

MATRIX OF  
GUIDELINES  
ON SOCIAL  
INCLUSION

## YOUNG CARE LEAVERS & SOCIAL INCLUSION



# Guidelines

## LIFE AFTER INSTITUTIONAL CARE

Equal opportunities and social inclusion for young people: identification and promotion of best practices.

 **PROGRESS**

The EU programme for employment  
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**Amici dei Bambini**  
IL DIRITTO DI ESSERE FIGLIO



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## **YOUNG CARE LEAVERS & SOCIAL INCLUSION**



# **Guidelines**

## **LIFE AFTER INSTITUTIONAL CARE**

**Equal opportunities and social inclusion for young people: identification and promotion of best practices.**

**Edited by:**

Monica Barbarotto, Amici dei Bambini  
Rebecca Zanuso, Synergia

**Country Studies by:**

Rebecca Zanuso, Danilo Bolano, Emilio Gregori of Synergia srl, Milano  
Zlatka Mihova, - New Bulgarian University, Sofia  
Adriana Baban, Cluj Napoca University, Cluj  
Ilze Trapenciere, University of Latvia, Riga  
Catherine Sellenet, Fabienne Portier, Université de Nantes, Nantes

**With the collaboration of:**

Aproapele, Bucarest  
Romanian Association of Health Psychology, Cluj Napoca  
Latvian Foster Family Society, Riga  
Limbazi Centre, Limbazi

**Regione Emilia Romagna**

Direzioni Generali di Assistenza Sociale e Protezione dell'infanzia,  
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**Grafic design and Layout:**

Antonio Schirone, Amici dei Bambini

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# **MATRIX OF GUIDELINES**





## Who are we talking about?

Care leavers are generally recognised as people leaving the social protection system.

We focus on young people without a stable family who are leaving or have recently left alternative care or residential placements (where they have grown up) after reaching majority or a legally set age (usually, 18 yrs old).

The risk of social exclusion they are subject to increases significantly in the presence of the following variables:

- long-term permanence in the welfare alternative or residential care system
- stay in residential placements (not in a family environment)
- early inclusion in an institution.

## What are we talking about?

The institutionalisation of children (or their placement in a residential structure) in answer to situations of family discomfort, on a more or less temporary basis, is still a popular solution adopted by European protection systems, notwithstanding the focus of all social policies on family support.

Thus, given the variables connected to the number of people in residential structures and the average age of such people, between 14 and 17 years of age, it is not difficult to conclude that the issue of social exclusion shall have to be tackled by the member states also in the long term. The data emerging from the transnational research which is at the basis of these guidelines show that in the next few years the number of care leavers shall rise to about 10,200 in Italy, 5,500 in Bulgaria, more than 8,800 in Romania. Between 2004 and 2006 there were more than 4,800 care leavers who asked for the social inclusion subsidy in Latvia, while in 2006 in France more than 55,000 young people lived in residential structures, 15% of whom were between 18 and 21 years of age.

## How have we proceeded?

In the 5 countries involved, the central project and scientific team collected the data that were necessary to build the matrix.

- 1. Desk Analysis:** relevant legislation, context and specific data (if any), services organisation and list of players;
- 2. Qualitative analysis:**
  - a.** giving out of 75 in-depth questionnaires (15 for each country) to the main actors in the social protection system, starting from those farthest from the subjects and proceeding inwards to the people most involved in the case (i.e., from the central decision makers, to the national coordinators, to the local decision makers, to the institution and education community managers, to the social workers and finally to the educators);
  - b.** giving out of 125 in-depth questionnaires (25 for each country) to young people who have been out of the child protection system for at least two years, but for no longer than 5, and young people in the transition phase to adult life (recipients of specific social inclusion programmes).
- 3. Exchange and discussion activities with stakeholders and operators.**

## What do we suggest?

Below we have included a matrix of guidelines which, if applied, should increase the likelihood of social inclusion for young people who have been released from the child protection system. The guidelines shown in the matrix have been developed in the course of the project, but they are considered valid on a cross-sectional basis throughout Europe.

## Why this tool?

The need for a tool of this kind comes from the need to increase the quality of the activities implemented to support young people in the residential care system in becoming autonomous. Our research shows that this support is not currently organised, and it is usually left to the good will or personal initiative of individual operators, who decide to accept this burden even outside the scope of their skills.

Although the issues and needs are common to all of them, each European Union member state reacts differently, thus highlighting the total absence of minimum standards which, if in place and applied, would increase the social inclusion opportunities for this category of young people at risk.

The nature of our tool is based on the provisions of the **“Joint Report on Social Protection and Social Inclusion – Com (2008) 42 final communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions”**, the official document on social protection and social inclusion issued by the Commission in March 2008 and addressed to the other institutional bodies, stating that:

1. the category of young people who have grown up within the residential care system is at high risk of social exclusion;
2. the situation of such especially vulnerable groups cannot be monitored with standard instruments, but requires specific monitoring tools.

The document goes on to stress the importance of the involvement of the anti-poverty and child welfare workgroup in the “Indicators sub-group” (SGI), whose social inclusion programme last year contained also the specific area of Child Well-being as one of the priority development areas with regard to the increase in the interactions between the Open Co-ordination Method and the Lisbon Convention: there can be no economic growth without the integration and development of social policies.

### ***“Joint report on Social Protection and Social Inclusion 2008”***

*The widespread social exclusion of young people who spend their childhood in institutional care remains a serious problem. In many Member States, a move is discernible towards placing children in foster care, with the aim of providing a family environment, rather than in institutional care. This is only one of many areas with scope for policy development and mutual learning (assessment and training of foster carers, recruitment to cater for the envisaged increase in placements, etc.).*

*National quantitative targets combined with strong political commitment can foster progress in implementation. Proper monitoring is crucial, and mechanisms are being established to this end, when not already in place. But it is essential to recognise that the situation of the most vulnerable children, e.g. institutionalised or street children, cannot be monitored using standard survey tools, but requires specific monitoring instruments. The SPC has endorsed a proposed set of recommendations for improved analysis and monitoring on the basis of work prepared by the ISG taskforce on child poverty and child well-being.*

*Finally, there are unexploited synergies between anti-poverty strategies, children's rights policies and efforts to fight discrimination. It is recognised that child poverty has to be seen in broad terms, going beyond financial poverty, considering e.g. material deprivation, lack of social participation and exposure to risks, including behavioural risks.*

The dimensions included in the matrix pertain to the different spheres of the development and growth of a child in residential placement, who must be prepared for when he or she will leave the system and start adult life. The approach is holistic and necessarily includes also some systemic variables linked to each specific child protection system.

As the support to the eventual inclusion in the social life cannot start immediately before the subject leaves the system, and although some transition programmes start only six months before the moment of release, the dimensions we have considered refer to two specific time periods concerning the case, that coincide in a single, personalised action decided on the basis of continuity:

- guidelines on actions to be initiated as soon as the child is welcomed in the care structure
- guidelines in actions connected to the specific transition phase.

The guidelines are organised in a three-column table with the following meaning:

Help	Warning	Reaction
Issues concerning the support to the young person leaving the child protection system	Mid-term consequences of this Help on the social inclusion process	Proposals for actions aimed at increasing the likelihood of success of the social inclusion process

## Who are they aimed at?

The main targets of the guidelines are clearly the workers in the public and private social care system. The issues analysed here involve, besides the representatives of the institutions of the involved countries, a wide range of operators working in the different systems that must interact:

- **the social protection system and the child protection system**
- **the education system**
- **the judiciary**
- **the health care system.**

Thus, the decision makers in these cases are the policy makers, in either the legislative or the executive branch, at both central and local level; they are also the managers of the social, education and health care services, the social workers, the youth workers, the teachers and specialist doctors, the managers of the placement structures and of the other care and protection services. Their actions in these cases should be based on a “network” model, based on the principles of sharing and hands-on co-operation.

In creating the matrix we have tried to identify the main players that will benefit from the guidelines, in order to try and make them easily understood, even though they cannot be exhaustive, given the diversity of situations that may be encountered in the European Union, due to the different organisation of the social protection system in the different countries.

# MATRIX OF SOCIAL INCLUSION GUIDELINES

## A. TYPE OF CARE

	Help	Warning	Reaction
1	Physical spaces and number of children in each residential care unit that are not functional to the development of the minor-worker relationship	<ul style="list-style-type: none"> <li>• Difficulty of workers to follow each single child individually</li> <li>• Difficulty for children/young people to build significant relationships with their care givers and their peers, with a consequent feeling of lack of protection</li> <li>• Difficulty in learning practical skills for their autonomous life</li> </ul>	<ol style="list-style-type: none"> <li>1. Placement of the child with a foster family and, only if that is impossible, within a residential care structure</li> <li>2. Reorganisation of the system, with small structures hosting no more than 10-12 children in each residential unit</li> <li>3. Staff/User ratio conducive to the identification of the care givers and the creation of a good education relationship (which should extend also to the affective domain)</li> </ol>
2	Transfer of minors into different residential structures during their care years	<ul style="list-style-type: none"> <li>• Problems with securing the support relationship: slowdown of one's growth (repeated change in educational reference points, organisation, good and bad behaviour definitions, etc.)</li> </ul>	<ol style="list-style-type: none"> <li>1. In-depth assessment of the actual need for a transfer, taking into account the minor's interest rather than organisational issues.</li> <li>2. Minors must be listened to</li> </ol>
3	Lack of national standards (or, if standards are present, lack of implementation) for the provision of residential care for minors	<ul style="list-style-type: none"> <li>• Territorial unevenness of the offer</li> <li>• Insufficient service quality</li> <li>• Impossibility of assessing and measuring the service offered according to common rules</li> </ul>	<ol style="list-style-type: none"> <li>1. Creation and implementation of standards guaranteeing the quality of care and its uniform availability on the territory</li> </ol>
4*	Lack of appropriate care for minors with special needs (disabilities and mental health issues)	<ul style="list-style-type: none"> <li>• Discrimination and isolation of minors</li> <li>• Incorrect management of pathologies</li> <li>• Creation of damaging life projects that may lead to a worsening of the existing pathology</li> </ul>	<ol style="list-style-type: none"> <li>1. Assessment of the minor's health with appropriate techniques</li> <li>2. Availability of dedicated resources (economic, professional)</li> </ol>
5	Insufficient preparation of foster families	<ul style="list-style-type: none"> <li>• Failure of the fostering experience due to the failed creation of a positive relationship between the foster families and the children</li> <li>• Consequent reintroduction of the minors in residential care structures</li> </ul>	<ol style="list-style-type: none"> <li>1. Creation of specific selection processes for foster families (including the management of private social programmes)</li> <li>2. Structuring of mandatory training programmes for foster families (including the management of private social programmes)</li> <li>3. Creation of networks of families to support foster families</li> </ol>

\* The research did not focus on this specific target, which should therefore be further studied, with the aim of devising ad hoc guidelines.

**B. CASE MANAGEMENT**

	Help	Warning	Reaction
6**	Insufficient assessment of a child's resources (psychological, social network, family of origin, etc.) by the staff responsible for the drafting of the customised intervention plan when the child enters the system and during the follow-up	<ul style="list-style-type: none"> <li>• Inadequacy of the life project created for the child</li> <li>• Failure to update the project</li> <li>• Increased likelihood of a failure of the support relationship, with the possible return into the health and social assistance circuit</li> </ul>	<ol style="list-style-type: none"> <li>1. Creation of multi-professional teams for case assessment and management</li> <li>2. Drafting of life and education projects with clearly defined goals, timetables and actions</li> <li>3. Actual holding of regular meetings to update the customised projects</li> <li>4. Continuous co-operation between the people responsible for the life project and those responsible for the customised educational project</li> </ol>
7	Little or no involvement of the child in the choices pertaining to his or her life project (return to the family or to an autonomous life) and educational project (education, change of structure, reference educator, etc.)	<ul style="list-style-type: none"> <li>• Failure to comply with the project, the expectations and the child's characteristics and talents</li> <li>• Violation of the child's fundamental right to participate in the process (art. 12 CRC)</li> </ul>	<ol style="list-style-type: none"> <li>1. Inclusions of the obligation to listen to the child and to take the child's opinion into account</li> </ol>
8***	Interruption of the support relationship before the completion of the customised project	<ul style="list-style-type: none"> <li>• Failure to attain the foreseen goals</li> <li>• Choice of solutions about care-leaving that do not match the superior interest of the minor</li> </ul>	<ol style="list-style-type: none"> <li>1. Regular assessment of the progress of the customised project</li> <li>2. Assignment of additional funds that are not bound to the minor's attaining majority and that can make it possible for him or her to conclude their project</li> </ol>
9	Insufficient integration of user services (orientation and work placement, search of an abode, etc.) available in the territory	<ul style="list-style-type: none"> <li>• Multiplication of services</li> <li>• Confusion concerning the offer of support services</li> <li>• Failure to optimise the use of human and economic resources</li> </ul>	<ol style="list-style-type: none"> <li>1. Mapping of resources in the territory</li> <li>2. Co-ordination of resources</li> <li>3. Reorganisation of resources, where necessary, through services integration and development plans in the territory</li> </ol>

\*\* A customised project involves two types of project for each user: one concerns the "permanent life project" of a minor, that establishes macro-targets linked to the final leaving of the care system (through a return to a family, adoption, autonomous life), and which is the concern of the social services, while the second, the customised education project, aims at attaining concrete education-school goals and daily life goals, and it is entrusted to the residential care structure.

\*\*\* A special instance of this issue is the case of unaccompanied foreign children who, once they attain majority, because of reasons concerning the permit to stay in Italy are compelled to start working, regardless of the status of their life project and of their acquisition of educational credentials, lest they be repatriated.

# MATRIX OF SOCIAL INCLUSION GUIDELINES

## C. FAMILY

	Help	Warning	Reaction
10	Inadequate care of the family of origin by the services, due to a superficial assessment of the family's actual resources and persistence of family discomfort	<ul style="list-style-type: none"> <li>• Gap between the minor's improvements and that of his/her family</li> <li>• Difficult relationship between the minor and the family</li> <li>• Difficulty in assessing whether a return to the biological family is appropriate</li> </ul>	<ol style="list-style-type: none"> <li>1. Undertaking responsibility for the biological family and activation of ad hoc support activities (e.g., psychological support)</li> <li>2. Accompaniment of and support to the child in the psychic construction / deconstruction of the relationship</li> </ol>
11	Placement of minors in a structure that is geographically far from the place where they grew up	<ul style="list-style-type: none"> <li>• Difficulty in preserving the relationship with the biological family and in constructing/ deconstructing the relationship</li> <li>• Difficulty in maintaining other important relationships (with friends, other relatives, others)</li> </ul>	<ol style="list-style-type: none"> <li>1. Assessment of the child's discomfort, of family resources that can be employed and of the minor's social capital (adult reference figures)</li> <li>2. Keeping the minor in a structure located in the original area of residence</li> </ol>
12	Sibling separation	<ul style="list-style-type: none"> <li>• Forced break-up of a significant relationship that is an important prop upon leaving the care system and in life</li> </ul>	<ol style="list-style-type: none"> <li>1. Keeping siblings together in the same structure, if they are entrusted to the residential care system</li> </ol>

## D. HUMAN RESOURCES

	Help	Warning	Reaction
13	Scarce motivation and insufficient training of the staff of residential structures	<ul style="list-style-type: none"> <li>• Lack of significant relationships between the minors and the operators</li> <li>• Minors' distrust of the youth workers</li> <li>• Minors' lack of self-esteem</li> <li>• Negative assessment of one's residential care experience</li> </ul>	<ol style="list-style-type: none"> <li>1. Staff selection according to training and professional criteria, but also to motivation</li> <li>2. Specific staff training (continuous training)</li> <li>3. Creation of supervision activities concerning the care staff</li> </ol>
14	High turnover of the staff that is directly involved in the care (youth workers, social workers, etc.)	<ul style="list-style-type: none"> <li>• Minors' distrust of the staff</li> <li>• Perception by the minors of being repeatedly abandoned</li> </ul>	<ol style="list-style-type: none"> <li>1. Selection on the basis of motivation</li> <li>2. Better contracts</li> <li>3. Better wages</li> <li>4. Appropriate work conditions (balanced shifts, appropriate workers /users ratio)</li> </ol>

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15	Lack of continuous psychotherapeutic support provided free to minors	<ul style="list-style-type: none"> <li>• Failure to reprocess one's traumas</li> <li>• Lack of self-esteem</li> <li>• Difficulty in creating relationships with the world with regard to one's life in the care system</li> </ul>	<ol style="list-style-type: none"> <li>1. Analysis of minors' psychological needs</li> <li>2. Creation of an open and free psychotherapeutic support system upon request during the child's stay in a care structure and for some time after the child left the care system</li> </ol>
16	Lack of a reference person, a "tutor", to support the child during the care leaving phases	<ul style="list-style-type: none"> <li>• Feelings of abandonment, lack of safety and disorientation of minors with regard to their life choices (home, job, relationships, etc.)</li> <li>• Increased risk of social exclusion and deviance</li> </ul>	<ol style="list-style-type: none"> <li>1. Creation of a dedicated figure with the specific task of following the minors during their transition, who becomes their reference point</li> </ol>

## E. SCHOOL

	Help	Warning	Reaction
17	School dropping-out because of lack of motivation	<ul style="list-style-type: none"> <li>• Waste of the opportunity for personal growth offered by the school</li> <li>• Failure to obtain school diplomas that make it easier to access economically and contractually adequate jobs, for personal work satisfaction</li> </ul>	<ol style="list-style-type: none"> <li>1. Creation of synergies between the care system and the school system, through operating protocols and other tools</li> <li>2. Teacher training on the issues concerning children living outside a family</li> <li>3. Analysis of children's competences and resources</li> <li>4. Orientation activities for children, to let them decide among the various education opportunities</li> <li>5. Monitoring of school results</li> </ol>
18	School dropping-out due to the end of the care programmes that entails the interruption of the funds for minors	<ul style="list-style-type: none"> <li>• Compulsory entrance in the labour market without appropriate training</li> <li>• Forced renunciation to one's aspirations and talents</li> </ul>	<ol style="list-style-type: none"> <li>1. Allocation of funds for the continuation of the care programmes regardless of the child reaching majority and until at least the conclusion of the current school activities</li> </ol>
19	Impossibility of or difficulty in accessing university education	<ul style="list-style-type: none"> <li>• Failure to invest in the youths' human capital</li> <li>• Violation of the principle of equal opportunities and the right to study</li> <li>• Lower chances of career advancements</li> </ul>	<ol style="list-style-type: none"> <li>1. Creation of dedicated funds by the territorial body entrusted with the cases</li> <li>2. Creation of dedicated scholarships by the universities</li> <li>3. Search for existing scholarships</li> </ol>

# MATRIX OF SOCIAL INCLUSION GUIDELINES

## F. EDUCATION TO BEING AUTONOMOUS

	Help	Warning	Reaction
20	Lack of home economics knowledge	<ul style="list-style-type: none"> <li>• Inability to organise one's daily routine (cooking, grocery shopping, cleaning, personal hygiene, etc.)</li> </ul>	<ol style="list-style-type: none"> <li>1. Involvement in all tasks and phases of home management (cooking, shopping, laundering, etc.) already within the residential care structures</li> </ol>
21	Lack of competence and knowledge concerning bureaucracy and the relationships with public bodies.	<ul style="list-style-type: none"> <li>• Inability to carry out autonomously some routine tasks, such as paying the bills, utility connection requests, opening a bank account, etc.</li> </ul>	<ol style="list-style-type: none"> <li>1. Training on how to carry out routine bureaucratic tasks</li> <li>2. Warnings and support in choosing alternatives (which current account, which phone company, reference procedures and offices, etc.)</li> <li>3. Initial support and monitoring</li> </ol>
22	Lack of autonomous financial management competence	<ul style="list-style-type: none"> <li>• Lack of money capitalisation</li> <li>• Scarce autonomous budget planning</li> <li>• Lack of money to pay for some aspects of one's life project (rent deposit, purchase of a means of transport, start-up of one's own activity, etc.)</li> <li>• Risk of poverty</li> </ul>	<ol style="list-style-type: none"> <li>1. Saving education</li> <li>2. Accumulation plan during the stay in residential care structures and during the transition period.</li> <li>3. Training in money management</li> <li>4. Creation of subsidies and outright grants linked to a project</li> <li>5. Creation of soft loans also through the involvement of other players on the territory (such as banks)</li> </ol>

## G. MATERIAL SUPPORTS UPON LEAVING THE CARE SYSTEM

	Help	Warning	Reaction
23	Lack of appropriate and accessible residential units	<ul style="list-style-type: none"> <li>• Difficulty in finding a decent and economically approachable home</li> <li>• Difficulty in finding places to rent at market prices due to lack of guarantees</li> <li>• Risk of poverty and deviance</li> </ul>	<ol style="list-style-type: none"> <li>1. Creation of ad hoc calls for accessing social housing</li> <li>2. Availability of decent houses at affordable prices</li> <li>3. Identification of a guarantor, be it a public body, private body or individual, to facilitate access to the estate market</li> </ol>



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24	Lack of systematic support in the search for and the keeping of a job	<ul style="list-style-type: none"> <li>• Difficulty in finding a job, which is the essential tool to attain economic emancipation</li> <li>• Difficult negotiation</li> <li>• Difficulties in keeping a job because of personal inadequacies (discipline, interpersonal skills, punctuality, etc.)</li> </ul>	<ol style="list-style-type: none"> <li>1. Creation of a network including the main players of the job market</li> <li>2. Availability of dedicated tools, such as work bursaries, internships, traineeships to test low-cost workers</li> <li>3. Availability of tax relief schemes for employers who facilitate social inclusion of these target workers</li> <li>4. Support of youths/youths that have just attained majority in all job-hunting phases (drafting of a curriculum vitae, job hunting sources, interviews, etc.)</li> <li>5. Monitoring of work performance through interviews with the young person and the employer</li> </ol>
25	Lack of guaranteed access to free health care	<ul style="list-style-type: none"> <li>• Development of pathologies</li> <li>• Health deterioration</li> <li>• Risk of poverty</li> </ul>	<ol style="list-style-type: none"> <li>1. Creation of free medical insurance</li> </ol>

	Help	Warning	Reaction
1	Physical spaces and number of children in each residential care unit that are not functional to the development of the minor-worker relationship	<ul style="list-style-type: none"> <li>• Difficulty of operators to follow each single child individually</li> <li>• Difficulty for children/young people to build significant relationships with their care givers and their peers, with a consequent feeling of lack of protection</li> <li>• Difficulty in learning practical skills conducive to an autonomous life</li> </ul>	<ol style="list-style-type: none"> <li>1. Placement of the minor child with a foster family and, only if that is impossible, with a residential care structure</li> <li>2. Reorganisation of the system, with small structures hosting no more than 10-12 children in each residential unit</li> <li>3. Staff/User ratio conducive to the identification of the care givers and the creation of a good education relationship (which should extend also to the affective domain).</li> </ol>

The placement of children in residential care structures is still a common form of protection in the member countries. There are different kinds of structures used for this purpose, which cannot easily be grouped under homogeneous definitions. regardless of the definition, their physical dimensions are an objective datum, and so is the number of children they can welcome.

Structures that are too big, and that are still quite common in European countries, especially in Eastern Europe, are in no way appropriate to tackle the needs of children that are already seriously traumatised by the abandonment or loss of their families.

Excessive dimensions require a rigid organisation, the standardisation of the educational programmes, a high turnover rate, a lack of personalisation of spaces, a high number of children entrusted to each single worker: these features respond to organisational requirements more than to the actual needs of individual children.

The consequences of this kind of organisation of the protection system are felt immediately by the child, in the form of a developmental deficit concerning:

- the building of self-awareness
- self-esteem
- relationships with peers
- relationships with adults
- affection

#### Guidelines:

- A** A child who is temporarily taken from his/her family must be placed with another family for as long as necessary in order to eliminate the causes of discomfort; if no foster family is available, the child shall be placed in a residential care structure that most resembles a family
- B** The residential care structures must be organised so as to care for a maximum of 12 children
- C** In order to nurture a significant relationship between minors and care givers, the care giver-child ratio must be 1 to 3, in no case higher than 1 to 5. Each child shall also have his or her own reference care giver

#### Who are the guidelines meant for:

- decision makers
- social services managers and workers who are responsible for the care programmes
- residential care structures managers
- care givers

#### Possible indicators:

- a** existence of laws envisaging a degree of subsidiarity among various actors of the child care system, with a preference for family care
- b** number of residential care structures with more than 12 children
- c** number of other types of care structures welcoming up to 12 minors
- d** number of foster families
- e** numerical ratio between number of children and number of staff members in each structure
- f** ratio between number of children and number of care givers or staff members who come directly in contact with the children in each structure
- g** existence, within the structure of regulations providing for the appointment of a care giver for each child.

	Help	Warning	Reaction
2	Transfer of minors into different residential structures during their care years	<ul style="list-style-type: none"> <li>Problems with securing the support relationship: slowdown of one's growth (repeated change in educational reference points, organisation, good and bad behaviour definitions, etc.)</li> </ul>	<ol style="list-style-type: none"> <li>In-depth assessment of the actual need for a transfer, taking into account the minor's interest rather than organisational issues.</li> <li>Minors must be listened to.</li> </ol>

During care, it may happen that a child is transferred from one residential care structure to another even outside of the normal transfers envisaged in the system (e.g., transfer from a structure hosting children up to 6 years of age to another hosting children over 6 years of age).

Repeated transfers make it impossible to create a really effective and continuous educational development, increasing the child's difficulty in relating to his or her peers, the adult world and the system of social conventions that is strictly linked to the place of residence.

#### Guidelines:

- A** The transfer of children to other residential care structures must be carefully analysed and must answer to the needs of the children in terms of well-being and growth
- B** The transfer of children must be accompanied by a detailed exchange of information with the staff at the new structure, concerning the children's family history and the programme developed in the previous structure
- C** The minor's opinion and feelings about the transfer must be listened to and taken into account

#### Who are the guidelines meant for:

- decision makers
- judges
- social services managers and workers who are responsible for the care programmes
- residential care structures managers
- care givers

#### Possible indicators:

- a** existence of a legal obligation to listen to the minor during judicial and administrative proceedings concerning the child
- b** existence of internal procedures and guidelines within the care system including the regulation of transfers (how, when, why, etc.)
- c** existence of operating protocols between structures and/or services regulating the transfer of minors and of the relevant information

	Help	Warning	Reaction
3	Lack of national standards (or, if standards are present, lack of application) for the provision of residential care for minors	<ul style="list-style-type: none"> <li>• Territorial unevenness of the offer</li> <li>• Insufficient service quality</li> <li>• Impossibility of assessing and measuring the service offered according to common rules</li> </ul>	1. Creation and implementation of standards guaranteeing the quality of care and its uniform availability on the territory

In order to be able to say whether the quality of a service provided or offered by the childcare system actually addresses the needs of the territory and of the individuals, such service must be assessable. To this end, it is desirable that the system itself is equipped with a set of standards defining the service's requirements, so as to avoid any lack of homogeneity among the services provided by the public system and/or those of the private system, any distance from true needs and any lack of equal opportunities for the users.

**Guidelines:**

- A** Activation of Work groups involving members of public and private sector social care structures and other stakeholders for the creation of national standards
- B** Review of existing standards (if they are not implemented)

**Who are the guidelines meant for:**

- decision makers
- representatives of public and private care structures addressed to children
- social and care services managers
- residential care structures managers

**Possible indicators:**

- a** existence of standards
- b** implementation of standards
- c** existence of work groups entrusted with the creation of standards



*“The laws are acceptable but not applicable.  
And I’m thinking of one thing in particular (...)  
Care leavers have absolute priority in accessing  
social apartments” (...)  
By now, we have had a single case approved,  
at our insistence because it was a desperate case.  
The rest of them are on a waiting list”*

*(Expert witness, Romania).*

	Help	Warning	Reaction
4	Lack of appropriate care for minors with special needs (disabilities and mental health issues)	<ul style="list-style-type: none"> <li>• Discrimination and isolation of minors</li> <li>• Incorrect management of pathologies</li> <li>• Creation of punishing life projects that may lead to a worsening of the existing pathology</li> </ul>	<ol style="list-style-type: none"> <li>1. Assessment of the minor's health with appropriate techniques</li> <li>2. Availability of dedicated resources (economic, professional)</li> </ol>

Minors entrusted to the child care system can also have special needs, due to the presence of physical, psychical or mental disabilities. This is a widespread phenomenon that the child care system is still ill-prepared to deal with. There are several ways of addressing this issue. If the choice falls on a kind of management entailing the use of central dedicated structures, or, even better, within "general" structures with specific professional skills and competences, the system must first of all be able to diagnose any disability and then to prepare a customised therapeutic plan involving all the necessary stakeholders (child neuropsychiatry, day-care centres for disabled children, etc.).

#### Guidelines:

- A** Assumption of responsibility upon request by specific diagnostic professionals
- B** Compliance of the residential structures with regulations about architectural barriers
- C** Active presence of a network of specialised stakeholders working with the child care system staff.
- D** Creation of specialised services able to address cases that cannot be managed within "general" residential care structures.

#### Who are the guidelines meant for:

- decision makers
- social and care services managers
- social services workers who are responsible for care programmes
- residential care structures managers
- care givers in the residential structures
- doctors involved in the diagnosis

#### Possible indicators:

- a** structure's compliance with the laws on architectural barriers
- b** presence of professionals, internal or upon request, for the diagnosis and management of cases
- c** presence of ad hoc residential care structures able to deal with the more severe cases.

	Help	Warning	Reaction
5	Insufficient preparation of foster families	<ul style="list-style-type: none"> <li>• Failure of the fostering experience due to the failed creation of a positive relationship between the foster families and the children</li> <li>• Consequent reintroduction of the minors in residential care structures</li> </ul>	<ol style="list-style-type: none"> <li>1. Creation of specific selection processes for foster families (including the management of private social programmes)</li> <li>2. Structuring of mandatory training programmes for foster families (including the management of private social programmes)</li> <li>3. Creation of networks of families to support the foster families.</li> </ol>

Foster care, albeit foreseen by many child care systems in the European countries, runs still the risk of failing, because of the lack of appropriate training of and of qualified and continuous support to people who decide to take care of a child. Temporary foster care, if ill managed, can turn into another emotional wound for the child and sometimes can lead to problems within the care giving couple.

Similarly to what happens for adoption, foster care can trigger feeling of inadequacy, insecurity and isolation in the foster parents, which shall inevitably impact on the relationship with the child.

The most probable consequence of this situation is the “return” of the child to the social services, who shall then place the child with another family, if possible, or in a residential care structure.

#### Guidelines:

- A** Foster families or foster parents who accept to care for a child must be chosen through a specific selection programme that can be managed also at private level (that is to say, by those associations who operate in the foster care field)
- B** Families or people selected for foster care must be trained through specific training programmes that can be implemented also at private level
- C** In order to facilitate care within foster families, the latter require continuous support. To this end, it is necessary to create networks of families so as to make it possible for them to help each other

#### Who are the guidelines meant for:

- decision makers
- social and care services managers
- representatives of public and private care structures addressed to children
- Foster families

#### Possible indicators:

- a** existence of laws devising a standardised selection process of the foster families
- b** existence of laws prescribing compulsory training
- c** existence of operating protocols to regulate the co-operation between the stakeholders in the system and between them and third parties
- d** existence of guidelines or other tools to support the interested parties in managing the foster activity
- e** existence of association of or in support of foster families.

	Help	Warning	Reaction
6	Insufficient assessment of a child's resources (psychological, social network, family of origin, etc.) by the staff responsible for the drafting of the customised intervention plan when the child enters the system and during the follow-up <sup>1*</sup>	<ul style="list-style-type: none"> <li>Inadequacy of the life project created for the child</li> <li>Failure to update the project</li> <li>Increased likelihood of a failure of the support relationship, with the possible return into the social work and health and social assistance circuit</li> </ul>	<ol style="list-style-type: none"> <li>Creation of multi-professional teams for case assessment and management</li> <li>Drafting of life and education projects with clearly defined goals, timetables and actions</li> <li>Actual holding of regular meetings to update the customised projects</li> <li>Continuous co-operation between the people responsible for the life project and those responsible for the customised educational project</li> </ol>

In caring for minors that have been taken from their families and placed in a residential care structure, in all care systems the responsible services – usually the social services – must make a clear assessment of the minor's situation, a sort of "social diagnosis", in terms of:

- needs of the child
- available resources
- reference people who can be relied upon and who can't

The purpose of this assessment, which must be as thorough and as precise as possible, is to provide the necessary elements to build a clear and appropriate intervention strategy for the minor. The tools usually foreseen by the system for this purpose are:

- a customised plan, a sort of "permanent life project"<sup>2</sup> that defines the development of care, stating if the minor can go back to the biological family or, if the initial or subsequent interim diagnosis speaks against this, the minor can be welcomed by another family on a permanent basis or be prepared for an autonomous life. The responsibility for the drafting of this plan resides with the social services.

- a customised education plan that defines the goals to be attained while the minor is cared for by the structure; this plan shall be linked to the school training, the development of relational and organisational skills. The responsibility for the drafting of this plan resides with the residential care structure where the minor is placed.

It can therefore be said that the initial assessment is the basis on which a good support relationship must be built. When the assessment is lacking or superficial, the devised support programmes run the risk of not being consistent with the real opportunities for the resolution of the specific case, and therefore they do not address the superior interest of the minor, increasing the possibility of a failure of the support relationship. The most plausible consequence is the return of the minor to the care system.

#### Guidelines:

- The diagnosis of the situation of a minor entrusted to the care services must be made through the joint work of a multidisciplinary team, preferably consisting of at least one social worker, one psychologist and one lawyer (this would free the social worker from the frustration and feeling of isolation deriving from the attempts to manage particularly demanding and awkward situations on his/her own)
- The work tools identified in the "permanent life projects" and in the "education plan" must have clearly defined goals, schedules and achievement actions
- These instruments must be checked and updated regularly, for instance once every 3 months, and to this end regular, dedicated meetings must be held
- In order to guarantee a certain consistency among the various work instruments and, consequently, among the various defined goals, the social service staff and the staff of the structure hosting the minor shall hold updating meetings.

#### Who are the guidelines meant for:

- decision makers
- social and care services managers
- social services workers who are responsible for the care programmes
- residential care structures managers
- care givers in the residential structures
- judges
- representatives of private care structures addressed to children

#### Possible indicators:

- existence of laws prescribing the mandatory adoption of planning tools for the assumption of responsibility for minors
- actual existence, for every minor cared for by the social services, of a life project
- actual existence, for every minor cared for by the residential care system, of an educational project
- establishment of a precise deadline (and keeping thereof) to check and update the planning tools
- existence of operating protocols and/or guidelines to facilitate co-operation between the social services staff and the staff of the residential care structure.

<sup>1</sup> Isabelle Lammerant, chargée de cours à l'Université de Fribourg, Suisse: Les enjeux dans le processus d'adoption en Europe: garantir l'intérêt supérieur de l'enfant". Strasbourg 30th November 1st December 2009.

## HELP 7

	Help	Warning	Reaction
7	Little or no involvement of the minor child in the choices pertaining his or her life project (return to the family or to an autonomous life) and educational project (education, change of structure, reference educator, etc.)	<ul style="list-style-type: none"><li>• Failure to adhere to the project, the expectations and the child's characteristics and talents</li><li>• Violation of the child's fundamental right to participate in the process ((art. 12 CRC)</li></ul>	1. Inclusions of the obligation to listen to the child and to take the child's opinion into account

In order for the support relationship to be truly effective, it is necessary that the proposals concerning the minor are identified together with the minor, in a logic of co-construction. A failure to listen to the minor increases the risk of departure from the goals set in the permanent life project and in the educational plan with regard to the needs and "feelings" of the minor.

### Guidelines:

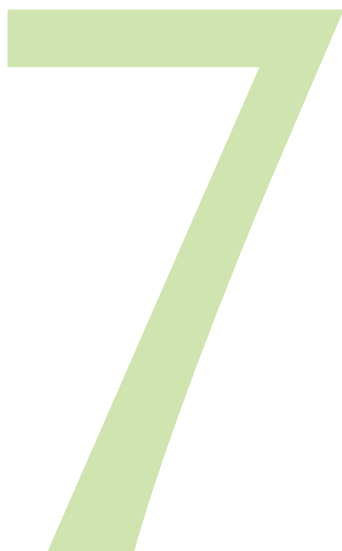
**A** During the planning, the minor must be listened to and his or her opinion taken into account.

### Who are the guidelines meant for:

- decision makers
- social and care services managers
- social services workers who are responsible for care programmes
- residential care structures managers
- care givers in the residential structures
- judges
- representatives of private care structures addressed to children

### Possible indicators:

- a** existence of laws stating that listening to the child is compulsory



*"We should look from child's point of view – does he/she has real conditions to live in it. If we are watching from top – yes, he has living place, we have given it, but from child's point of view – is it possible to live there or is it some wreck?"*

*(Expert witness, Latvia)*



	Help	Warning	Reaction
8***	Interruption of the support relationship before the completion of the customised project	<ul style="list-style-type: none"> <li>• Failure to attain the foreseen goals</li> <li>• Choice of solutions upon care-leaving that do not match the superior interest of the minor</li> </ul>	<ol style="list-style-type: none"> <li>1. Regular assessment of the progress of the customised project</li> <li>2. Assignment of additional funds that are not limited to the minor's attaining majority and that can make it possible for him or her to conclude their project</li> </ol>

Dismissal of minors from the care system and, therefore, the interruption of the support relationship upon reaching the time set by law may prevent the complete implementation of the customised plan and, therefore, can prevent the attainment of the set goals, be they the reintegration of the minor into a family or his/her preparation for autonomous life. A more flexible management of schedules, one linked to the actual completion of the plan, rather than to a fixed date, would guarantee that the subjects are better prepared for autonomous life and would make it possible to avoid having to choose solutions that are not in the minor's best interests, thus increasing the risk of social exclusion.

#### Guidelines:

- A** Exit from the system must be linked to the conclusion of the customised action plan (all the more so if this refers to the preparation to autonomous life)
- B** The state of advancement of the customised action plan must be checked regularly, preferably one every three months
- C** In order to allow the actual implementation of the plans in the cases when the care development exceeds the legal deadline, it is necessary to allocate dedicated funds.

#### Who are the guidelines meant for:

- decision makers
- social and care services managers
- social services workers who are responsible for the care programmes
- residential care structures managers
- care givers in the residential structures
- judges

#### Possible indicators:

- a** existence of laws determining that the full development of the customised action plan is mandatory and that make it possible to exceed the legal deadline
- b** allocation of dedicated funds for exceeding the legal deadline for taking care of the minor
- c** existence of standardised procedures for the regular assessment of the plan which, and this must be stressed again, must be followed by a mixed team (see 6A).

	Help	Warning	Reaction
9	Insufficient integration of user services (orientation and work placement, search of an abode, etc.) available in the territory	<ul style="list-style-type: none"> <li>• Multiplication of services</li> <li>• Confusion concerning the offer of support services.</li> <li>• Failure to optimise the use of human and economic resources</li> </ul>	<ol style="list-style-type: none"> <li>1. Mapping of resources in the territory</li> <li>2. Co-ordination of resources</li> <li>3. Reorganisation of resources, where necessary, through services integration and development plans in the territory</li> </ol>

In order to increase the likelihood of social inclusion of the care leaver, it is useful to look to the services available on the territory with regard to orientation and job hunting, house hunting, sports and leisure activities, etc.

An unclear recognition of the needs of the population on the territory may entail a multiplication of services and the absence of other necessary ones; the lack of knowledge of the services on the territory leads to wasted opportunities, while a lack of streamlining of the existing resources through networking also entails a waste of resources and a lack of effectiveness of the services. This situation further penalises the subjects considered herein, that are already lacking in capital (social, cultural, economic) and that would be helped by the access to visible, accessible, integrated and free quality services.

#### Guidelines:

- A** The services on the territory, in order to be accessible, must be made visible through their mapping and the dissemination of information; the mapping shall make it possible to identify what already exists and what services need to be created
- B** The streamlining of resources requires public organisation and the networking of the services, as well as the activation of any missing services
- C** The reorganisation of the services in the territory, in terms of streamlining, requires the implementation of precise co-ordination tools, such as the Territorial Plans.

#### Who are the guidelines meant for:

- decision makers
- social and care services managers

#### Possible indicators:

- a** existence of territorial plans concerning the development of services
- b** existence of information on the available services
- c** availability of such information in the residential care structures

	Help	Warning	Reaction
10	Inadequate care of the family by the services, due to a superficial assessment of the family's actual resources and persistence of family discomfort	<ul style="list-style-type: none"> <li>• Gap between the minor's progress and that of his/her family</li> <li>• Difficult relationship between the minor and the family</li> <li>• Difficulty in assessing whether a return to the family is appropriate</li> </ul>	<ol style="list-style-type: none"> <li>1. Undertaking responsibility for the biological family and activation of ad hoc support activities (e.g., psychological support)</li> <li>2. Accompaniment of and support to the child in the psychic construction / deconstruction of the relationship</li> </ol>

The best place for growing up for a child is his or her family. If the family is in a situation of deprivation or suffering, such as to require the minor to be removed, the social protection system must act and implement all possible measures to eliminate the causes of such deprivation and thus allow the child to go back to his/her family. For this purpose, it is essential to make an assessment of the family when taking responsibility for the minor. The diagnosis shall concern the minor and his/her system of relationships, the family first of all. A superficial diagnosis shall lead to the family being taken care of by social services (to recreate parental capabilities) in an inadequate or even insufficient way. The direct consequence thereof shall be the persistence of the existing discomfort, an insufficient compliance by the family with the minor's development and the perpetuation of the relational difficulties between the minor and his/her family, so that a return of the minor within the family is impossible or bound to fail.

#### Guidelines:

- A** The assessment of the family system must be complete and must focus on those resources that can actually be activated, as well as on the objective limitations that might determine a failure or the non feasibility of the minor's return within the family
- B** If the minor's return to the biological family is deemed possible, support to the family must be real, through the activation of specific, planned activities, with clear goals and deadlines, consistent with the child's development project, as shared with the family
- C** Minors, during the whole of the support period, must be accompanied and helped by the education staff, together with the social services staff (who takes charge also of the family of origin) in a mental and emotional re-elaboration of their relationship with their family.

#### Who are the guidelines meant for:

- decision makers
- social and care services managers
- social services workers who are responsible for the care programmes
- residential care structures managers
- care givers in the residential structures
- judges

#### Possible indicators:

- a** number of minors who go back to their families prior to the legal deadline for dismissal from the support system
- b** number of minors who go back to their families upon reaching the legal deadline.
- c** number of minors who have gone back to the social protection system following a failed attempt to be reintegrated in their families
- d** actual existence of a planned support action for each family entrusted to the system, with explicit goals, actions and schedule.
- e** establishment of a precise deadline (and keeping thereof) to check and update the development of the care path
- f** existence of operating protocols and/or guidelines to facilitate co-operation between the social services staff and the staff of the residential care structure.

	Help	Warning	Reaction
11	Placement of minors in a structure that is geographically far from the place where they grew up	<ul style="list-style-type: none"> <li>• Difficulty in preserving a relationship with the biological family and in constructing/ deconstructing a relationship</li> <li>• Difficulty in maintaining other important relationships (with friends, other relatives, others)</li> </ul>	<ol style="list-style-type: none"> <li>1. Assessment of the child's discomfort, of family resources that can be employed and of the minor's social capital (adult reference figures)</li> <li>2. Keeping the minor in a structure located in the original area of residence</li> </ol>

After entrusting a minor taken out of his/her family to the residential care system, the actual structure that shall host him/her for the time necessary for the original discomfort to be resolved has to be identified. The identified structure shall answer the minor's peculiar needs and it shall also be located as near as possible to the minor's and his/her family's place of residence (except in those cases in which the geographical displacement is necessary because of serious reasons linked to the minor's safety), so as to allow the family to maintain a relationship with the minor, even when the latter is in the care of social services. Failure to comply with this criterion might adversely affect the reconstruction of the relationship with the family and isolate the minor from his/her whole relational system.

#### Guidelines:

- A** The assessment of the family must be complete and must focus on those resources that can actually be activated, as well as on the objective limitations that might determine a failure or the non feasibility of the minor's return within the family
- B** The assessment of the minor's situation must take into account all possible exploitable resources in the minor's environment (school, sport, etc.)
- C** If the maintenance of relations with the family and with the whole system the child belongs to is considered positive, the minor shall be placed in a residential care structure located in the minor's residential area.

#### Who are the guidelines meant for:

- social and care services managers
- social services workers who are responsible for the care programmes
- residential care structures managers
- care givers in the residential structures
- judges

#### Possible indicators:

- a** place of residence
- b** place of placement

	Help	Warning	Reaction
12	Sibling separation	<ul style="list-style-type: none"> <li>Forced break-up of a significant relationship that is an important prop upon leaving the care system and in life</li> </ul>	<ol style="list-style-type: none"> <li>Keeping siblings together in the same structure, if they are entrusted to the residential care system</li> </ol>

Removal from the family may be taken into account also with regard to several minors in the same family, who might be placed in different residential care structures. This treatment shall cause an additional trauma in the minors, besides that of their removal from their families and of the loss of a significant relationship, necessary to preserve their bonds, at least in part.

**Guidelines:**

- A Placement of siblings in the same care structure

**Who are the guidelines meant for:**

- decision makers
- social and care services managers
- social services workers who are responsible for the care programmes
- judges

**Possible indicators:**

- a existence of a law forbidding the separation of siblings, except when it is considered necessary for the well-being of the minors themselves.

# 12

*“Con mia sorella siamo venute insieme, abbiamo fatto tutto insieme..[...]“*

*(Care Leavers, Italia)*

## HELP 13

	Help	Warning	Reaction
13	Scarce motivation and insufficient training of the staff or residential structures	<ul style="list-style-type: none"> <li>• Lack of significant relationships between the minors and the operators</li> <li>• Minors' distrust of the youth workers</li> <li>• Minors' lack of self-esteem</li> <li>• Negative assessment of one's residential care experience</li> </ul>	<ol style="list-style-type: none"> <li>1. Staff selection according to training and professional criteria, but also to motivation</li> <li>2. Specific staff training (continuous training)</li> <li>3. Creation of supervision activities concerning the care staff</li> </ol>

The staff working inside a structure belongs to 3 main categories: educational staff working in close contact with the minors and responsible for the attainment of the educational goals, auxiliary staff coming into contact with the minor for service activities only (cleaning, kitchen staff, etc.), and administrative staff, which make for the highest number of resources, especially in large structures. The educational staff is the essential element for the minor's growth within the structure. The difficulties of the job, and which, in the long term, risk to lead to situations of "burn out", the lack of motivation that might affect the operators, the perception of the job as a second choice, a lack of training and qualification, are all issues that have a negative impact on the quality of the services provided and that, above all, compromise the relationship that educators establish with minors. An educator with scarce motivation, neglectful or careless may further compromise the already eroded confidence of the minor in the adult world, opening the door to feelings of lack of value, lack of self-esteem and to another negative experience.

### Guidelines:

- A** The staff working with the minor and pursuing educational goals shall be selected according to: training and professional criteria, but also to motivation
- B** The staff working in close contact with the minors must follow a continuous, specific training on the issue of childhood in general and on risk situations specifically
- C** The staff working in close contact with the discomfort of the minors must have access to internal supervision provided by specialised personnel.

### Who are the guidelines meant for:

- decision makers
- social and care services managers
- residential care structures managers

### Possible indicators:

- a** existence of laws detailing the formal requirements of the professional profile of the educator and the obligation of continuous training of educational staff
- b** existence of internal staff selection procedures
- c** existence of training and refresher programmes
- d** existence of internal or external supervision programmes.

	Help	Warning	Reaction
14	High turnover of the staff directly involved in care (youth workers, social workers, etc.)	<ul style="list-style-type: none"> <li>• Minors' distrust of the staff</li> <li>• Perception by the minors of being repeatedly abandoned</li> </ul>	<ol style="list-style-type: none"> <li>1. Selection on the basis of motivation</li> <li>2. Better contracts</li> <li>3. Better wages</li> <li>4. Appropriate work conditions (balanced shifts, appropriate workers /users ratio)</li> </ol>

The staff of residential care structures and, in particular, the people in direct contact with the minor often exhibit a high turnover rate. The repeated replacement of reference people during the care period prevents the minor from developing trust and from fully accepting the support relationship, thus creating further problems in the minor's relationship with the adult world, as well as a devaluating self-perception. The already strong feelings of abandonment experienced by the minors shall be further fixed in their psyche.

#### Guidelines:

- A** The staff working with the minor and pursuing educational goals shall be selected according to the motivation that drove them to apply for the job
- B** The staff working with the minor shall have a good contract, in terms of professional level and benefits
- C** The staff working with the minor shall have better contracts, in terms of wages
- D** The staff working with the minor must be put in a position to be able to work so as to allow them to create a support relationship with the minors (balanced shifts, correct educators/children ratio).

Who are the guidelines meant for:

- decision makers
- social and care services managers
- residential care structures managers

Possible indicators:

- a** existence of internal staff selection procedures
- b** existence of national agreements.

# HELP 15

	Help	Warning	Reaction
15	Lack of continuous psychotherapeutic support provided free to minors	<ul style="list-style-type: none"> <li>• Failure to reprocess one's traumas</li> <li>• Lack of self-esteem</li> <li>• Difficulty in creating relationships with the world with regard to one's life in the care system</li> </ul>	<ol style="list-style-type: none"> <li>1. Analysis of minors' psychological needs</li> <li>2. Creation of an open and free psychotherapeutic support system upon request during the child's stay in a care structure and for some time after the child has left the care system</li> </ol>

In order to process the trauma deriving from the removal from the family, minors placed in residential care structures may need specialised aid to help them along their development path and, sometimes, even after they leave the care system. Psychotherapeutic support is essential also to assess the child's needs. Denying this service, or denying free access to it exposes staff to the risk of failing to identify correctly the often unexpressed needs of the minors, and the minor to the difficulty of accepting his/her own past.

**Guidelines:**

- A** The care system must include a psychotherapeutic support service for minors removed from their families, a service that is open, free and accessible during the child's stay in the residential care structure and also for a period after he/she leaves the structure
- B** The psychotherapeutic service must be accessible also in order to assess the minors' needs with regard to the drafting of the customised action plan, in order to comply to point 6 above.

**Who are the guidelines meant for:**

- social and care services managers
- social services workers who are responsible for the care programmes
- residential care structures managers
- care givers in the residential structures

**Possible indicators:**

- a** existence of at least one psychotherapist in each care structure
- b** existence of a pool of psychotherapists in the minors and families territorial services
- c** existence of procedures and/or internal regulations implying the involvement of a psychotherapist in the planning of the care of the minor.



	Help	Warning	Reaction
16	Lack of a reference person, a “tutor”, to support the child during the care leaving phases	<ul style="list-style-type: none"> <li>• Feelings of abandonment, lack of safety and disorientation of minors with regard to their life choices (home, job, relationships, etc.)</li> <li>• Increased risk of social exclusion and deviance</li> </ul>	1. Creation of a dedicated figure with the specific task of following the minors during their transition, becoming their reference point

A minor for whom a life project was established, either at the beginning or later on, aiming at gaining the ability to lead an autonomous life (which, therefore, excludes a return to the family, like in the case of adoption by another family) needs a specialised care giver pre-eminently dedicated to the delicate transition to adult life. As of today, the care systems do not employ these professionals, except in rare, experimental instances and in few private structures, and they leave the management of the preparation of the minors to leave the care system and for the whole process of social inclusion (that entails housing, job and aggregation issues) to the free and haphazard initiative of the staff of the structure, who often act beyond the scope of their competences. The lack of a reference figure for future care leavers, to support them in the first and most important life choices, in planning the first steps in the adult world, in managing the first tasks of daily life, triggers in a minor who is on the verge of leaving the care system, a feeling of discouragement and insecurity rooted in the umpteenth instance of abandonment. The lack of support in this delicate moment, through an expert, enormously increases the risk of social exclusion, of ending up in the poverty and deviance cycle for these young people.

#### Guidelines:

- A** Creation of a specific figure, dedicated specifically to helping young people when they leave the care system and need to enter the social system (“social intermediation” tutor).

#### Who are the guidelines meant for:

- decision makers
- social and care services managers
- social services workers who are responsible the care programmes
- residential care structures managers
- care givers in the residential structures
- judges

#### Possible indicators:

- a** existence of laws regulating the exit from the care system at the end of the customised action plan (with a minimum and a maximum limit)
- b** existence of laws regulating the creation of a social mediator, with the relevant fund allocation
- c** existence of degree and/or specialisation courses specifically dedicated to the training of social mediator tutors
- d** existence of internal procedures in the structure regulating the transfer of skills between the reference care giver and the social mediation tutor.

	Help	Warning	Reaction
17	School dropping-out because of lack of motivation	<ul style="list-style-type: none"> <li>• Waste of the opportunity for personal growth offered by the school</li> <li>• Failure to obtain school diplomas that make it easier to access economically and contractually adequate jobs, for personal work satisfaction</li> </ul>	<ol style="list-style-type: none"> <li>1. Creation of synergies between the care system and the school system, through operating protocols and other tools</li> <li>2. Teacher training on the issues concerning children living outside a family</li> <li>3. Analysis of children's competences and resources</li> <li>4. Orientation activities for children, to let them decide among the various education opportunities</li> <li>5. Monitoring of school results</li> </ol>

Minors placed in residential care structures and, more generally, all those who are removed from their original families need to manage a complex mixture of old and new emotions and relationships, which is particularly difficult. The teaching staff must be made aware of the situations these minors find themselves in and ready to manage the relationships between the minor and the rest of the class and between the minor and the teacher, with the aim of managing the specific situations. Overlooking this aspect means failing to create the right conditions for these minors, who are already strongly disorientated, to identify the school as a personal and relational opportunity, and increasing the already high risk of dropping out. The early abandonment of the school system shall prevent them from obtaining the necessary titles for more satisfying job careers from an economic and professional point of view.

#### Guidelines:

- A** In order to create the best learning and inclusion conditions for minors removed from their families, it is important to favour the creation of synergies between the care system and the school system, through operating protocols or other tools that can regulate the transfer of information about minors
- B** The teaching staff must be adequately trained to manage the relationship with this target, through refresher courses on abandoned children
- C** The teaching staff must be invited to maintain constant relationships with the education staff in the structure where the minor is placed to encourage, besides an adequate integration of the minor in the school, an adequate analysis of his/her competences and a constant monitoring of his/her school career
- D** The minor must be accompanied and oriented with regard to the existing training opportunities and the connected job opportunities.

#### Who are the guidelines meant for:

- decision makers
- social and care services managers
- social services workers who are responsible the care programmes
- residential care structures managers
- care givers in the residential structures
- school structures managers
- teachers

#### Possible indicators:

- a** existence of guidelines, regulations or other tools aimed at increasing the quality of the management of the educational-didactic experience of minors removed from their families
- b** existence of operating protocols and specific instruments regulating the co-operation between the care system and the education system.

	Help	Warning	Reaction
18	School dropping-out upon expiration of the care programmes that entails the interruption of the funds for minors	<ul style="list-style-type: none"> <li>• Compulsory entrance in the work market without appropriate training</li> <li>• Forced renunciation to one's aspirations and talents</li> </ul>	1. Appropriation of funds for the continuation of the care programmes independently of the child reaching majority and until at least the conclusion of the current school activities.

The category of care leavers is at high risk of school dropping out. Besides those described at point 17, there is also the issue of the ending of the care period. Upon their eighteenth birthday, or any deadline set by law, the disbursement of dedicated fund for the specific subject stops by law; the subject often does not have any own funds or an economically supporting family and is therefore obliged to drop out of school and look for a job. When the subject attains majority in the middle of the secondary school years, the actual drop out occurs before the subject can obtain a diploma. The negative consequences on the future career of the subject, both in terms of personal satisfaction and of a career shall be heavy and shall impact a target that, as it has repeatedly been mentioned, is already relatively disadvantaged vis à vis the general population of the same age and is more at risk of poverty and deviance.

**Guidelines:**

- A** It is necessary to allocate ad hoc funds to prolong the care of those young people who are still in school and need to complete the course of studies.

**Who are the guidelines meant for:**

- decision makers
- social and care services managers
- social services workers who are responsible the care programmes
- residential care structures managers
- care givers in the residential structures
- school structures managers
- teachers

**Possible indicators:**

- a** existence of laws determining the prolongation of care when the subjects attend a course of studies that make it possible to exceed the final deadline the law prescribes for the end of the care period
- b** allocation of dedicated funds for exceeding the legal deadline for taking care of the minor.

	Help	Warning	Reaction
19	Impossibility of or difficulty in accessing university education	<ul style="list-style-type: none"> <li>• Failure to invest in the youths' human capital</li> <li>• Violation of the principle of equal opportunities and the right to study</li> <li>• Lower chances of career advancements</li> </ul>	<ol style="list-style-type: none"> <li>1. Creation of dedicated funds by the territorial body entrusted with the cases</li> <li>2. Creation of dedicated scholarships by the universities</li> <li>3. Search for existing scholarships</li> </ol>

The economic pressure on care leavers and, therefore, the need to work for a living, means that the right to university education is in no way guaranteed. In numerical terms, very few care leavers, the strongest, most motivated ones and those, generally, with some economic opportunities, enrol in University courses, and this highlights a serious problem of a lack of equal opportunities, of waste of human resources and of a lack of career chances, even when the young person has the ability and wishes to study for a degree. Considering, as mentioned before, that there is a high risk of falling into poverty, the lack of access to this opportunity from the start, because of economic reasons, puts this category in further disadvantage. It is clear, however, that the decision to continue studying at University should be made knowingly together with the young person, assessing his/her potential and motivation, as certain performance goals need to be attained.

#### Guidelines:

- A** The social services responsible for the minor's customised project must provide funds dedicated to university education, to pay the university fees and the student's accommodation
- B** Universities must provide scholarships for students with no income, with particular attention to those living outside a family
- C** Care givers supporting young people who leave the child care system must be constantly aware of information on any existing scholarship, to assess apply for it in order for the care leavers to be able to attend University.

#### Who are the guidelines meant for:

- decision makers
- social and care services managers
- social services workers who are responsible for the care programmes
- residential care structures managers
- care givers in the residential structures
- school structures managers
- teachers

#### Possible indicators:

- a** existence of laws determining the prolongation of care when the subjects attend a course at university that makes it possible to exceed the final deadline the law prescribes for the end of the care period
- b** allocation of funds dedicated to university studies, which makes it possible to exceed the legal deadline for taking care of the minor
- c** number of dedicated scholarships, to be used for university fees and accommodation, granted by the Universities
- d** number of care leavers who can access university scholarships non specifically dedicated to them.

	Help	Warning	Reaction
20	Lack of home economics knowledge	<ul style="list-style-type: none"> <li>Inability to organise one's daily routine (cooking, shopping for foodstuffs, cleaning, personal hygiene, etc.)</li> </ul>	<ol style="list-style-type: none"> <li>Involvement in all tasks and phases of home management (cooking, shopping, laundering, etc.) already within the residential care structures )</li> </ol>

Autonomous life presents some peculiarities and difficulties, such as the need to acquire and use home economics skills, which, in their turn, require a rational management of money. Going shopping, doing the laundry without ruining the clothes and mixing the colours, using the correct home cleaning products and personal hygiene products are not banal and instinctive actions, they must be learned before one is able to carry them out correctly.

**Guidelines:**

- A** Within the context of the whole care cycle within the residential care structures, it is necessary to organise a home economics training, mainly of a practical nature. Minors, that is, must be involved, with progressively increasing responsibilities, in kitchen, cleaning, and shopping activities.

**Who are the guidelines meant for:**

- decision makers
- residential care structures managers
- care givers in the residential structures

**Possible indicators:**

- a** existence of standardised procedures for the progressive involvement of minors in the structures' domestic activities
- b** existence of checks that the home economics skills have been learned by the minors within the structure, with a customised support, if necessary, to fill in any gaps.

## HELP 21

	Help	Warning	Reaction
21	Lack of competence and knowledge concerning bureaucracy and the relationships with public bodies	<ul style="list-style-type: none"> <li>Inability to carry out autonomously some routine tasks, such as paying the bills, utility connection requests, opening a bank account, etc</li> </ul>	<ol style="list-style-type: none"> <li>Training on how to carry out routine bureaucratic tasks</li> <li>Warnings and support in choosing alternatives (which current account, which phone company, reference procedures and offices, etc.)</li> <li>Initial support and monitoring</li> </ol>

The difficulties of autonomous life do not concern the sphere of home economics alone, but also that of the bureaucratic and administrative practices, as well as the relationships with other bodies, such as the utilities companies or a bank. These relationships often require the signing of agreements, which must therefore be understood in order to avoid any legal problem. The care leaver, in order to be able to function upon leaving the system, and thus be able to connect the utilities, pay the bills, open a bank account, to make some examples, must have already have the opportunity of tackling these issues with the help of an experienced adult.

### Guidelines:

- A** Within the context of the whole care cycle within the residential care structures, it is necessary to organise a bureaucratic-administrative training, not only of a practical nature. Indeed, the training must include both warnings and support concerning the future choice of possible alternatives (which current account, which phone company, etc.) and the involvement of minors in tasks concerning, for instance, the payment of bills or the opening of a bank account
- B** The care leaver, when leaving the child care system and tackling adult life, by, for instance, renting a flat, must be supported by a tutor in the initial phase of the abovementioned bureaucratic activities
- C** It is necessary to monitor the care leaver's path towards autonomy at regular intervals.

### Who are the guidelines meant for:

- decision makers
- residential care structures managers
- care givers in the residential structures

### Possible indicators:

- a** existence of standardised procedures for the progressive involvement of minors in bureaucratic procedures, together with adults
- b** existence of specific internal frontal lecturing focused on the choice of the type of contract, of bank account, etc., held by an experienced operator
- c** existence of checks that the bureaucratic skills have been learned by the minors within the structure, with a customised support, if necessary, to fill in any gaps
- d** existence of standardised procedures for the initial support of care leavers starting their autonomous life and for the monitoring of the ongoing process.

	Help	Warning	Reaction
22	Lack of autonomous financial management competence	<ul style="list-style-type: none"> <li>• Lack of money capitalisation.</li> <li>• Scarce autonomous budget planning</li> <li>• Lack of money to pay for the first staples in one's life project (rent deposit, purchase of a means of transport, start-up of one's own activity, etc.)</li> <li>• Risk of poverty</li> </ul>	<ol style="list-style-type: none"> <li>1. Saving education</li> <li>2. Accumulation plan during the stay in residential care structures and during the transition period.</li> <li>3. Training in money management</li> <li>4. Creation of subsidies and outright grants linked to a project</li> <li>5. Creation of soft loans also through the involvement of other players on the territory (such as banks)</li> </ol>

Another fundamental aspect for autonomous life, besides those mentioned in items 20 and 21, is financial management. As care leavers often lack any capitals, it is fundamental for them to acquire, when they are still residing in a protected structure, a set of management skills that shall allow them, once they are on their own, to know how to use money, how to plan their own budget autonomously, and how to access any dedicated funds to support themselves during the difficult transition phase, such as the payment of the rent deposit or the purchase of a car, to mention some examples, and when they need money to develop their life project (fully or in part).

#### Guidelines:

- A** Within the context of the whole care cycle within the residential care structures, it is necessary to organise training to promote savings and the management of money, at both a theoretical and practical level, a training that in part overlaps with that foreseen in items 20 and 21 above
- B** The minor's customised life project must include a long-sighted financial accumulation plan concerning not only the period in which the care leaver is hosted within the system, but also that after the minor has left the system
- C** It is necessary to create subsidies and grants linked to a project drafted by the care leaver
- D** It is necessary to grant soft loans to care leavers, involving also other actors in the territory (such as the banks)
- E** It is necessary to monitor the care leaver's path towards autonomy at regular intervals, also from the point of view of financial management.

#### Who are the guidelines meant for:

- decision makers
- residential care structures managers
- care givers in the residential structures
- representatives of private care structures addressed to children
- representatives of the business world

#### Possible indicators:

- a** existence of standardised procedures for the progressive involvement of minors in activities such as grocery shopping or other purchases that require care, in order to create savings and an optimisation of resources, together with adults
- b** existence of specific internal training concerning savings and money management, with particular insights on the accumulation plans offered by banks
- c** existence of subsidies and outright grants linked to a project for young people
- d** existence of soft loans for young people
- e** number of care leavers who have used subsidies, grants and soft loans.

## HELP 23

	Help	Warning	Reaction
23	Lack of appropriate and accessible residential units	<ul style="list-style-type: none"> <li>• Difficulty in finding a dignified and economically approachable abode</li> <li>• Difficulty in finding places to rent at market prices due to lack of guarantees</li> <li>• Risk of poverty and deviance</li> </ul>	<ol style="list-style-type: none"> <li>1. Creation of ad hoc competitions for privileged access to subsidized housing</li> <li>2. Availability of dignified houses at soft prices</li> <li>3. Identification of a guarantor, be it a public body, private body or individual, to facilitate access to the real estate market</li> </ol>

One of the main problems that care leavers need to address, once they have left the child protection system, is how to find an appropriate place to live. As they usually do not have a lot of money, they have some difficulty in finding a decent home. Moreover, in order to be able to rent a place, it is often necessary to give guarantees, which, in the case of young people, usually the parents offer. As care leavers often lack this opportunity, both factors (lack of money, lack of guarantees) increase the risk of failure to find a stable home, and even of poverty and deviance.

### Guidelines:

- A** Ad hoc calls must be launched (for young people who have just attained majority and have left the child protection system, or young people without any income) for accessing social housing
- B** Care leavers must have access to decent homes at good prices, at least for the first few years after they leave the system
- C** A guarantor, be it a public body, private body or individual, must be identified, to facilitate access to the private real estate market.

### Who are the guidelines meant for:

- decision makers
- social and care services managers

### Possible indicators:

- a** existence of calls for the obtainment of social housing for young people whose characteristics are the same as those of care leavers
- b** existence of decent homes for care leavers for the first few years after they leave the system
- c** number of care leavers who could obtain subsidized housings
- d** number of care leavers who succeeded in obtaining the homes at soft prices set aside for them
- e** presence of a guarantor available to help care leavers who wish to access the private real estate market.



	Help	Warning	Reaction
24	Lack of systematic support in the search for and keeping of a job.	<ul style="list-style-type: none"> <li>• Difficulty in finding a job, which is the essential tool to attain economic emancipation</li> <li>• Difficult bargaining</li> <li>• Difficulties in keeping a job because of personal inadequacies (discipline, interpersonal skills, punctuality, etc.)</li> </ul>	<ol style="list-style-type: none"> <li>1. Creation of a network including the main players in the job market</li> <li>2. Availability of dedicated tools, such as work bursary, internships, traineeships to test low-cost workers</li> <li>3. Availability of tax relief schemes for employers who facilitate social inclusion of these target workers</li> <li>4. Support of minor youths/youths that have just attained majority in all job-hunting phases (drafting of a curriculum vitae, job hunting sources, interviews, etc.)</li> <li>5. Monitoring of work performance through interviews with the young person and the employer</li> </ol>

Another fundamental aspect, besides a home, in order to attain true autonomy and, at the same time, an extremely critical one for care leavers (who often did not have the possibility to study and need to earn a living) is a job, in particular, how to find and keep one. With regard to the search for a job, care leavers are particularly fragile, in that they do not have almost any social capital; the negotiation for wages and tasks is an aspect on which a family is usually able to give advice, and it is therefore a liability for care leavers. Finally, personal inadequacies are more likely to be present in someone who grew up inside a residential care structure, given the life history implied by such a situation, and they can hinder the subject's integration into a job environment, particularly with regard to his/her relationship with superiors and colleagues and to the compliance with certain rules (such as timetables).

#### Guidelines:

- A** The care givers responsible for the creation of the care leaver's customised plan must structure a network of relationships with the job world
- B** It is necessary to devise a set of tools for the integration in a job, dedicated to the targets, such as bursaries or internships
- C** Availability of tax relief schemes for employers who facilitate social inclusion of these target workers
- D** Care leavers must be systematically supported in all phases of the job hunt, from the drafting of a curriculum vitae to the preparation for interviews, etc.
- E** A follow up of care leavers who have found a job is necessary, to be implemented by monitoring their performance and through interviews of both the care leaver and his/her employers.

#### Who are the guidelines meant for:

- decision makers
- residential care structures managers
- care givers in the residential structures
- representatives of private care structures addressed to children
- representatives of the business world

#### Possible indicators:

- a** presence of a structured network (that is to say, knowledge of reference people and of contacts) involving the local job market (job centres, firms, etc.)
- b** existence of internships or bursaries which the care leavers can access
- c** degree of knowledge of information concerning the availability of internships or scholarships by the reference services staff and the care leavers
- d** number of care leavers who had access to these opportunities
- e** existence of laws granting tax relief to employers who hire care leavers
- f** existence of standardised procedures to support care leavers in job hunting
- g** existence of standardised procedures for the monitoring of job performances.

## HELP 25

	Help	Warning	Reaction
25	Lack of guaranteed access to free health care	<ul style="list-style-type: none"> <li>• Development of pathologies.</li> <li>• Health deterioration</li> <li>• Risk of poverty</li> </ul>	1. Creation of free medical insurance

Not all European countries grant universal health care. If a category at risk, such as that of care leavers, is not guaranteed free access to health care, its members can develop severe pathologies with a higher frequency than those in other categories. The worsening of health conditions does not allow a young person to fully live his/her life, that is intrinsically harder than that of a peer who lives within a family.

### Guidelines:

**A** Regardless of the type of health care system in force in each state, it is necessary for the category of care leavers to have free medical insurance and free access to any necessary therapy.

### Who are the guidelines meant for:

- decision makers

### Possible indicators:

- a presence of free medical insurance for care leavers
- b pathologies of care leavers
- c self-perception by care leavers of one's state of health.

# 25

*“I had no health problems, but actually I have created myself some, because for two years, since when I left care my cover insurance stopped, I had no health insurance cover; I had nothing...”.*

*(French care-leaver)*



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## Who is Ai.Bi.

Amici dei Bambini Association is a **movement of families acting since 1986 in Italy and in 26 world sites to promote the family upbringing of abandoned children**. The association operates in Eastern Europe, in Latin America, in Africa and in Asia through projects of International cooperation and International adoption.

Cultural Activities Amici dei Bambini promotes its mission through the realisation of events in order to solve abandonment. But projects alone are not enough when facing this humanitarian emergency. **It is now necessary to act in order to start a cultural change as well, so that everyone becomes aware** of this situation. For answering this necessity, Amici dei Bambini has decided to implement a **Cultural Project** aimed at influencing civil society at the level of conscience, in order to promote a welcome culture: **an abandoned child is a responsibility for each one of us** and his future depends also upon our actions. Ethically, we are all called to answer this dramatic reality.

Amici dei Bambini has launched its Cultural Project with the aim to promote and to diffuse a "welcome culture", creating a cultural change, entailing a different approach towards child abandonment: from an institution, in a logic of assistance, to a family, in an affective relationship. In this way, our organisation tries to influence the social tissue and the consciences through cultural and raising awareness events at an international, national and local level. In order to do this, **Amici dei Bambini** organises events, conventions, seminars and publishes books, magazines, researches and studies on the abandonment phenomenon.

**Ai.Bi.** - Associazione Amici dei Bambini  
20098 - Mezzano di San Giuliano Milanese (MI)  
tel. 02 988221 - fax 02 98232611

[www.aibi.it](http://www.aibi.it) - [www.childout.org](http://www.childout.org)

  
**Amici dei Bambini**  
IL DIRITTO DI ESSERE FIGLIO

