



JANUARY 2019

National Assessment

Children's Autonomy in Alternative Care

Coordinator:



RECI
Research in Education and
Community Intervention

Partners:



Sirius*



Funded by the European
Union's Rights, Equality and
Citizenship Programme (2014-2020).





This document was funded by the European Union's Rights, Equality and Citizenship Programme (2014-2020). The contents of this publication are the sole responsibility of OUTOgether project and can in no way be taken to reflect the views of the European Commission.

Document information

Project OUTogether - Promoting Children' s Autonomy on Alternative Care

Agreement 785760-OUTogether-REC-RCHI-PROF-AG-2017

Deliverable: D10

Title: National Assessment Report – Children' s autonomy in alternative care

Lead partner for deliverable APDES - Agência Piaget para o Desenvolvimento

Revision: Version 1

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Dissemination level: Public

According to the data by the Social Security, there were 7.553 children and teenagers living in foster homes on 2017 – the majority of them over 12 years old.

Despite the guidelines provided by the Council of Europe's Strategy for the Rights of the Child (2016-2021) - namely those addressing the adoption of procedures to promote information sharing and networking and the improvement of the quality of care services (especially concerning the hiring, training and supervision of caregivers/professionals) - there are still several gaps regarding i) the process of leaving alternative care; ii) deinstitutionalisation; iii) the specialised institutional support after leaving alternative care; iv) the establishment of national standards and v) the dissemination of 'good practices' . According to Carvalho & Cruz (2015), it is crucial to address the needs of younger people in alternative care, since there is a lack of knowledge and technical skills among professionals and also a deficiency in terms of structured intervention models that prepare the target-group for autonomy. In this sense, younger people report not feeling prepared to living autonomously and not having adequate support in said process (ISCTE, 2005). In addition to the inadequate planning for an autonomous adulthood, this population faces additional challenges in this transitional period (which is crucial for their life course), especially when compared to the general population: greater difficulty in accessing employment and housing and in dealing with feelings of loneliness and neglect, consequently perpetuating situations of social vulnerability

Children and Teenagers in Foster Care – current context

The national foster care system for children and teenagers at risk is organised according to three different legal dimensions (Carvalho, 2013):

- 1) Emergency foster care: it is provided according to units or vacancies and focuses on the urgent and temporary fostering of children and teenagers at risk. The duration is variable and it should not exceed a 48-hour period;
- 2) Temporary foster care: support provided to children and teenagers who must be temporarily separated from their families for a period of six months - that can be extended according to specific circumstances. This type of support is provided by two different bodies: Temporary Foster Centre (CAT) or Host Families (FA);
- 3) Long-term foster care: when all social intervention resources and strategies used with the families fail to solve the cases, the children and/or teenagers will be moved to Foster Homes (LIJ). In said cases, foster care might eventually assume a definitive character.

The Autonomy Apartment (AA) is a social support mechanism (usually part of a local community) aimed at supporting the transition to adulthood - namely among teenagers with specific personal skills – through the provision of services that optimise the resources of certain territories.

The temporary removal of children and teenagers from their families and/or living context is enforced by the Child Protection Services and the courts, particularly in dangerous cases/situations (Casa, 2017), namely neglect, psychological abuse, physical violence, sexual abuse and other situation (Casa, 2017).

In 2017, 17.600 children and teenagers were identified as experiencing one or more forms of violence. Said individuals may have been referred to the foster care system – despite this number being significantly higher than the amount of children and teenagers living in foster homes. According to

the data by the Annual Report on Foster Care (Casa, 2017), the most usual cases/situations of high risk were associated with neglect (71% = 12.483).

Also according to same report, the number of children and teenagers at risk supported by foster homes or families in 2017 was 7.553, 622 less than in 2016 (which represents a reduction of 8%); 2.202 children and teenagers entered foster care in 2017, 194 less than the previous year; 2.857 children and youngsters left foster homes, 344 more than the previous year (representing an increase 14%). Out of these 7.553 individuals, 6.583 live in Foster Homes/Temporary Shelters, 94 in Emergency Shelters, 630 in other places (Autonomy Apartments, Shelters, Life Support Centres, Special Education Institutions, Integration Communities, Therapeutic Community, etc.) and 246 live with Host Families. Regarding the admission into the foster care system, foster homes welcome 87% of cases, mostly due to neglect (71%).

The majority of children and teenagers at risk who live in foster homes are boys (54%), with 36% of them ranging from 15 to 17 years of age. 95% of these children and teenagers have an associated Process of Promotion and Protection. In 2017, only 3% of children and teenagers at risk were living with host families. In what concerns the geographical distribution, the Porto and Lisbon districts present the highest number of children benefiting from foster care, as well as the highest number of individuals leaving foster care.

Over the past years, the number of children and teenagers in foster care above 12 years of age has increased significantly (5.435; 72%), contrary to the number of individuals ranging from 0 to 11 years of age – which decreased to 28% (when compared to 2016) (Casa, 2017). In what concerns foster care services in Portugal, the prevalent age-group is 15-17 years old (36%) (in a sample of 2.735 boys and girls) (Casa, 2017).

According to 2017 data, the foster homes supported 6.583 children and teenagers; the majority of them are boys (3.396; 52%), with 3.187 girls representing 48% of the total (Casa, 2017). In addition, there' s a higher number of teenagers and young adults (71%), a phenomenon that has occurred over the past years. Conversely, individuals going through childhood and pre-adolescence decreased

to 29% - 1.941. In both cases there' s a higher prevalence of boys, with girls being closer to adulthood (18-20 years) (Casa, 2017). Hence, one can observe a change in the profile of children and teenagers in foster care: they keep entering the system at higher ages, which leads to later and less effective interventions.

According to Casa' s 2017 data, the percentage of children and teenagers in specialised foster care is only 1% (94). Despite the efforts and investment in the expansion of said network, it is important to control the number of people resorting to these services – which should only be available in cases supported by credible and well-grounded reasons. Regarding age, 78% (73) of individuals are part of the 15-17 age-group, while 18% (17) correspond to the 12-14 range and 4% (4) to the 18 years old age-group. There' s a higher prevalence of boys ranging from 12 to 14 years of age, but the age-group 15-17 is mainly composed of girls.

In what concerns host families, the number of boys is significantly higher (159; 65%) than the number of girls (87; 25%). The number of children over 12 represents 77% (19) and there are only 18 (7.3%) children aged 5. (Casa, 2017).

Autonomy in Foster Care

The word “autonomy” comes from the Greek words *autos* (self) and *nomos* (law), meaning the self-determination of individuals and the skill to make decision about his/her own life.

This is a multidimensional concept, namely in terms of content and development of each included dimension. From a conceptualising point of view, autonomy includes several characteristics, namely the separation-individuation, the psychosocial maturity, the ability of self-regulation, self-control, self-sufficiency, the ability to choose and independence. For this reason, it is important to understand the concept of autonomy according to its personal and psychological dimension, as well as the improvement of knowledge and functional skills that help the individual' s true social inclusion e.g. the development of autonomy that favour the establishment of a personal, family and/or social life.

It is possible to identify different autonomy typologies: emotional, values/attitudinal and behavioural/functional. The emotional autonomy comprehends the individuals' personal feelings and their relationships with those close to them - namely concerning the management of individuality while relating to others and the ability to find their own solutions. The second dimension concerns the decision-making ability and the independent thinking, also including aspects like individuality, political ideologies and moral options. The behavioural dimension comprehends the ability to make decisions and implement them through concrete actions. In other words, it is the more operational dimension of autonomy, including the management of daily life (schedules – meals; labour, school, leisure and sports activities; responsibilities); hygiene, health and organisation (personal hygiene, healthcare, cleanliness, organisation of housing spaces, laundry – knowledge about tags, different washing programmes, cleaning agents and softeners, ironing, etc.); food (management of resources, weekly plan, cooking – soups, meat and fish courses, salads and dessert, how to set a table); transportation (analysis of city and Portugal maps, cardinal directions, local and national transportation – buses, trains, subway and trains); printed documents and analysis of said documents (acquiring vital documents – how to use them, job seeking strategies); savings (management of financial resources and expenditure, savings and bank account management – deposits, withdrawals, interest and bank account fees); housing (renting and buying a house, warrantors, management of contracts, water, gas and electricity bills, Internet and TV services providers); Internet and digital tools (basic skills – *Microsoft Office*, social networks).

Since the development of autonomy depends on both the intrinsic and extrinsic characteristics of the individual, it is also vital to take into account the social context. The foster care institutions are responsible for the children and teenagers' autonomy, playing an important role in their social context and when they leave foster care. In general, foster homes do not favour the individuals' autonomy, since they don't provide the necessary skills for an adequate transition – contrary to what happens in family contexts. The research carried out shows the complex transition to adulthood

by teenagers in foster care, mainly due to the absence of family and social support. The lack and/or shortage of services and support during said period prevent the adequate inclusion of teenagers in foster care; in many cases, when leaving foster institutions, they don't have an adequate model of psychosocial integration.

In this sense, the institutions' multidisciplinary teams should help preparing the children and teenagers' future, especially since they must comply with the courts/Child Protection Service's requirements. Hence, their interventions ought to be carried out individually and according to a systemic approach (Casa, 2017).

According to this, the lifelong project should be developed according to the children and teenagers in foster care and through the following:

1. Family (nuclear or extended) reintegration – carried out after the process of positive family integration
2. Integration in a tutoring or adoptive family through civil custody – in cases where the family (nuclear or extended) reintegration fails
3. Gradual process of autonomy aimed at an independent life – in cases when none of the above is viable.

Many times, the children and teenagers' lives (before foster care) were characterised by physical and psychological abuse, leading to a low self-esteem and self-respect. This way, the professionals working in foster care should follow the principles of equality, dignity and respect towards others (Carvalho & Cruz, 2015).

The development of the autonomy ought to focus on the children and teenager's decision-making ability, in order to promote a gradual process of responsibilities and involvement with peers and adults. This combination of responsibilities and sharing should not be restricted to the organisational/institutional dynamics; it is important to include it in several dimensions of the

surrounding community: daily routines, participation in social events, sports and other informal activities. The promotion of community inclusion is a key-element to the development of emotional and social skills, vital to the autonomy process. Consequently, it is important to encourage the children and teenagers' participation in social and community affairs, in order to favour their sense of social responsibility and awareness (Carvalho & Cruz, 2015)

However, there are several questions concerning the promotion of autonomy among teenagers in foster care: Are the institutions prepared to lead the process of inclusion in the community? Do they have enough expertise? Do they have the necessary skills? Are the communities ready to welcome said teenagers? These issues can also be addressed when discussing the Portuguese legal system (Carvalho & Cruz, 2015).

Over the past years, there have been insufficient discussions about the "support to lifelong autonomy" (article 35 of the Law on the Promotion and Protection of Children and Teenagers at Risk) - with few specific actions adopted in this sense. According to the data by the Annual Report on Foster Care (Casa, 2017), only 28 (0.3%) of individuals living in autonomy apartments had access to "support to lifelong autonomy". In this sense, the lack of interest by politicians and local communities leads to gaps in terms of specific social and educational services. It is crucial to invest in said services, since the foster care system welcomes more and more people over 12 and 21 years of age each year. Consequently, these individuals are forced to emancipate prematurely, contrary to teenagers who are not supported by foster care institutions (Carvalho & Cruz, 2015).

After the third amendment (23/2017) to the law number 147/99, the length of stay in foster homes increased until 25 years of age, as long as the teenagers are attending professional or educational courses/training programmes.

In what concerns the period in foster care, the average ranges from 3 to 6 years; also, there' s a high prevalence of children and teenagers part of the 12-20 age-group.

Autonomy after leaving foster care

The monitoring and support provided to teenagers after they leave foster care is crucial. The results of the research developed by Lima (2010, *cit in* J.P. Gaspar, 2014) indicate that the support to the individuals' lifelong project should continue after they leave foster care.

Notwithstanding, it is also important to highlight the inexistence of services aimed at teenagers who left foster care, inclusively in terms of laws supporting interventions/support focusing on this target-population. The majority of individuals face feelings of neglect, frequently demonstrated by sentences such as: "It' s like forcing you to swim in a river, without teaching you how to swim" ; "They never called back... I feel like I was just part of their job and there were no signs of friendship or affection" ; "I felt they turned their back on me" . However, some teenagers mentioned being supported after leaving the institution: "they [institution] gave all the support I needed, until the moment we decided to go our separate ways" – which validates Quintãns (2009) statement that it is important to analyse the behaviour of each institution, since they have different and unique approaches and interventions.

In this sense, it is essential to provide adequate support to people who leave foster homes, since, for many of them, returning to their families is not a valid option. The period after leaving foster care is one of the most painful experiences teenagers go through, because they no longer have the foster care professionals' support (which, despite not being always adequate, ends up being a reference that disappears when they leave). In general, the institutions don' t have (or don' t wish to employ) the necessary resources to follow-up on the teenagers and they usually don' t encourage or support them. In a sense, teenagers must "forget" about the institution they lived and grew in. Hence, foster homes should support the individuals after they leave the institutions, in order to reduce the impact of moving from a small system to a large system and help them have a happier and successful future. In many cases, teenagers who leave foster care without the institutions' support tend to adopt

risky/deviant behaviours (alcohol and drug use, prostitution, theft and other offences, until their own self-destruction e.g. ending up homeless). As a consequence, many teenagers get infected with STDs or become single parents (whose children are then moved to foster homes, thus perpetuating a cycle). Other teenagers resort to the Social Integration Income and – instead of contributing to society by paying their taxes and benefiting from a full exercise of citizenship - become parasites of themselves and a society that victimises them.

To sum up, the deinstitutionalisation of teenagers and their integration in the communities still pose challenges, due to the complex and multidimensional character of the future community, social and labour integration,

It is urgent to develop a follow-up programme for teenagers who leave foster homes; for a period of at least two years (adjustable), the institutions should keep in touch with said teenagers and invite them to spend the weekends and days off at the homes and select a person of reference (that does not necessarily need to be an educator) to stimulate the liaison between the institutions and those who leave them. This contact could also be done by phone, especially when the teenagers feel alone. On the other hand, when leaving foster care, the individuals should always be supported in terms of housing and employment/financial sustainability; in other words, what a so called “normal” family does when their son/daughter leaves home. It is important to keep monitoring and guiding teenagers who leave the foster care system; in this sense, the government should establish a legal framework to address the cases when teenagers leave foster homes prematurely or go through hardships, by providing an opportunity to return to foster care and prepare them for a second, more informed decision to leave.

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