



OUTogether

Promoting Children's Autonomy
on Alternative Care

TRANSNATIONAL RECOMMENDATIONS

ON GOOD PRACTICES
AND TRANSFERABLE
WORKING METHODS
FOR LEAVING CARE



Coordinator:



Partners:



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A. Introduction

Within the scope of the project "Outogether - Promoting Children's Autonomy on Alternative Care", co-funded by the European Union, coordinated by APDES (Portugal) in partnership with PAJE (Portugal), SIRIUS (Croatia) and SAPI (Bulgaria), this document has been developed with the aim of presenting a series of recommendations on good practices and transferable working methods for leaving care.

The recommendations here presented aim to improve the leaving care process for young people in alternative care. Therefore, for an effective promotion and protection of these children and an effective preparation of young people for independent living, there are quality requirements that must be considered concerning the functioning of leaving care process and the after-care situation. The goal is to influence european policies and to advocate the improvement of procedures concerning the leaving care process of children/young people and the preparation for autonomous and independent life of young people who are ageing out in alternative care.¹

Therefore, this is aimed at the general public, particularly at policy-makers in the area of childhood and youth.

This document results of a 2 years joint efforts of organizations from the 3 countries above-mentioned, which worked in close partnership with the relevant state institutions and experts in order to analyze the current situation in their countries in the context of youngsters leaving care, to elaborate improved protocols for preparation for leaving care and support afterwards and to elaborate national recommendations for improvement. Next step was to organize a cross-country on-line group of experts to draft the current recommendations.

The document starts with an introduction presenting its goals and target-group, followed by an executive summary of the recommendations. Afterwards, the issue of children and young people in alternative care is contextualized, with a brief presentation of the recent international policy statements. Lastly, the recommendations concerning leaving alternative care are presented.



¹ The vocabulary here is based on Resolution 64/142 adopted by the UN General Assembly "Guidelines for the Alternative Care of Children"

B. Executive Summary

There are various recommendations proposed to improve the autonomy process for current and former children in alternative care. In general terms, these are divided into recommendations related to improvements of policies and legislation and at quality of alternative care services and measures that should be taken in regard to after care support, considering also the provision of a social service workforce support.



1. Context

An European research (SOS Children's Villages, 2010) states that the transition from alternative care to adulthood and subsequent autonomy is characterized by “alarming gaps” – namely considering the lack of support and the obstacles that young adults leaving alternative care. When compared to the majority of young adults, this target-group faces limited access to housing and employment opportunities, solitude and feelings of abandonment, insufficient and inadequate financial resources, lack of family and social support, etc.

The data from National Assessment reports drafted in OUTogether project shows that the majority of children in alternative care have at least 1 parent. The data also shows that sufficient number of children placed in alternative care are children with disabilities.



1.1. RECENT INTERNATIONAL POLICY STATEMENTS

The 30th Anniversary of the adoption of the **UN Convention on the rights of the Child**² boosted a series of official international documents who reiterate the state obligations to the child and highlight current challenges.

At the end of 2019, the UN General Assembly adopted a **Resolution A/74/395**³ **on the Rights of The Child** that urges for ending the institutional care of children globally. By adopting the Resolution, all of the 193 member states of the United Nations have agreed, for the first time in history, that institutional care harm children and, recognizing that the vast majority of children in care have living family, all children should be reunited with or supported to remain with their families. Where that's not possible, the Resolution says that governments should commit to provide high-quality, family and community-based alternative care for children. A special attention is given to disabled children in respect to enjoy their right to family life all human rights as well as access to health care, social services, social protection and accessible and inclusive education on an equal basis with others.

In march 2020, the Council of Europe's Committee of Ministers adopted a **Declaration on "strengthening the rights of the child as the key to a "future-proof" Europe"**⁴ where it renews its commitments including in regard "ensuring that the best interests of the child shall be a primary consideration in decisions affecting them, in particular when children are in conflict with the law and when they are without parental care, including in the context of parental separation, child-care proceedings, migration and violent extremism".

European Union itself has focused its efforts on the Child Guarantee while at the same and very first time in its history is undertaking the development of a Child Strategy. European Parliament adopted a **Resolution of 26 November 2019 on children's rights** on the occasion of the 30th anniversary of the UN Convention on the Rights of the Child (2019/2876(RSP)) where para. 43

"calls on the Member States to ensure that unnecessary family separation is prevented, and that family- and community-based services are strengthened to allow all children to grow up not in institutions but in families and communities; calls on the Commission to use EU funds to support the transition from institutional to community-based services, both inside and outside the EU".

² Resolution 44/25 of 20 November 1989. Adopted by the United Nations General Assembly

³ <https://undocs.org/A/74/395>

⁴ Decl (11/03/2020) Adopted by the Committee of Ministers on 11 March 2020 at the 1370th meeting of the Ministers' Deputies

2. Leaving Alternative Care Recommendations

While the UN Resolution promotes the closure of all forms of residential care, The OUTogether view in three EU countries showed that living in residential care is still a reality for a large number of children, especially in Portugal where foster care is not well developed yet.

In **Portugal** 7032 children/youngsters are in out-of-home care, and 97,2% of these children are in Residential Care (6832). It is important to highlight that 851 of these children that are out of home care, are babies and toddlers (0-5 years) and just 1,6% are in foster care. It's also important to mention that More than 60% of children in Residential care in Portugal are in large institutions with an average of 16.5 children per centre. In most of the Residential care there are caregivers without basic training and reduced professional training. There is still a lack of intervention with families, however, 64% of children go back to their families after Residential Care. There are strong scientific evidences⁵ for breaching the good provision of care and therefore the government should be recommended to take measures both to consider “progressively replacing institutionalization with quality alternative care, including, inter alia, family and community-based care and, where relevant, re-directing resources to family and community-based care services, with adequate training and support for caregivers and robust screening and oversight mechanisms”,⁶ but also to provide high-quality care in current settings.

Deinstitutionalization process in **Bulgaria** is officially completed but the country still have quite sufficient number of children placed in residential care (small group homes) which are quite closed in terms of interagency work.



⁵ For more information, see Apendix I

⁶ UN Resolution A/74/395, Draft resolution I Rights of the child, paragraph 35 g

In **Croatia**, the National Plan of Deinstitutionalization and Transformation of Social Welfare Institutions 2011-2016 (2018) and its annex Plan of Deinstitutionalization, Transformation and Prevention of Institutionalization 2018-2020 defines the targets for reducing the proportion of children in institutional care in favour of family-based care (foster care); for children without parental care (80:20). According to the data from Ministry for Demography, Family, Youth and Social Policy this target is still not accomplished although there are some improvements but they are not going as fast as planned. Despite the efforts for improvements of foster care there is an evidence of decrease interest to become a foster parent.

The UN resolution A/74/395 also seeks *“ensuring that adolescents and young people leaving alternative care receive appropriate support in preparing for the transition to independent living, including support in gaining access to employment, education, training, housing and psychological support, participating in rehabilitation with their families where that is in their best interest, and gaining access to after-care services consistent with the Guidelines for the Alternative Care of Children”*.

In that light the OUTogether consortium proposes:

1. IMPROVEMENT OF POLICIES AND LEGISLATION IN REGARD TO:

- Integration of sectoral and cross-sectoral policies is needed to include the group of young people who have left the alternative care system in the priorities and measures. Integrated policies should be long-term, clear in scope, with concrete measures across all components of their lives, including psychological and social support.
- A system for internal and independent monitoring of support effectiveness should be established, based on several key indicators of successful support
- Governmental measures for encouraging employment of youth from alternative care should be adapted to them and motivate employers to employ these young people (some tax breaks).
- Each local community should determine the type and size of support for young people leaving care (housing, overhead money, etc.) and that support should last 3 years after youngsters leave care.
- The provision of support for leaving care young person, although not a child anymore, should be strictly prescribed to a relevant authority with specific guidelines and monitoring mechanism.

2. IMPROVED QUALITY OF ALTERNATIVE CARE SERVICES IN RESPECT TO:

- Alternative care services should develop and implement programs that ensure the smooth and gradual exit of young people from the system. This exit should not be related to age or educational level, but rather to readiness and level of social competence.
- Particularly, in Portugal many features of residential care facilities must be modified in order to permit the gradual promotion of functional skills. Structural and architectural conditions of the buildings where residential care centers are installed, and also adequate equipment, must be guaranteed in order to allow children and youth progressive autonomy promotion. Industrial kitchens and laundries must be replaced by family-type ones and access to computers and internet must be provided (Rodrigues & Barbosa-Ducharne, 2017).
- There is a need for an individual approach, based on an assessment of the support needs of each youth leaving the care system, and aimed at developing the life skills and competencies needed for the youth to cope with their daily lives and function successfully in social and working environment. Every young person in care should be prepared to leave the institution from the moment he/she arrives, participating in a programme of promotion of skills that contribute to a successful transition (FICE, IFCO & SOS Kinderdorf, 2007; Gomes, 2010). This programme should integrate individual and/or group plans, which should be adapted to each young person, meeting their specific needs and respecting their individuality (Mendes & Santos, 2014; Petrova – Dimitrova, Nelli, 2016)
- All available resources should be rethought in the paradigm of children with disabilities. Social workers who work with such children and prepare them for leaving care should undergo also specialized training for preparation for leaving care. We should bear in mind that we are striving to achieve as independent live for every child as possible.



- The preparation for leaving care should start at the earliest possible moment. For example, the career orientation should start before the secondary school enrollment as the young person could decide whether to go to a vocational, language or other type of high school. Even when exists, the preparation for living care starts only at 16+.
- Children and youth from alternative care should be more involved in decision making process and their opinion should be heard and take into account by social welfare professionals, especially when it comes to individual planning and leaving care
- The content of the programs implemented within the services themselves should include various components individually defined but related to financial literacy, legal literacy, digital literacy, health culture, emotional literacy, skills for creating sustainable partnerships and parenting, health care, housing, job seeking and career orientation etc.
- The caregiver support system must ensure that every young person has a stable and long-term relationship with a significant adult and, where appropriate, that connection should be provided as a professional social service.
- Foster families should have access to different social services in local communities.
- Social network around the young person should be identified and strengthened. It is necessary to build supportive community-based networks and a compulsory interinstitutional framework where the municipality takes a more active role. Scientific evidence shows that a decisive factor to the success of young people leaving care is the establishment of a supporting network that includes an adult who may help them in good and bad moments (Rutman et al, 2005; Reid, 2007).



3. MEASURES SHOULD BE TAKEN IN REGARD TO AFTER CARE SUPPORT AS FOLLOWS:

The continues support and smooth transition should be guaranteed by provision of responsible professional or significant adult to support a child before and after leaving care until the young person is able to live independently (at least 2 years). This follow up should include:



▶ Mentor or counselor that can be someone from community service centre, social welfare centre, NGO or foster family. Decision should be made in cooperation with young person. Social welfare system lacks clear guidelines of frequency and kind of support that they should provide to youngsters leaving care.

▶ Creation of a legislative basis by the government in which the young person who leaves care early or hastily is allowed a waiting period during which he/she may revert the situation and return to care, so that afterwards and in a sensible manner, he/she may leave care and benefit from the said follow-up.

▶ Establish a mentoring at work program from youth coming from alternative care to encourage development of working habits and responsibilities and prevent dismissal and demotivation.

Programs and support services need to be developed for support after leaving care. These programs may include partially residential/foster care and/or financial component, but it is especially important to include social and psychological support to meet the challenges of independent living.

4. SOCIAL SERVICE WORKFORCE SUPPORT SHOULD BE PROVIDED AND GUARANTEED:

The requirement for a specialized education and profession for caregivers is not a reality in all countries.

The provision of quality services in the alternative care system and programs to support young people in transition process and after leaving requires care and support for those working in the system. The need for regular supervision and on-going training for professionals has been identified to ensure the effectiveness and quality of work with children and young people so that their integration into the community and independent life is successful. The professionals who perform activities that involve regular contact with children must have specific skills for that job (FICE, IFCO & SOS Kinderdorf, 2007; Del Valle e Bravo, 2013).

Develop knowledge and informed practices in alternative care about traumatic/adverse experiences during childhood and youth, as children/young people's behaviours manifest many times an accommodation to the experienced trauma and not exactly a pathological problem (Van Bockern, 2000; Reid, 2007; Perry & Szalavitz, 2017).

Affection should be preferred over punishment in young people with challenging behaviours, because that is their main unfulfilled need (Anglin, 2002, 2014; Holden, Anglin, Nunno, & Izzo, 2014; Huefner, 2018; Van Bockern et al. 2000) and less repressive residential care settings are related with a better child behavior and a more positive social climate (Leipoldt, Harder, Rimehaug, Kaye, & Grietens, 2014). Furthermore, an affective relationship between caregivers and children/youth in care must be promoted because it is the bigger predictor of satisfaction with residential care (Anglin, 2002, 2004, 2014; Holden et al., 2014) and is related with a better residential care quality assessment (Rodrigues, 2019; Whittaker, 2017).



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Appendix

APPENDIX I

CONTEXT

According to Social Security data, in 2018, 7.032 children and juveniles were in alternative care.

Despite the indications by the Council of Europe Strategy for the Rights of the Child (2016-2021) for the adoption of measures that promote information-sharing and networking, and for the improvement of quality of care, particularly concerning the selection, training and supervision of careers/professionals, several gaps have been identified regarding the preparation for leaving care, the deinstitutionalization efforts, the specialized institutional support upon leaving care, the implementation of national standards and the dissemination of good practices.



THE PROBLEM

- The absence and/or shortage of services and the lack of support during the transition process into adulthood hinder a favourable inclusion of young people in care
- In Portugal, over the last few years, there hasn't been much debate about the measures of "support for an autonomous life" (Art. 35 of the Law on Promotion and Protection of Endangered Children) and few measures have been taken towards that purpose.
- Young people in care state that they don't feel prepared for autonomous living and that they don't receive enough support in this process. These juveniles face additional challenges in this transition comparatively to the population in general, such as accessing jobs and housing, dealing with loneliness and abandonment, thus perpetuating situations of social vulnerability.
- Are the institutions prepared to conduct the inclusion process of children and young people into the community? Do they have knowledge? Are they qualified for that? And will the community itself have the competence to embrace them? The same applies to the legal system (Carvalho & Cruz, 2015).



RECOMMENDATIONS

1. Focus on family care and on deinstitutionalisation
2. Increased investment in specialized residential care
3. The need for close childcare regarding the area of residence of their biological families
4. Foster homes should be mixed regarding gender; it is essential to avoid transitions of children and juveniles between foster homes
5. It is important that children/young people and also families find a better balance in the composition of the teams (technical, educational and support)
6. It is essential to create a Code of Ethics for Foster Homes
7. All foster homes must observe the law and include in their internal regulations the rights enshrined in Article 58 of the Law on Promotion and Protection of Endangered Children
8. The supervision of foster homes, by an external and qualified professional, should be mandatory, in order to ensure higher quality of care services
9. It is urgent the regulation of residential care and foster home management, ensuring law enforcement.
10. There should be increased monitoring/control of foster homes
11. Develop knowledge and informed practices in foster homes about traumatic/adverse experiences during childhood and youth
12. From the moment when a child/young person arrives at a foster home, the psychologist should work individually with him/her supported by the professional/carer of reference, promoting his/her self-knowledge and integrating his/her life story
13. Involve the child and his/her family in house rules from the start
14. Creation of a rule that obliges the children/young people to assess their foster home
15. Assurance that the children/young people in care have access to confidential spaces for dialogue in foster homes
16. As fully entitled individuals, young people should be heard, they should participate and be involved in the construction of their life project, the definition of their PSEI (Individual Socio-Educational Plan) goals, as actors of their personal and social well-being from the moment they arrive to the foster home
17. The foster home should provide conditions and openness for the participation in social life, so that the young person may integrate a sense of collective responsibility.
18. Strengthening young people in care social networks
19. All children and young people in care should have the opportunity to have external psychological counseling
20. Assurance that every young person has access to a preparation programme for autonomous living
21. It is important to profile and assess the characteristics that foster carers should have, that guides the hiring process
22. Obligation of professional accreditation of education teams
23. Obligation of specific training of professionals who work directly with children (educational and technical teams)
24. Caring for carers is essential, given the physical and emotional distress they suffer
25. Assurance that every young person may benefit from follow-up and support by a figure of reference from his/her original institution in the after-care period
26. Creation of a legislative basis that enables a waiting period, during which the young people in autonomous living may revert the situation and return to care
27. Creation of a children/young people's Ombudsman
28. Creation of status of young in care
29. Development of studies with inmates to assess their care record
30. Reinforcement of autonomization flats
31. Creation of life autonomy flats
32. Creation of flats for young people with experience in alternative care

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