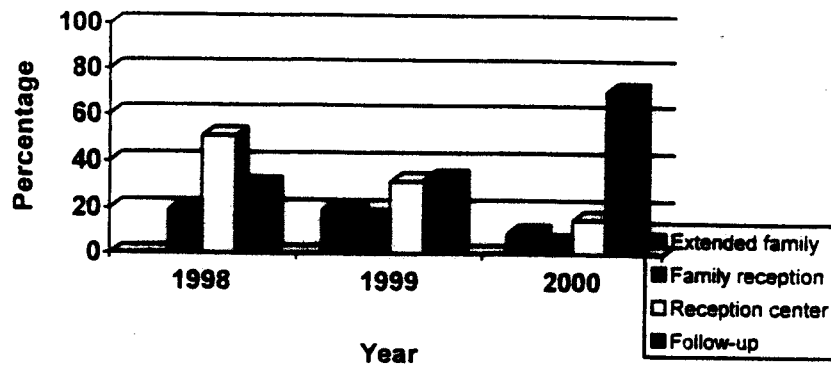


Diagram: Epidemiological Care Unit - Ministry of Health and Welfare

9. Adoption. Origins of adopted minors. 1998-2000

Origins of adopted minors	NATIONAL	RUMANIA	COLUMBIA	TOTAL
YEAR				
1998	1	0	0	1
1999	0	6	2	8
2000	0	4	0	4
Number of individuals awaiting adoption				9

Source: Social Care for Children. Ministry of Health and Welfare

V. PRIMARY SOCIAL CARE TABLES

1. Number of minors, aged 0-19, attended by the Primary Social Care team. 1998-2000

Year	Number
1998	45
1999	48
2000	66

Source: Primary Social Care Unit, Ministry of Health and Welfare

2. Users of the social and work training program. 1998-2000

1998	24
1999	27
2000	31

Source: Primary Social Care Unit, Ministry of Health and Welfare

3. Percentage of family and child benefits requested. 1998-2000

	1998	1999	2000
Total benefits requested	90	85	84
Total family and child benefits requested	71 (78%)	71 (83.5%)	70 (83.3%)

4. Family and child benefits. 1998-2000

TYPE OF BENEFIT		1998	1999	2000
F A M I L Y	MAINTENANCE	25 (35.2%)	36 (50.7%)	21 (30%)
	HOUSING	16 (22.5%)	19 (26.7%)	14 (20%)
	GRANT TO RETURN TO HOME COUNTRY	3 (4.2%)	2 (2.8%)	-
	EXCEPTIONAL BENEFITS	1 (1.4%)	-	8 (11.4%)
C H I L D	KINDERGARTEN SUBSIDY	13 (18.3%)	10 (14%)	7 (10%)
	GRANT FOR REINFORCEMENT AND SOCIALIZATION	13 (18.3%)	4 (5.6%)	13 (18.5%)
	GRANT FOR EDUCATIONAL RESIDENCE	-	-	7 (10%)

Source: Primary Social Care Unit, Ministry of Health and Welfare

VI. EDUCATION TABLES

1. Budget of the Ministry of Education for the year 1998

Projects	Budget 1998 (in Pesetas)
General Education budget	82.782.195
School operation and subsidies	1.382.749.015
The Andorran school	953.118.714
Andorran training	393.772.685
School transport	348.169.288
Computers for schools	56.887.587
Educational inspection and evaluation	27.038.317
Professional training	23.094.760
Teacher training, educational research and teaching resources	59.999.137
School organisation and activities	17.079.252
Sports and mountain professions	16.842.275
Educational guidance and psychological care	13.842.275
Educational planning	7.174.584
TOTAL	3.383.467.756

2. Budget of the Ministry of Education for the year 1999

Projects	Budget 1999 (in Pesetas)
General Education budget	119.153.161
School operation and subsidies	1.464.143.277
The Andorran school	1.049.799.362
Andorran training	383.819.286
School transport	339.926.759
Computers for schools	87.745.804
Educational inspection and evaluation	12.479.614
Professional training	19.170.330
Teacher training, educational research and teaching resources	64.468.777
School organisation and activities	17.780.153
Educational guidance and psychological care	29.090.925
Educational planning	4.883.492
TOTAL	3.592.461.140

3. Budget of the Ministry of Education for the year 2000

Projects	Budget 2000 (in Pesetas)
General Education budget	267.912.913
School operation and subsidies	1.602.015.679
The Andorran school	1.133.083.578
Andorran training	411.903.238
School transport	357.068.635
Computers for schools	94.671.033
Educational inspection and evaluation	12.916.642
Professional training	37.551.571
Teacher training, educational research and teaching resources	58.592.172
School organisation and activities	18.604.288
Educational guidance and psychological care	26.937.168
Educational planning	84.884.215
TOTAL	4.106.141.182

4. Number of children enrolled in the different educational systems. 1997-2001

School year	French educational system			Spanish educational system									Total Spanish educational system	Andorran educational system		
	French schools			Spanish schools			Church schools			Private schools				Andorran schools		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total		Boy	Girls	Total
1997-98	1,856	1,806	3,662	927	930	1,857	964	900	1,864	-	-	-	3,721	1,000	889	1,889
1998-99	1,813	1,783	3,596	852	865	1,717	985	950	1,935	-	-	-	3,652	1,096	934	2,030
1999-00	1,825	1,761	3,586	781	799	1,580	988	942	1,930	-	-	-	3,510	1,167	1,013	2,180
2000-01	1,809	1,725	3,534	745	749	1,494	977	969	1,946	62	45	107	3,547	1,236	1,116	2,352

Source: Data management

5. Number and percentage of children enrolled by gender and age. 1998-2001

School year	Boys	Girls	Total
1997-98	4,747	4,525	9,272
1998-99	4,746	4,532	9,278
1999-00	4,761	4,515	9,276
2000-01	4,829	4,604	9,433

Source: Data management

School year 1998-1999	French educational system			Spanish educational system						Andorran educational system			%
	French schools			Spanish schools			Church schools			Andorran schools			
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	
3 years	57	60	117	5	5	10	17	16	33	49	38	87	2,7
4 years	123	117	240	38	33	71	73	58	131	102	89	191	6,8
5 years	130	97	227	45	42	87	64	70	134	99	75	174	6,7
6 years	133	140	273	44	34	78	71	59	130	93	90	183	7,2
7 years	129	143	272	56	57	93	68	65	133	98	91	189	7,4
8 years	135	116	251	41	66	107	69	65	134	78	75	153	7,0
9 years	118	135	253	58	47	105	72	67	139	81	57	138	6,8
10 years	137	106	243	53	59	112	58	69	127	73	68	141	6,7
11 years	108	118	226	50	46	96	73	57	130	73	72	145	6,4
12 years	114	111	225	60	57	117	66	48	114	57	41	98	6,0
13 years	113	102	215	57	70	127	65	70	135	44	41	85	6,1
14 years	89	113	202	81	59	140	58	73	131	47	40	87	6,0
15 years	116	77	193	57	65	122	63	62	125	37	40	77	5,6
16 years	101	103	204	103	77	180	65	59	124	44	45	89	6,4
17 years	97	116	213	47	63	110	46	55	101	39	21	60	5,2
18 years	71	85	156	26	64	90	36	45	81	28	23	51	4,1
19 years	25	33	58	19	30	49	18	12	30	23	11	34	1,8
20 years	16	7	23	10	10	20	3		3	19	7	26	0,8
over 20	1	4	5	2	1	3				12	10	22	0,3
TOTALS	1.813	1.783	3.596	852	865	1.717	985	950	1.935	1.096	934	2.030	100

Source: Ministry of Education, Youth and Sports

School year 1999-2000	French educational system			Spanish educational system						Andorran educational system			%
	French schools			Spanish schools			Church schools			Andorran schools			
Age	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	
3 years	51	52	103	14	10	24	16	13	29	58	49	107	2,8
4 years	123	112	235	21	27	48	85	63	148	100	89	189	6,7
5 years	132	110	242	39	36	75	73	59	132	106	87	193	6,9
6 years	127	100	227	44	43	87	63	72	135	101	75	176	6,7
7 years	136	137	273	44	32	76	69	60	129	89	91	180	7,1
8 years	129	138	267	55	38	93	70	64	134	98	97	195	7,4
9 years	135	115	250	46	67	113	68	64	132	80	79	159	7,1
10 years	112	132	244	58	45	103	70	67	137	85	57	142	6,7
11 years	134	104	238	54	60	114	58	70	128	74	68	142	6,7
12 years	109	115	224	53	52	105	71	56	127	70	74	144	6,5
13 years	112	111	223	62	49	111	72	52	124	55	41	96	6,0
14 years	114	106	220	59	63	122	66	67	133	45	41	86	6,1
15 years	82	115	197	76	59	135	57	70	127	46	39	85	5,9
16 years	108	73	181	56	62	118	60	60	120	33	41	74	5,3
17 years	86	90	176	58	60	118	47	45	92	35	37	72	4,9
18 years	85	100	185	36	49	85	30	45	75	35	18	53	4,3
19 years	35	38	73	5	32	37	9	13	22	22	12	34	1,8
20 years	11	11	22	1	13	14	4	2	6	22	10	32	0,8
over 20	4	2	6	0	2	2	0	0	0	13	8	21	0,3
TOTALS	1.825	1.761	3.586	781	799	1.580	988	942	1.930	1.167	1.013	2.180	100

Source: Ministry of Education, Youth and Sports

School year 2000-2001	French educational system			Spanish educational system									Andorran educational system			%
	French schools			Spanish schools			Church schools			Private School			Andorran schools			
Age	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	
3 years	58	60	119	12	16	28	9	24	33	0	0	0	57	62	119	3,2
4 years	127	108	235	47	30	77	75	65	140	2	2	4	128	116	244	7,4
5 years	121	113	234	22	27	49	82	61	143	4	3	7	104	94	198	6,7
6 years	128	104	232	41	42	83	76	61	137	2	2	4	107	88	195	6,9
7 years	123	101	224	46	44	90	62	72	134			0	99	79	178	6,6
8 years	134	135	269	41	36	77	69	61	130	2	1	3	95	91	186	7,0
9 years	127	138	265	56	41	97	67	64	131			0	100	96	196	7,3
10 years	133	109	242	45	65	110	67	66	133	3	2	5	82	84	166	7,0
11 years	113	130	243	60	49	109	69	65	134	1	1	2	82	54	136	6,6
12 years	126	100	226	55	61	116	55	68	123	4	3	7	77	70	147	6,6
13 years	104	121	225	46	43	89	72	63	135	4	3	7	69	70	139	6,3
14 years	114	106	220	60	49	109	71	51	122	1	1	2	57	41	98	5,9
15 years	114	105	219	62	61	123	65	63	128	5	6	11	41	41	82	6,0
16 years	79	104	183	67	51	118	54	72	126	8	7	15	42	37	79	5,5
17 years	73	51	124	23	53	76	37	48	85	8	7	15	23	37	60	3,8
18 years	75	76	151	43	42	85	33	38	71	7	2	9	25	31	56	3,9
19 years	38	47	85	16	21	37	12	19	31	8	2	10	18	5	23	2,0
20 years	14	15	29	2	15	17	2	6	8	1	3	4	9	10	19	0,8
over 20	7	2	9	1	3	4		2	2	2		2	21	10	31	0,5
TOTALS	1.809	1.725	3.534	745	749	1.494	977	969	1.946	62	45	107	1.236	1.116	2.352	100,00

Source: Ministry of Education, Youth and Sports

6. Number and percentage of children enrolled in the different educational systems by nationality and gender. 1998-2001

School Year 1998-1999	French educational system			Spanish educational system						Andorran educational system			%
	French schools			Spanish schools			Church schools			Private school			
Nationality	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	
Andorran	1.044	982	2.026	279	258	537	689	620	1.309	790	649	1.439	57,2
Spanish	178	231	409	377	402	779	269	303	572	225	204	429	23,6
Portuguese	333	334	667	179	187	366	17	15	32	56	57	113	12,7
French	172	161	333	4	0	4	1	1	2	8	6	14	3,8
Moroccan	44	34	78	2	6	8	0	0	0	0	1	1	0,9
British	7	5	12	0	0	0	1	0	1	2	4	6	0,2
Belgian	8	7	15	0	1	1	0	0	0	0	0	0	0,2
Argentinian	1	3	4	2	3	5	1	3	4	0	1	1	0,2
German	2	3	5	0	0	0	0	1	1	4	1	5	0,1
Indian	4	3	7	0	0	0	2	2	4	0	0	0	0,1
American (USA)	2	3	5	0	1	1	0	1	1	0	0	0	0,1
Italian	3	1	4	1	0	1	0	1	1	0	0	0	0,1
Others	15	16	31	8	7	15	5	3	8	11	11	22	0,8
TOTALS	1.813	1.783	3.596	852	865	1.717	985	950	1.935	1.096	934	2.030	100

Source: Ministry of Education, Youth and Sports

School Year 1999-2000	French educational system			Spanish educational system						Andorran educational system			%
	French schools			Spanish schools			Church schools			Andorran schools			
Nationality	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	
Andorran	1.083	1.001	2.084	239	240	479	733	648	1.381	865	717	1.582	59,6
Spanish	155	192	347	336	370	706	230	264	494	213	207	420	21,2
Portuguese	326	331	657	186	167	353	14	17	31	63	62	125	12,6
French	174	164	338	0	1	1	1	1	2	6	6	12	3,8
Moroccan	43	31	74	2	6	8	0	0	0	0	1	1	0,9
British	5	4	9	0	0	0	1	0	1	3	3	6	0,2
Belgian	9	8	17	0	1	1	0	0	0	1	0	1	0,2
Argentinian	1	3	4	2	1	3	1	3	4	0	1	1	0,1
German	2	3	5	0	0	0	1	1	2	4	1	5	0,1
Indian	4	3	7	1	0	1	2	1	3	0	2	2	0,1
American (USA)	2	3	5	1	1	2	0	0	0	0	0	0	0,1
Italian	3	2	5	1	0	1	0	1	1	2	1	3	0,1
Others	8	16	34	13	12	25	5	6	11	10	12	22	1,0
TOTALS	1.825	1.761	3.586	781	779	1.580	988	942	1.930	1.167	1.013	2.180	100

Source: Ministry of Education, Youth and Sports

School year 2000-2001	French educational system			Spanish educational system									Andorran educational system			%
	French schools			Spanish schools			Church schools			Private school			Andorran schools			
Nationality	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	
Andorran	1,083	989	2,072	244	235	479	745	687	1,432	33	28	61	927	798	1,725	61,16
Spanish	129	157	286	300	327	627	208	247	455	24	13	37	208	212	420	19,35
Portuguese	327	330	657	186	163	349	14	22	36	0	0	0	75	75	150	12,64
French	195	173	368	0	0	0	1	1	2	0	0	0	0	1	1	0,87
Moroccan	40	35	75	2	4	6	0	0	0	0	0	0	6	6	12	0,24
Philippine	4	2	6	1	0	1	2	2	4	0	0	0	3	3	6	0,20
British	5	4	9	1	0	1	1	0	1	1	1	2	3	3	6	0,17
Brazilian	3	3	6	2	5	7	0	0	0	0	0	0	0	3	3	0,14
Belgian	5	6	11	0	1	1	0	0	0	1	0	1	0	0	0	0,14
Italian	3	4	7	1	0	1	0	1	1	0	0	0	3	1	4	0,13
German	2	3	5	0	1	1	1	1	2	0	0	0	3	1	4	0,13
Indian	3	3	6	0	0	0	1	1	2	1	0	1	1	2	3	0,13
Argentinian	1	3	4	1	0	1	1	3	4	0	0	0	0	1	1	0,11
Peruvian	1	0	1	1	1	2	0	0	0	1	0	1	1	3	4	0,08
Dominican	0	0	0	1	3	4	0	0	0	0	0	0	0	0	0	0,06
Russian	3	3	6	0	0	0	0	0	0	0	0	0	0	0	0	0,06
Dutch	0	0	0	1	1	2	0	1	1	0	1	1	1	0	1	0,05
American (U.S.)	1	2	3	1	1	2	0	0	0	0	0	0	0	0	0	0,05
Others	4	8	12	3	7	10	2	3	5	1	0	1	5	1	6	0,36
TOTALS	1.809	1.725	3.534	745	749	1.494	977	969	1.946	62	45	107	1.236	1.116	2.352	100

Source: Ministry of Education, Youth and Sports

7. Number and percentage of children enrolled at the different levels of education. 1998-2001

School year 1998-1999	French educational system			Spanish educational system									Andorran educational system			%
	French schools			Spanish schools			Church schools			Andorran schools						
Level	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	
Pre-primary	447	415	862	132	114	246	225	203	428	331	287	618	331	287	618	23,22
Primary	667	651	1,318	339	329	668	420	384	804	446	393	839	446	393	839	39,11
Lower secondary	455	436	891	303	295	598	260	272	532	163	147	310	163	147	310	25,12
Higher secondary	180	236	416	78	127	205	72	89	161	41	39	80	41	39	80	9,29
Professional	64	45	109	0	0	0	8	2	10	48	22	70	48	22	70	2,04
Specialized	0	0	0	0	0	0	0	0	0	67	46	113	67	46	113	1,22
TOTALS	1.813	1.783	3.596	852	865	1.717	985	950	1.935	1.096	934	2.030	1.096	934	2.030	100,00

Source: Ministry of Education, Youth and Sports

School year 1999-2000	French educational system			Spanish educational system									Andorran educational system			%
	French schools			Spanish schools			Church schools			Andorran schools						
Level	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	
Pre-primary	434	374	808	118	116	234	237	207	444	360	298	658	360	298	658	23,11
Primary	682	650	1,332	332	304	636	422	387	809	486	453	939	486	453	939	40,06
Lower secondary	454	462	916	269	261	530	259	255	514	171	149	320	171	149	320	24,58
Higher secondary	173	220	393	62	118	180	65	84	149	39	46	85	39	46	85	8,70
Professional	82	55	137	0	0	0	5	9	14	53	23	76	53	23	76	7,45
Specialized	0	0	0	0	0	0	0	0	0	58	44	102	58	44	102	10,10
TOTALS	1.825	1.761	3.586	781	799	1.580	988	942	1.930	1.167	1.013	2.180	1.167	1.013	2.180	100,00

Source: Ministry of Education, Youth and Sports

School year 2000-2001	French educational system			Spanish educational system									Andorran educational system			%
	French schools			Spanish schools			Church schools			Private school			Andorran schools			
Level	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	
Pre-primary	436	386	822	122	116	238	242	211	453	8	7	15	397	359	756	24,21
Primary	661	639	1.300	312	308	620	408	405	813	11	7	18	536	477	1.013	39,90
Lower secondary	498	453	951	247	225	472	259	257	516	24	22	46	184	175	359	24,85
Higher secondary	135	187	322	64	100	164	61	80	141	19	9	28	39	52	91	7,91
Professional	79	60	139	0	0	0	7	16	23	0	0	0	45	21	66	2,42
Specialized	0	0	0	0	0	0	0	0	0	0	0	0	35	32	67	0,71
TOTALS	1.809	1.725	3.534	745	749	1.494	977	969	1.946	62	45	107	1.236	1.116	2.352	100,00

Source: Ministry of Education, Youth and Sports

8. Number of children dropping out of school. 1998-2001

The only information available regards children that have left school during the school year. This may not necessarily mean that they have dropped out of school, because they may have changed their country of residence.

School year 1998-1999	School year 1999-2000	School year 2000-2001
95	51	77

Source: Ministry of Education, Youth and Sports

9. Pupils at the Nostra Senyora de Meritxell Specialised School. 1998-2000

PROGRAMMES	AGES	1998	1999	2000
Impuls	0-4	7	10	14
Edes	4 <	6	10	9
Progrés	+12	45	53	47
Trànsit	12-18	53	52	47
Residència Albó	>18	3	2	2

Source: Ministry of Education, Youth and Sport

10. Pupils at "Residència Albó". 1998-2001

RESIDÈNCIA ALBÓ	GENDER	AGE	NATIONALITY
1998	2 (boys)	13	Andorran
		17	Portuguese
1999	2 (boys)	14	French
		14	Portuguese
2000	2 (boys) 1 (girl)	15	French
		15	Portuguese
		17	Spanish
2001	0		

11. Pupils at foreign institutions. 1998-2001

FOREIGN INSTITUTIONS			1998	1999	2000	2001
1	Gender Age Nationality	Boy 13 Andorran	X	X	X	X
1	Gender Age Nationality	Boy 16 Andorran		X	X	X
1	Gender Age Nationality	Boy 12 Andorran			X	X
1	Gender Age Nationality	Girl 14 Spanish				X

VII. MINORS' EMPLOYMENT TABLES

1. Percentage of youths, aged 14-16, who have applied for work during the school holidays over the total population. 1998-2000

	YEAR		
	1998	1999	2000
Total number of youths, aged 14 - 16	2048	1941	1855
Number of applications made	403 (19.6%)	523 (27%)	563 30.3%
Number of authorisations conceded	388 (96%)	507 (97%)	551 97.8%

Source: Work Inspection Service

2. Total of minors' apprenticeship contracts presented to the Work Inspection Service 1998-2000

	1998	1999	2000
Presented	78	64	45
Normal conditions. Authorised	11	19	11
Normal conditions. Refused	0	2	0
Special conditions. AGENTAS	26	22	29
Special conditions. XERIDELI	17	7	5
Total training through company apprenticeship	0	14	14

Source: Work Inspection Service

3. Total of minors' and apprenticeship contracts. 1998-2000

	1998	1999	2000
Apprenticeship contracts	11	18	11
Total of minors' contracts	388	507	551
Minors' contracts. School holidays	183	223	253
Minors' contracts. Incorporation into labour market	205	284	298

Source: Work Inspection Service

Note: Excluded are apprenticeship contracts under special conditions and training through company apprenticeship.

4. Duration of contracts of minors by incorporation into labour market. 1998-2000

	1998	1999	2000
Unlimited	131	184	199
Determinate	46	56	75
Weekend	28	44	24
Total	205	284	298

Source: Work Inspection Service

5. Nationality of minors incorporated into labour market. 1998-2000

	1998	1999	2000
Andorran	77	115	120
Spanish	79	89	83
French	1	4	15
Portuguese	37	65	67
Other	11	11	13
Total	205	284	298

Source: Work Inspection Service

6. Apprenticeship contracts: apprentices' professions. 1998-2000

	1998	1999	2000
Electrician	6	3	2
Mechanic	-	-	-
Painter/sign-maker/varnisher	-	5	3
Carpenter	-	3	-
Heating technician	-	1	1
Locksmith	-	-	1
Panel beater	-	-	-
Hairdresser	-	2	1
Baker	4	2	2
Waiter	-	-	-
Other	1	2	1
Total	11	18	11

Source: Work Inspection Service

7. Apprenticeship contracts: apprentices' wages. 1998-2000

	1998	1999	2000
Minimum wage - 40%	3	11	7
Legal minimum wage	7	5	4
Above minimum	1	2	-

Source: Work Inspection Service

8. Contracts of minors incorporated into labour market. Minors' professions.
1998-2000

<i>Industrial sector</i>	1998	1999	2000
● Construction	9	18	9
● Electrician	8	9	14
● Painter, varnisher, signmaker	2	9	8
● Carpenter	7	1	3
● Locksmith	1	3	3
● Panel beater	1	1	-
● Mechanic	2	3	7
● Plumber	3	7	9
● Plasterer	-	2	5
● Heating technician	3	3	-
● Baker	-	1	4
● Maintenance	6	9	5
● Tyre fitter	2	-	1
● Other industrial sectors	4	5	3
Total industrial sector	48	71	71

<i>Commercial sector</i>	1998	1999	2000
● Shop assistant	60	80	101
● Warehouse	7	13	17
● Promotional sales	11	6	10
● Cashier	9	19	6
Total commercial sector	87	118	134

<i>Hotel & catering sector</i>	1998	1999	2000
● Waiter	20	21	31
● "Team staff" (Fast-food)	13	13	15
● Cook	15	8	-
● Chambermaid	3	4	5
● Bellboy	1	3	1
● Kitchen personnel	1	2	4
● Other hotel & catering sectors	2	3	1
Total hotel & catering sector	55	54	64

<i>Other sectors</i>	1998	1999	2000
● Primary sector (agriculture, gardening)	2	3	1
● Administration	-	11	5
● Hairdressing	2	8	5
● Deliveries (to commerce or hotel & catering)	7	6	9
● Cleaning companies	1	2	2
● Ski-lift operators	1	4	-
● Others	2	7	-
Total other sectors	15	41	29

	1998	1999	2000
General Total	205	284	298

Source: Work Inspection Service

9. Wages of minors incorporated into labour market. 1998-2000

	1998	1999	2000
Legal minimum wage	127 (61.9%)	192 (67.6%)	146 (49%)
Above minimum	78 (38.1%)	92 (32.4%)	152 (51%)
- Up to 10%	39	20	52
- 10% - 20%	20	29	48
- 20% - 30%	9	20	29
- over 30%	10	23	21
Total	205	284	298

Source: Work Inspection Service

VIII. THE POLICE SERVICE AND PUBLIC PROSECUTOR, TABLES RELATING TO MINORS' JURISDICTION

1. Accusations of abuse or mistreatment of minors received by the Police Service in 1999-2000

Regarding the sexual abuse of minors, the Police Service has no detailed data by gender or age and prepares statistics according to Interpol directives, according to which a minor is a young person under 20

Type of accusation	1999	2000	TOTALS
Accusations of sexual abuse of minors	5	4	9
Committed by persons in positions of authority* over the minor	(3)	3	5
Mistreatment, blows and bruises	1	4	5
TOTALS	6	8	

* Authority: parents, family members, guardians and other persons legally responsible for the minor due to their profession.

2. Number of detentions and type of offences carried out by minors 98-00.

Only the categories of offence typified by statistical data provided by INTERPOL are detailed, in which the author is under the age of 20.

1998

I.- Offences against the person (and public health)	Under the age of 20
3.- Wounding with intent	33
4.- Rape	1
5.- Sexual abuse	1
6.- Outraging public decency	1
8.- Threats	2
11.- Possession and/or handling drugs	97
12.- Drug consumption	15
22.- Coercion	1
TOTAL	151
II.- Offences against the authorities and public order	
1.- Assault against agents of the authorities	2
2.- Outrage and lack of respect towards agents of the authorities	3
3.- Contempt for orders given by the Authorities and their agents	2
8.- Drunk and disorderly	11
9.- Affray	5
15.- Arson	1
20.- Driving a conveyance with excess alcohol	17
21.- Driving a conveyance otherwise than in accordance with a licence	1
29.- Aiding and abetting	3
TOTAL	45

III.- Offences against public or private property	
2.- Robbery (against the person)	2
4.- Robbery from commercial property	8
8.- Theft from inside a conveyance	2
10.- Theft of conveyance parts or accessories	1
11.- Theft of personal items or clothing	2
12.- Theft with abuse of trust (employees)	2
13.- Shoplifting	16
14.- Picking pockets	2
15.- Taking a car without authority	6
19.- Theft of money	1
22.- Fraud	6
23.- Handling stolen goods	1
26.- Receiving stolen goods	1
28.- Malicious damage	4
TOTAL	54

1999

I.- Offences against the person and public health	Under the age of 20
3.- Wounding with intent	8
4.- Rape	1
5.- Sexual abuse	1
11.- Possession and/or handling drugs	104
12.- Drug consumption	5
TOTAL	119
II.- Offences against the authorities and public order	
2.- Outrage and lack of respect towards agents of the authorities	2
3.- Contempt for orders given by the Authorities and their agents	2
8.- Drunk and disorderly	8
9.- Affray	2
13.- Contempt for expulsion orders	3
20.- Driving a conveyance with excess alcohol	17
TOTAL	34
III.- Offences against public or private property	
3.- Burglary in a dwelling	1
8.- Theft from inside a conveyance	4
11.- Theft of personal items or clothing	2
12.- Theft with abuse of trust (employees)	1
13.- Shoplifting	17
15.- Taking a car without authority	3
16.- Taking a motorbike or moped without authority	4
21.- Handling counterfeit money	2
22.- Fraud	3
23.- Handling stolen goods	1
TOTAL	38

2000

I.- Offences against the person (and public health)	Under the age of 20
1.- Murder	1
3.- Wounding with intent	16
7.- Inciting minors to public disorder	1
8.- Threats	2
11.- Possession and/or handling drugs	156
12.- Drug consumption	31
18.- Manslaughter	1
TOTAL	208

II.- Offences against the authorities and public order	
1.- Assault against agents of the authorities	4
2.- Outrage and lack of respect towards agents of the authorities	6
3.- Contempt for orders given by the authorities and their agents	1
8.- Drunk and disorderly	3
9.- Affray	3
14.- Firearms offences	2
20.- Driving a conveyance with excess alcohol	27
TOTAL	46
III.- Offences against public or private property	
2.- Robbery (against the person)	3
3.- Robbery in a dwelling	1
4.- Robbery from commercial property	7
8.- Theft from inside a conveyance	1
10.- Theft of conveyance parts or accessories	1
11.- Theft of personal items or clothing	4
12.- Theft with abuse of trust (employees)	4
13.- Shoplifting	22
15.- Taking a car without authority	1
16.- Taking a motobike or moped without authority	5
19.- Theft of money	2
22.- Fraud	7
26.- Receiving stolen goods	1
28.- Malicious damage	6
TOTAL	65

3. Number of accusations leading to a sentence or other types of follow-up 1998-2000

Type of offence	1998	1999	2000	TOTAL
Sexual violence	6	6	1	13
Neglect of fundamental needs	2	2	4	8
Physical violence	2	2	3	7
TOTAL	10	10	8	

Source: Public prosecutor

REINCIDENCE

Type of offence	1998	1999	2000	TOTAL
Sexual violence	1	1	0	2
Neglect of fundamental needs	1	1	0	2
TOTAL	2	2	0	

Source: Public Prosecutor

4. Minors who have been charged, type of offence and penalties 1997-1999

1997

Gender	Age	Nationality	Type of offence	Penalty or measure
Boy	15	Andorran	Driving illegally	Warning
Boy	15	Andorran	Driving illegally	Warning
Boy	15	Spanish	Threats and coercion	Warning
Boy	15	Andorran	Insulting behaviour	Curfew after 10 p.m. for 6 months
Boy	15	Spanish	Insulting behaviour	Curfew after 10 p.m. for 6 months
Boy	15	Spanish	Insulting behaviour	Curfew after 10 p.m. for 6 months
Boy	15	Spanish	Rough and insulting behaviour	Warning
Boy	15	Spanish	Rough and insulting behaviour	Warning
Boy	15	No record	Rough and insulting behaviour	Not proven
Girl	15	No record	Theft, taking a conveyance without authority and driving illegally	Curfew after 10 p.m. for 6 months
Boy	13	No record	Driving illegally	Curfew after 10 p.m. for 6 months
Boy	No record	No record	Introduction and use of hashish	Warning
Boy	No record	No record	Introduction and use of hashish	Warning
Boy	15	Andorran	Theft, taking a conveyance without authority and driving illegally	Curfew after 10 p.m. for 6 months
Boy	15	Andorran	Theft, taking a conveyance without authority and driving illegally	Curfew after 10 p.m. for 6 months
Girl	15	Andorran	Wounding with intent	Warning
Girl	14	Andorran	Wounding with intent	Warning
Boy	15	Spanish	Wounding with intent	Warning

Source: Public Prosecutor

1998

Gender	Age	Nationality	Type of offence	Penalty or measure
Boy	No record	No record	Driving illegally and disobeying agents of the authorities	Warning
Girl	15	Andorran	Theft	Warning
Girl	15	Andorran	Theft	Warning
Boy	15	Andorran	Taking a conveyance without authority and driving illegally	Warning
Girl	14	Andorran	Wounding with intent	Caution and prohibited from entering public houses until 18
Girl	14	Andorran	Wounding with intent	Warning
Girl	13	Andorran	Wounding with intent	Warning
Girl	No record	No record	Driving illegally	Warning
Boy	No record	No record	Indecency	Warning
Boy	No record	No record	Wounding with intent	Warning
Boy	12	Spanish	Malicious damage	Caution
Boy	12	Spanish	Malicious damage	Caution
Boy	12	Andorran	Malicious damage	Acquitted
Boy	14	Spanish	Wounding with intent	Caution
Boy	14	No record	Bomb hoax	Warning

Boy	15	French	Theft	Warning
Boy	13	No record	Theft	Warning
Boy	14	Andorran	Wounding with intent	Warning
Girl	15	Andorran	Wounding with intent	Warning
Girl	15	Spanish	Wounding with intent	Warning
Girl	15	Portuguese	Wounding with intent	Warning
Girl	14	Andorran	Wounding with intent	Warning
Girl	14	Andorran	Wounding with intent	Warning
Boy	15	Andorran	Rough behaviour	Warning
Boy	15	Portuguese	Rough behaviour	Warning

Source: Public Prosecutor

1999

Gender	Age	Nationality	Type of offence	Penalty or measure
Boy	15	Spanish	Wounding with intent and rough behaviour	Warning
Boy	14	Andorran	Sexual Abuse	Caution and curfew after 10 p.m. for 3 months

Source: Public prosecutor

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MINISTRY OF HEALTH AND WELFARE
(MINISTERI DE SALUT I BENESTAR)

Coordination of the report

- Da Silva Cerqueira, Rosa

Legal aspects

- Julià Vila, Miquel

Administrative services

- López Ruiz, Aurora
- Rabadà Duque, Meritxell

Health Department

- Coll Armangué, Margarita (Epidemiological Care Unit)
- Palma Jordana, Clara (Epidemiological Care Unit)
- Ribera Cano, Cristina (Epidemiological Care Unit)

Welfare Department and Family Department

- López Fernández, Olga (Social Care for Children)
- Mata Font, Magda (Social Care for Children)
- Monllor Jiménez, Marta (Specialised Social Care)
- Pérez López, Iolanda (Social Care for Children)
- Rodríguez Medina, Encarnació (Family Mediation)
- Villaverde Canabal, Joan Carles (Primary Social Care)

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(MINISTERI D'EDUCACIÓ, JOVENTUT I ESPORTS)

Education Department

- Bastida Areny, Roser
- Carpa Röjerman, Elisabet (Teacher's Training, Educational Innovation and Research and Teaching Resources)

Youth section

- Guiu Torradella, Pere

Data Management service

- Muñoz Tamargo, Lluïsa

Nostra Senyora de Meritxell specialised school

- Ortega Matas, Josep Lluís

MINISTRY OF FINANCE
(MINISTERI DE FINANCES)

Technical office

- Francino Batlle, Josep Maria

Research department

- Estrada Mateu, Meritxell

MINISTRY OF JUSTICE AND INTERIOR
(MINISTERI DE JUSTÍCIA I INTERIOR)

Minors section

- Caubet Bringué, Jacqueline
- Poyal Ribalta, Anna

Immigration service

Police service

- Sopena González, Xavier
- Minors section

MINISTRY OF FOREIGN AFFAIRS
(MINISTERI D'AFERS EXTERIORS)

Multilateral Department

- Forner Rovira, Joan (General Services)

COMUNS (Parish governments)

Comú de Canillo

Comú d'Encamp

Comú d'Ordino

Comú de la Massana

Comú d'Andorra la Vella

Comú de Sant Julià de Lòria

Comú d'Escaldes-Engordany

NON-GOVERNMENTAL ORGANIZATIONS

AINA, Ajuda i Solidaritat, Associació Río Escondido, Càritas Andorrana, Creu Roja Andorrana (Red Cross), Infants del Món, INTERMON, Mans Unides, Patronat de les Dames de Meritxell, Taula de Voluntariat Social, UNICEF,