



# The Trainers' Guide

“Now What? Preparing and Empowering  
Youth Leaving Care”



Erasmus+

Now  
What









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# Introduction

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The present document titled “Trainers’ Guide” has been developed as part of Output 2 (The Training Curriculum and Material) of the project titled “Now What?: Preparing and Empowering Youth Leaving Care”, funded by the Erasmus+ programme of the European Union. The Now What? project aims at the adequate and effective preparation of young people leaving care to lead an independent life through educational and supporting activities. The project is implemented in the following four European countries: Portugal, Romania, Albania and Greece.

More specifically, the project develops and implements different activities in order to achieve its goals and fully prepare children and youth to leave the care system of their country and enter independent adult life. Such activities include a research phase, when their educational needs are expressed, an educational element, when youth are trained in specific life skills, and empowerment activities, the most important of which is the development of a mentoring relationship between each participating care leaver and an adult. Regarding the set of activities related to the educational support provided to care leavers, project partners have designed, developed and implemented a series of educational interventions aimed at care leavers, titled “The Life Skills Workshops”. During the workshops, care leavers are trained in those life skills, which, according to international findings and the Now What report on their Needs’ Analysis (Output 1), are necessary for their smooth transition from care to independence. Certain thematic fields are included in the training, such as education, accommodation, citizenship, employment and health so as to acquire and develop the corresponding skills.

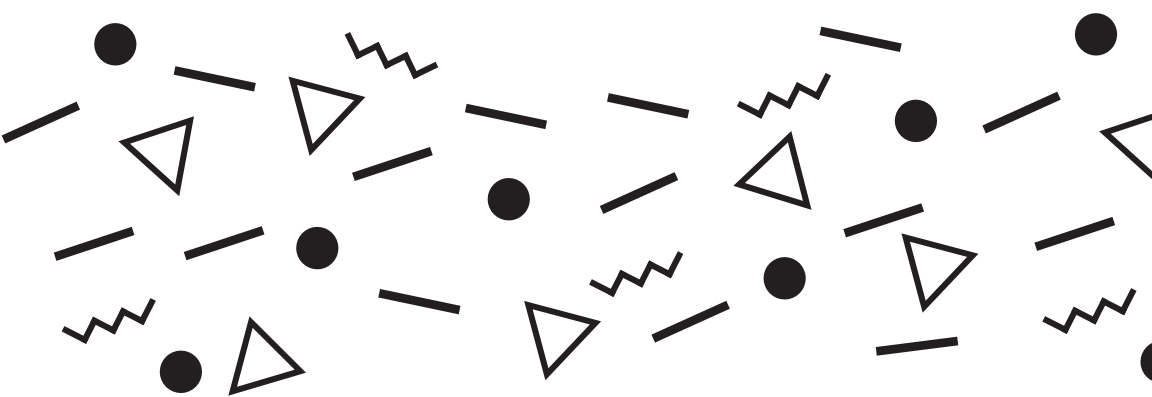
Taking into account the crucial role which the trainer of the Life Skills Workshops can and shall play in the success and effectiveness of the Workshops, prior to their implementation, a set of supporting activities targeted at the trainers have been developed by the partnership. These activities include:

- the provision of the “Train the Trainers” seminar, targeted at 15 selected trainers from the participating countries, organized by the University of Lusofona
- the development of the “Trainers’ Guide”, in order to support their learning and facilitate their role as trainers in the Life Skills Workshops

- the development of the curriculum and educational materials to be used when teaching life skills to care leavers.

The present document, the Trainers' Guide, includes the necessary information which all trainers should take into account prior to the delivery of the workshops, so as to enhance the efficiency and effectiveness of the educational process designed for care leavers. It has been developed in English and it will be translated and adapted to the Now What? partner languages (Romanian, Greek, Albanian and Portuguese) so as to be implemented and used in all participating countries accordingly, even after the end of the project.

At a glance, the Guide provides information on children's rights with a specific focus on the rights of children in care, before presenting the current situation in care provision in European countries and internationally. Findings on how the development of children is affected by their experience in the care system are included in a separate chapter, only to point out the importance of a smooth and timely transition from the care system to independent living, without however neglecting the problems care leavers face during this transition. In the Guide a separate chapter is dedicated to the high necessity of a personalized plan, the After Care Plan, for each care leaver regarding the steps they decide to take during the first months (or years) of adulthood, while special attention is given to two of the most vulnerable groups of children in care: the unaccompanied children and the children in conflict with the law. Finally, a series of appendices have been added to the Guide, in order to provide trainers with practical information and aid regarding the implementation of the Life Skills Workshops.



# Introduction to the Training: Background Resources

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The capacity building of the professionals in the field of alternative care and protection systems is a priority issue for the United Nations, the European Union and the Council of Europe and for this reason, a number of European Recommendations have been developed in order to support the training of care professionals across Europe. More indicatively:

*The UN Guidelines for the Alternative Care of Children* state that "all carers in agencies and care settings should be provided with training on the Rights of the Child".

*The European Commission, through the DG for Justice*, states the importance of "professionals [who] are committed and competent [...] Professionals and practitioners working for and with children [require] training and guidance on the rights of the child, on child protection law and procedures and more generally on child development".

The Now What project partners, acknowledging the high necessity of such seminar, have provided for the training of those educators who will undertake the training of care leavers during the Life Skills Workshops. These trainers are professionals from different educational and professional backgrounds, such as pedagogues, care professionals, youth workers and social workers, with professional experience in the care system of their countries.

The topics selected to be introduced and analyzed during the training of trainers are based on the trainers' educational needs and on recorded gaps when supporting and teaching children and youth in care. The topics included in the training of trainers, for the Now What project, are the following:

- The Rights of the Child
- Alternative Care in Europe and Beyond
- Care Provision and Child Development
- Life and Survival After Care



- Care Leaving Plan
- The Case of Unaccompanied Children
- The Case of Children in Conflict with Law

In order to support the trainers' learning experience and process, the following resources are have been planned to be used during the training:

- The Trainers' Guide with comprehensive chapters corresponding to the training topics.
- The Life Skills Curriculum including all the lesson plans which trainers are expected to implement during the workshops with the care leavers
- A selection of additional educational materials designed to be used by trainers in order to facilitate their mission as trainers of the life skills workshops. These educational materials include the videos documenting the transition of care leavers to adult life which will be produced as a teaching and learning tool to involve care leavers in the process of training, and the trainer materials, such as presentations, activity books and worksheets, to standardize the educational content of the workshops and enhance their quality.

An example of these resources can be found as Appendices of this document. Moreover, another important Appendix of this Guide is the "After Care Plan" (Appendix 1), a document to be filled by every care leaver participating in the project and their respective mentor. The Plan describes the steps to be taken by the care leavers in order to achieve their independent living once they have left the care system of their country. The Plan is closely connected to the training of care leavers since it covers the same thematic fields: the thematic field is presented during the training and then, during the mentoring process, specific decisions are taken for the same thematic field. Therefore, even though trainers are not going to work on the Plan, it has been considered necessary for them to get acquainted with other tools relevant to the educational process they are in charge of.



# The Rights of the Child

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## Overview

Children are holders of rights, rather than just objects of protection. They are beneficiaries of all human/fundamental rights and subjects of special regulations, given their specific characteristics. In this chapter two of the most basic texts internationally will be presented, in particular the International Convention on the Rights of the Child (1989) and the Handbook on European law relating to the rights of the child (2015). Apart from the basic children's rights included in the Convention, special focus will be given to children's rights in alternative care.

## Human Rights

*“Human rights” is a term used to define a system of claims that arises for all people and that everyone must know and respect.*

These rights derive from the definition of human existence and are founded on respect for the dignity and value of every person, regardless of sex, race, age, nationality, language and religion. Human rights, even though they are characterized as "inherent" in every human being, they are not "natural" nor "given", but social claims which need to be respected in terms of their recognition. They are not privileges, nor are gifts offered according to the disposition or discretion of any lord or government. They cannot be removed or denied their respect and cannot fall, even if a person has committed an offense or violated a law (United Nations, 2005). These so-called "Human Rights" allow us to exist, to create, to develop our human virtues and to help us live in peace

Just as there are Human Rights, defined and protected by the Universal Declaration of Human Rights, so do children have rights protected by the International Convention on the Rights of the Child (UNICEF). The Convention contains 54 articles and has been signed by almost all countries in the world since the early 1990s.

## Children's Rights

*Under international law, the International Convention on the Rights of the Child, which will be presented in detail, establishes in its Article 1 that “a child means every human being below the age of eighteen years”. This is the legal parameter currently used, also in Europe, to define what a child is.*

Under EU law, there is no single, formal definition of ‘child’ set out in any of the treaties, their subordinate legislation or case law. The definition of a child can vary considerably under EU law, depending on the regulatory context. For example, EU law governing the free movement rights of EU citizens and their family members defines ‘children’ as “direct descendants who are under the age of 21 or are dependent”, essentially endorsing a biological and economic notion as opposed to one based on minority.

Under Council of Europe law, most instruments relating to children adopt the CRC definition of a child, which is generally the most important text on children's rights. The 1989 International Convention on the Rights of the Child, signed by 191 countries, regulating States' obligations to protect and promote the rights of the child. The International Convention on the Rights of the Child was unanimously adopted by the United Nations General Assembly in 1989 and entered into force on 2 September 1990. It has been ratified by 193 countries to date.

It includes three major categories of rights:

- Protection (against all forms of abuse, exploitation, discrimination, racism, etc.)
- Benefits (right to education, health, welfare, entertainment, etc.)
- Participation (right to express an opinion, information, leisure time, etc.)

as presented below:

### **International Convention on the Rights of the Child**

In few words, the Convention includes the following Articles:

**Article 1:** For the purposes of the present Convention, a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.

**Article 2:** States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

**Article 3:** In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures.

**Article 4:** States Parties shall undertake all appropriate legislative, administrative, and other measures for the implementation of the rights recognized in the present Convention.

**Article 5:** States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention.

**Article 6:** States Parties recognize that every child has the inherent right to life.

**Article 7:** The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality.

**Article 8:** States Parties undertake to respect the right of the child to preserve his or her identity, including nationality, name and family relations as recognized by law without unlawful interference.

**Article 9:** States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child.

**Article 10:** Applications by a child or his or her parents to enter or leave a State Party for the purpose of family reunification shall be dealt with by States Parties in a positive, humane and expeditious manner.

**Article 11:** States Parties shall take measures to combat the illicit transfer and non-return of children abroad.

**Article 12:** States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

**Article 13:** The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice.

**Article 14:** States Parties shall respect the right of the child to freedom of thought, conscience and religion.

**Article 15:** States Parties recognize the rights of the child to freedom of association and to freedom of peaceful assembly.

**Article 16:** No child shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence, or to unlawful attacks on his or her honour and reputation.

**Article 17:** States Parties recognize the important function performed by the mass media and shall ensure that the child has access to information

and material from a diversity of national and international sources, especially those aimed at the promotion of his or her social, spiritual and moral well-being and physical and mental health.

**Article 18:** States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern.

**Article 19:** States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

**Article 20:** A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.

**Article 21:** States Parties that recognize and/or permit the system of adoption shall ensure that the best interests of the child shall be the paramount consideration.

**Article 22:** States Parties shall take appropriate measures to ensure that a child who is seeking refugee status or who is considered a refugee in accordance with applicable international or domestic law and procedures shall, whether unaccompanied or accompanied by his or her parents or by any other person, receive appropriate protection and humanitarian assistance.

**Article 23:** States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

**Article 24:** States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health.

**Article 25:** States Parties recognize the right of a child who has been placed by the competent authorities for the purposes of care, protection or treatment of his or her physical or mental health, to a periodic review of the treatment provided to the child

and all other circumstances relevant to his or her placement.

**Article 26:** States Parties shall recognize for every child the right to benefit from social security, including social insurance.

**Article 27:** States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.

**Article 28:** All children have the right to go to school and have equal opportunities in it. The State must take steps to ensure that children are enrolled and do not drop out of school. Measures for school discipline must respect the rights and dignity of students.

**Article 29:** Education should help children develop their abilities and personality and learn to respect human rights, different cultures and the natural environment.

**Article 30:** In those States in which ethnic, religious or linguistic minorities or persons of indigenous origin exist, a child belonging to such a minority or who is indigenous shall not be denied the right, in community with other members of his or her group, to enjoy his or her own culture, to profess and practise his or her own religion, or to use his or her own language.

**Article 31:** States Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.

**Article 32:** States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development.

**Article 33:** States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances.

**Article 34:** States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse.

**Article 35:** States Parties shall take all appropriate national, bilateral and multilateral measures to prevent the abduction of, the sale of or traffic in children for any purpose or in any form.

**Article 36:** States Parties shall protect the child against all other forms of exploitation prejudicial to any aspects of the child's welfare.

**Article 37:** No child shall be subjected to torture or to any other inhuman or degrading treatment or punishment. The death penalty and life imprisonment are prohibited from being imposed on children. The arrest and detention of minors must be in accordance with the law, be as short as possible and meet the needs of their age.

**Article 38:** States Parties undertake to respect and to ensure respect for rules of international humanitarian law applicable to them in armed conflicts which are relevant to the child.

**Article 39:** States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim.

**Article 40:** States Parties recognize the right of every child alleged as, accused of, or recognized as having infringed the penal law to be treated in a manner consistent with the promotion of the child's sense of dignity and worth

**Article 41:** Nothing in the present Convention shall affect any provisions which are more conducive to the realization of the rights of the child and which may be contained in the law of a State party.

**Articles 42- 54:** States have an obligation to make adults and children

aware of the principles and content of this Convention. A UN Special Committee monitors the implementation of the Convention in all signatory states. Governments are required to submit reports every five years and the Commission, after examining them, sends observations and proposals to them.

## **Handbook on European Child Rights Legislation**

On the issue of alternative childcare, a Handbook on European law relating to the rights of the child has been produced jointly by the European Union Agency for Fundamental Rights (FRA) and the Council of Europe, in cooperation with the Registry of the European Court of Human Rights, in 2015.

The Handbook, among other texts on Children's Rights, includes the following excerpts on the general principles for alternative care, on placing children in alternative care and on adoption:

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### **Alternative care: Basic Principles <sup>1</sup>**

#### *Key points:*

- Alternative care is a temporary protective measure.
- International law confirms that family based care should be preferred over residential care.
- Children have the right to information and to express their view with respect to placement into alternative care.

The broad principles relating to alternative care are:

- Alternative care is a protective measure that ensures children's interim safety and facilitates children's return to their families where possible. Ideally, it is thus a temporary solution.

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<sup>1</sup> [https://fra.europa.eu/sites/default/files/fra\\_uploads/fra-ecthr-2015-handbook-european-law-rights-of-the-child\\_en.pdf](https://fra.europa.eu/sites/default/files/fra_uploads/fra-ecthr-2015-handbook-european-law-rights-of-the-child_en.pdf)



- International law confirms that family based care (such as foster care) is the optimal form of alternative care for securing children’s protection and development.
- The child’s right to a guardian or representative is key to securing his or her broader rights.
- There is the legal obligation to take positive measures to ensure that decision making about a child’s placement is guided by his/her best interests and views.
- Children’s broader rights remain applicable to cases of alternative care (foster or residential care). This includes their civil and political rights (e.g. their rights to privacy, freedom of expression and freedom of religion and protection from all forms of violence) and their socio economic rights (including their rights to education, healthcare and participation in cultural life).

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## Placing children in alternative care

### *Key points*

- Under the Council of Europe law, placing a child in alternative care should be provided for by law, pursue a legitimate aim and be necessary in a democratic society. Relevant and sufficient reasons must be put forward by the competent authority.
- Under Council of Europe law, the decision making process must follow certain procedural safeguards.

In this section of the Handbook, it is clearly stated that “Even when placed in alternative care, children retain the right to maintain contact with their parents.[ ...] Given that placement in alternative care should normally be a temporary measure, maintaining family relationships is essential to ensure the successful return of the child to his/her family.”

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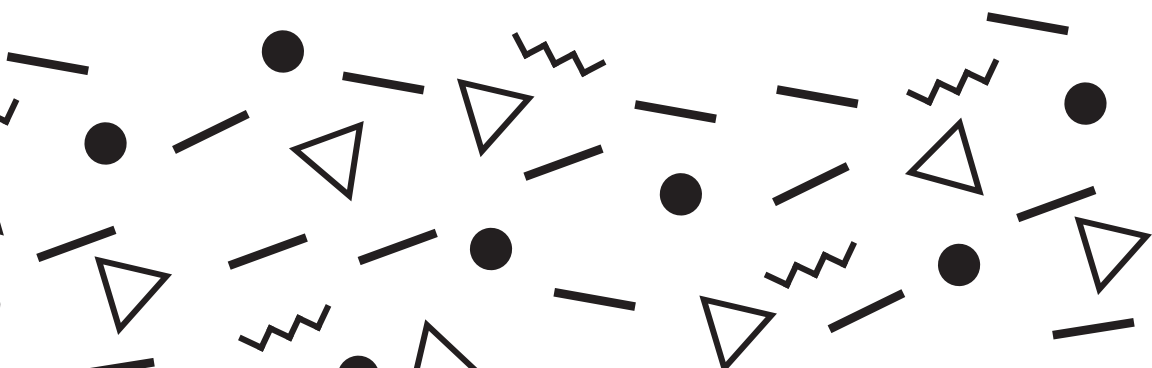
## Adoption

### *Key points*

- Adoption ensures alternative care for children who cannot remain with their biological families.
- The best interests of the child must be the paramount consideration in adoption.

- There is no right to adopt under EU or Council of Europe law, but the adoption process must adhere to certain criteria to ensure that it is in the best interests of the child.

Under international law, the best interests of the child must be the paramount consideration in cases of adoption. Aside from the best interests principle, other general principles of the CRC also guide and inform its implementation in the context of adoption: non discrimination, the right to life, survival and development and respect for children's views. Of particular relevance is the UN Committee on the Rights of the Child's General Comment No. 14 on the "right of the child to have his or her best interests taken as a primary consideration".



# Alternative care in Europe and beyond

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## Overview

Alternative care is a protective measure that ensures children's safety, when their families cannot provide for their care, protection and development. All countries have established alternative care systems for their children, in an effort to facilitate their development and their return to their families and integrate in their societies. This chapter will present the present situation of alternative care in Europe and in the rest of the world, with a special focus on the characteristics of the children residing in alternative care institutions, as well as some common findings on the alternative care systems of different countries. Finally, the need for the de-institutionalization of children will be pointed out, promoting family and community-based care and services instead.

## Introduction

Before discussing the provision of alternative care in Europe, it is useful to clarify the terms used for this discussion. The following Table presents the terms used for this section<sup>2</sup>:

**Alternative care:** Care provided to children who are deprived of parental care.

**Community-based services:** Services directly accessible at the community level, such as: Family strengthening services (parenting courses and sessions, promotion of positive parent-child relationships, conflict resolution skills) and Supportive social services, such as day care, mediation and conciliation services, substance abuse treatment, financial assistance, and services for parents and children with disabilities.

**Family-based care:** A form of alternative care in which the child is placed with a family other than his/her family of origin (e.g. kinship care, foster care).

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<sup>2</sup> [https://www.openingdoors.eu/wp-content/uploads/2013/05/DI\\_Lessons\\_Learned.pdf](https://www.openingdoors.eu/wp-content/uploads/2013/05/DI_Lessons_Learned.pdf)

**Foster care:** Situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care. Foster care placements can respond to a number of diverse situations (e.g. emergency foster care, temporary foster care, long-term foster care, therapeutic foster care, parent and child foster care, etc).

**Institutional care:** Care taking place in (often large) residential settings that are not built around the needs of the child nor close to a family or small-group situation, and display the characteristics typical of institutional culture (depersonalisation, rigidity of routine, block treatment, social distance, dependence, lack of accountability, etc.).

Residential care: Care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes

**De-institutionalisation of children:** Policy-driven process of reforming a country's alternative care system, which primarily aims at decreasing reliance on institutional and residential care with a complementary increase in family and community-based care and services, preventing separation of children from their parents by providing adequate support to children, families and communities and preparing the process of leaving care, ensuring social inclusion for care leavers.

### *Population of children in care*

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Article 27 of the United Nations Convention on the Rights of the Child (CRC) affords every child the right to “a standard of living adequate for the child's physical, mental, spiritual, moral and social development” and requires that parents or those responsible for the child “secure, within their abilities and financial capabilities, the conditions of living necessary for the child's development” (United Nations General Assembly, 1989). Additionally, Article 18 of the CRC states that “Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child” (United Nations General Assembly, 1989).

However, there are many conditions under which parents might find themselves unable to fulfil these obligations, rendering their children without proper parental care and protection. In such situations parents may decide that they

are either unable or unwilling to provide necessities such as food, clothing, shelter, health care, protection and/or education, or the State may intervene to remove their children. Such situations can result from a number of wide-ranging factors including poverty, health issues, household or community violence, stigma, emergencies, or substance abuse. Although most European States officially exclude poverty and material deprivation as reasons for the placement of a child in a care institution, these are often underlying causes for family separation. The current gaps in evidence and research are likely to be obscuring how poverty and social exclusion concretely feature in the decisions leading to the entry of children into the system of alternative care. Generally, the separation of children from their family environment is normally not related to a single issue but to a combination of factors such as material poverty, inadequate housing, single parenthood, lack of gynecological coverage and family planning (resulting in unwanted/unmonitored pregnancies), lack of parenting skills, lack of access to welfare, lack of support from the extended family, unemployment, lack of access to day-care and specialised services for children with disabilities, health conditions of children or parents, substances misuse, stigma and discrimination. If these factors are not properly addressed, the situation in the family can escalate and lead to neglect, abuse and violence (Euro-

child, 2012a: 12-13). This loss of parental care and protection may result in children having to live in alternative care institutions. Article 20 of the CRC stipulates that States Parties are responsible for ensuring such care in situations where children are “temporarily or permanently deprived of his or her family environment” (United Nations General Assembly, 1989).

While the majority of the available research literature has focused on documenting the conditions of children living in alternative care (particularly institutional care) and its potential effects on child development and functioning, there have been only a few attempts to quantify the number of children living in different alternative care arrangements. Furthermore, available estimates have often been published with limited information on the methods used to obtain these, leaving room for doubts about their reliability and actual coverage<sup>3</sup>. An often-quoted figure dating back to the 1980s suggested that between six and eight million children lived in alternative care institutions worldwide; however, the latest global estimate, published in 2009, put the number of children in institutional care at more than two million, with Central and Eastern Europe having the highest reported figure at around 800,000 children in institutional care (United Nations Children’s Fund, 2009). More

3 <https://www.sciencedirect.com/science/article/pii/S0145213416302873>

recently, the Transformative Monitoring for Enhanced Equity (TransMonEE) project estimated that more than 1.4 million children were in formal care (i.e., either residential or family-type care such as foster care or guardianship) in 2012 in 22 countries and the European Union (TransMonEE, 2014). In Latin America and the Caribbean, an estimate published in 2013 based on data from 27 countries in the region put the number of children in residential care at around 240,000 (Fondo de las Naciones Unidas para la Infancia, 2013).

More particularly, regarding the situation of children in care in Europe, in the survey carried out by Eurochild on information on children in alternative care - including residential, community- and family-based care (Eurochild, 2010) it was estimated that 1 million children grow up in public care across the EU, representing approximately 1% of the child population. Moreover, according to data from the UNICEF report “At Home or in a Home?” (2010) approximately 1.3 million children lived in various types of public care arrangements in the Europe in 2007, out of which 600.000 in residential care. The proportion of children in alternative care systems varies between countries. In Latvia, for example, around 2.2% of children are taken into public care. In Sweden approximately 0.66% of the child population is affected. In Romania, approximately 1.6% of the child population is under special protection – more or less unchanged since 1997 (1.66% of children)<sup>4</sup>.

### *Characteristics of alternative care in Europe*

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Despite certain difficulties in describing alternative care for children in Europe as a unique institution, there are some characteristics which can provide a clear picture on the provision of this type of care, as presented in the survey titled “Foster Care Models in Europe”, by Maja Laklija in 2011. The author makes the following remarks:

“The basic characteristics of public care for children in the countries of Central and Eastern Europe are: 1) increased need for care for children outside their families, 2) high proportion of children in children's institutions, and 3) weak traditions of alternative forms of childcare such as foster care and family-like homes (Ajduković, 2004, according to Laklija, 2011). Following the fall of communism in the 1990s, there is a slow change in the socialist countries related to the political and ideological heritage and policies on institutionalized care, which is now gradually being deinstitutionalized. Decision-makers in

<sup>4</sup> [https://www.eurochild.org/fileadmin/public/05\\_Library/Thematic\\_priorities/06\\_Children\\_in\\_Alternative\\_Care/Eurochild/FINAL\\_EXEC\\_SUMMARY.pdf](https://www.eurochild.org/fileadmin/public/05_Library/Thematic_priorities/06_Children_in_Alternative_Care/Eurochild/FINAL_EXEC_SUMMARY.pdf)

those countries follow the experience of developed countries and work towards increasing the number of foster families. In the process, they are supported by the World Bank, European Union, UNICEF, Caritas, Save the Children, Open Society Institute, Sida and other organisations. In addition to Hungary and Poland, Romania is a good example of successful changes in that area (Laklija, 2011).

The main characteristics of care for children in the countries of West Europe are: 1) a relatively small proportion of children placed in institutions, 2) a well-developed foster care system, and 3) a wide range of other alternative forms of care (Ajduković, 2004, according to Laklija, 2011). However, there are differences even among them, depending on their socio-economic policies. For instance, the countries with liberal democracy (United Kingdom) have financial possibilities, but lack the government policies supporting foster parents (Curtis, Dale and Kendall, 1999, George, Oudenhoven and Wazir, 2003, according to Laklija, 2011.). Accordingly, the practice shows that the most developed countries of the West have conceded foster care to informal mechanisms in the society and that the government's role is in comparison negligible. There are also notable regional differences in the rights of foster parents, resulting in lowering the competence for foster care to the local level (Ajduković, 2005, according to Laklija, 2011).

On the contrary, in the socio-democratic systems with a strong social policy, i.e. in the so-called Nordic countries, the government plays an important role in the promotion and professionalization of foster care. However, they are also being increasingly confronted with the same political and economic constraints as the liberal-democratic countries (George, Oudenhoven and Wazir, 2003, according to Laklija, 2011.)”

Moreover, apart from similarities in alternative care systems across different parts of Europe, some further characteristics can be added to describe them, as follows:

### *Wide use of care*

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According to different surveys, alternative and institutional care is still widely used for children without adequate parental care in Europe. Although most countries recognize placement in an institution as the solution of last resort after family support services and family-based care, the number of children in institutions is stable or rising in several EU countries. In the Czech Republic,

for example, only around 25% of children are in foster-care settings and the number of children in institutions has increased since 2000 (Unicef Transmonee). Latvia and Lithuania have also seen an increase in the number of children in institutions. Since new legislation was introduced in Romania, the number of foster care placements has increased by 35%, compared to January 2005. Nonetheless an estimated 24,126 children are still in residential type services (2008).

### *Vulnerable groups in care*

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Another issue pointed out in several studies is the fact that certain vulnerable groups of children are over-represented in the care systems of Europe. An example of this is Roma children and children with disabilities. In Bulgaria, for example, Roma children account for approximately 45% of children in care. In the Czech Republic in 2007 24% of children in care homes were Roma. In Hungary, children of Roma origin are over-represented in institutions, compared to their representation in the population as a whole (officially it is not allowed to collect data based on ethnic origin on the basis of right to privacy). The institutionalization of children with disabilities is a major concern in many countries of the EU. In Latvia, the Eurochild survey reports that municipalities do not have the resources to give additional support to children with minor physical or behavioral disorders. Placing children in institutions avoids this cost – they are not under municipality authority. Finally, the recent migration flows have added another vulnerable group to be highly represented in alternative care: the group of unaccompanied children, especially in those countries which receive the largest numbers of migrants, such as Greece and Italy.

### *Rights of children in care*

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Although most European countries have standards to protect the rights of the children in alternative care, in many cases their implementation is weak. There are still several countries, (e.g. Greece, Latvia and the Czech Republic) where standards are not yet fully implemented. Concerning monitoring of the standards, in many countries we find that there is a lack of data, while in some others, like Estonia, Finland, Sweden, regular reports are published. In other countries such as the UK, the time and cost involved in regulation, monitoring and inspection are seen as being disproportionate to the actual benefits in terms of improved services.



Involvement of children and parents in the decision-making process still remains very weak in many of the European countries. In the case of Ireland, regulations, standards and legislation are significant in comparison to other countries, the reality of proper consultation with children and their families is a separate issue. The Irish Social Services Inspectorate found that “care planning was still more often determined by crisis management rather than long term planning” where the voice and opinion of the child and family may not be considered. In the UK, although progress has been made with regard to involving children in alternative care in planning their own care, there is still much scope for improvement.

### *De-institutionalization*

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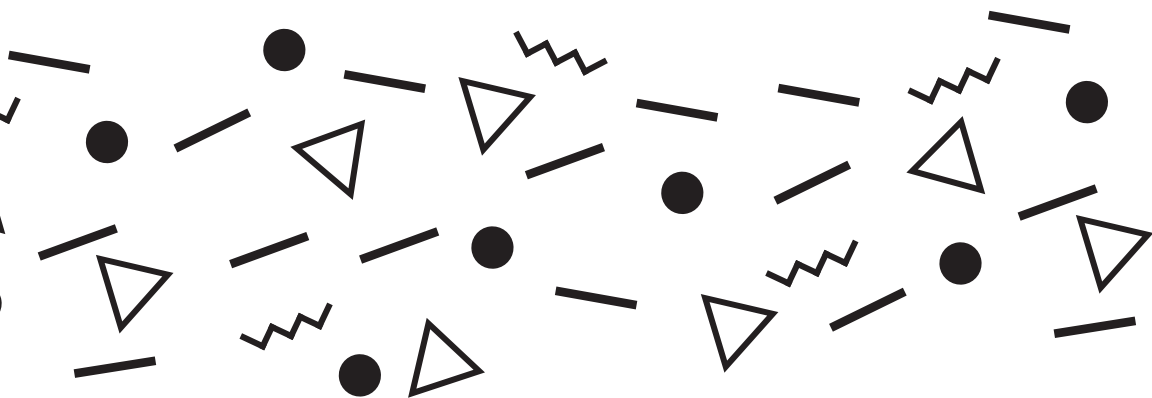
Nowadays, there is growing consensus that institutional care is simply not compatible with a human rights approach. The mass-treatment typical of institutions is utterly inadequate for providing services in a modern society, failing to recognize individual requirements or empower users, families and communities. Certainly, it is not a suitable system to meet children’s rights and developmental needs.

A number of countries have started to progressively dismantle their institutional care systems re-integrating children in their families and communities, but the process is still far from completion. De-institutionalization – also known as the transition from institutional to family and community-based care - can be defined as a policy driven process of reforming a country’s alternative care system, which primarily aims at:

- Decreasing reliance on institutional and residential care with a complementary increase in family and community-based care and services;
- Preventing separation of children from their parents by providing adequate support to children, families and communities;
- Preparing the process of leaving care, ensuring social inclusion for care leavers and a smooth transition towards independent living.

De-institutionalization, therefore, is a strategy to get children out of institutions but also to avoid new placements. A thorough assessment of the needs of each child should be conducted to provide alternative care solutions based on his/her best interest. Reforms should tackle the root causes of neglect, abuse and child abandonment, and aim at preventing unnecessary separation of children from their families through a broad range of support measures.

The ultimate goals of the systemic reforms are therefore to prevent the need for alternative care, to protect the rights of children living in alternative care and to improve the quality of the care provided to them. The Guidelines for the alternative care of children, a United Nations framework represent the fundamental framework of reference<sup>5</sup>.



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5 [https://www.openingdoors.eu/wp-content/uploads/2013/05/DI\\_Lessons\\_Learned.pdf](https://www.openingdoors.eu/wp-content/uploads/2013/05/DI_Lessons_Learned.pdf)

# Care provision and child development

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Human development is influenced by various factors that either facilitate or hinder it. Early childhood development can be influenced by environmental factors such as the child's family, their carers and their cultural environment. Although the stages of psychomotor development are the same for all children, the particular characteristics of the environment in which the child grows up can cause significant differences in his or her developmental rate. In order to achieve optimal development in children, a supportive environment and a strong relationship with the person who cares for them is needed. Children who grow up in care institutions are usually deprived of supportive environments and this fact can lead to various deficits. Growing up in a care institution often results in a complex mix of physical, cognitive, social, intellectual, emotional or even physical deprivation. Problems recorded in populations of children living in care institutions include physical and brain development deficits, cognitive problems, speech delays, sensor integration problems, social and behavioral abnormalities, hyperactivity, and attachment disorders. The impact of life within childcare in the development of children is multidimensional and although it may vary from care institution to care institution or even from part to part within the same care institution, common elements have been observed across care institutions regardless of the country in which they operate.

In particular, a significant number of studies have shown that infants and young children who grow up in child care institutions are at high risk of developing low functioning in a variety of developmental areas, such as physical, cognitive, social and emotional, as presented below:

## **Physical Development**

Regarding children's physical development, there is a delay in important development indicators such as weight, height and head circumference. Indeed, studies report that on average children in care institutions lose one month of physical development for every 5 months of institutional care, even if their nutritional needs are fully met. Relevant studies have also shown that this physical development of children may be due to the malnutrition of children within the institution, the manner in which food is administered by the caregiver, espe-

cially if there is time pressure and a small proportion of caregivers in children, the poor medical care, the inadequate stimulation and the reduced number of carers in care institutions. Chronic stress experienced by children in care institutions is also considered an important factor hindering their physical development, since, when stress is experienced at a critical developmental period, its effects on physical development are severe and, in many cases, irreversible.

Although there are signs of recovery in the case of children who are adopted in a healthy family environment, some of the aforementioned difficulties appear to persist in adolescence or even in adult life. With regard to the indicators of physical development, although there is a rapid recovery within just one year of placing children in a family setting, at the age of 15 the differences (height, weight) with respect to non-institutionalized children return, a pattern which appears to be the result of early adolescence observed in ex-institutionalized children, leading to accelerated early development followed by retardation.

### **Cognitive development**

Concerning cognitive development, significant deficits in attention and executive functions, as well as language development retardation and mental retardation have been recorded, with institutionalized children receiving an average of 20 points lower than the average population in intelligence scales. Children residing in care institutions are usually from families with low social and economic backgrounds. This means that the psychosocial and emotional problems these children face may derive from their families or may be attributed to a combination of factors, such as past negative experiences, general predisposition, and also the conditions of the care institution in which they live. Concerning the physical needs of children in relation to the psychomotor development, it is reported that poor socio-emotional development is observed even when there is adequate nutrition, health care and cognitive stimulation. Similar to cognitive development, adoption significantly improves a child's overall cognitive ability, but remains on average lower than children who have never been institutionalized. Also, 42% of ex-institutionalized children continue to experience attention and concentration problems.

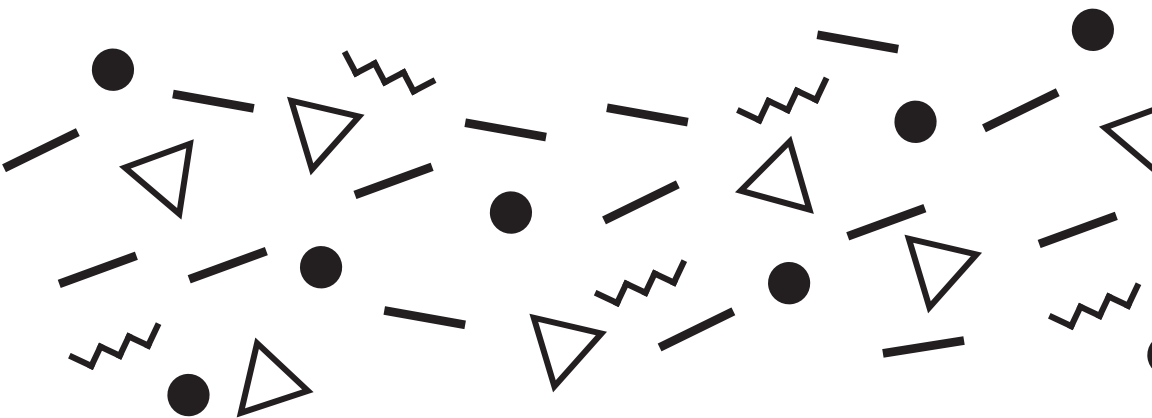
### **Social and emotional development**

The detrimental effects of institutional care on the social and emotional development of the children living in care institutions include hyperactive, antiso-

cial and often aggressive or even violent behavior or, on the other hand, low levels of impulsivity and withdrawal behaviors. In addition, children living in care structures experience "undifferentiated friendliness" (i.e. the manifestation of "social friendliness" to strangers), poor quality in peer relationships, frustration, depression, anxiety and emotional difficulties.

More specifically, it has been observed that children living or having spent time in care institutions are learning to suppress their need for emotional care, for security, and for maintaining proximity to the caregiver (or person of reference), thereby exhibiting avoidant or even ambiguous behavioral patterns that reflect a corresponding provision of institutional care which in many cases may be non-emotional, unpredictable and unstable. Indeed, it is interesting that over time, institutionalized children learn to suppress the expression of any negative emotions and only express positive emotions as a somewhat organized behavioral strategy adapted to the institutional context (e.g. the child's smile even when he/she is feeling anxious is more likely to gain some social attention and therefore care in an institution's busy environment than negative behavior).

In summary, according to the Common European Guidelines on the transition from institutional care to local community care (2012)<sup>6</sup>, the results of institutionalization in children are presented in the following table:



6 Guidelines found in the following link: <http://enil.eu/wp-content/uploads/2016/09/Guidelines-01-16-2013-printer.pdf>

**Table: Effects of institutionalization on children**

Area of child's development affected by institutional care	Consequences of institutionalization on child's health
<b>Physical development and motor skills</b>	<p>Physical under-development, with weight, height and head circumference below the norm;</p> <p>Hearing and vision problems which can be caused by poor diet and/or under-stimulation;</p> <p>Motor skill delays and missed developmental milestones; in severe conditions, stereotypical behaviours, such as body rocking and head banging;</p> <p>Poor health and sickness;</p> <p>Physical and intellectual disabilities as a consequence of institutional care.</p>
<b>Psychological consequences</b>	<p>Negative social or behavioral consequences, such as problems with anti-social behaviour, social competence, play and peer/sibling interactions;</p> <p>'Quasi-autistic' behaviours such as face guarding and/or stereotypical self-stimulation/ comfort behaviours, such as body rocking or head banging; in some low-quality institutions, young children become socially withdrawn after six months;</p> <p>Attention-seeking behaviour, such as aggressive behaviour or self-harming (which can lead to social isolation of children or use of physical restraints).</p>

Area of child's development affected by institutional care	Consequences of institutionalization on child's health
<b>Formation of emotional attachments</b>	<p>Indiscriminate friendliness, over-friendliness and/ or uninhibited behaviour, especially in children admitted to institutions before the age of two;</p> <p>Detrimental effect on their ability to form relationships throughout life;</p> <p>Children who are desperate for adult attention and affection.</p>
<b>Intellect and language</b>	<p>Poor cognitive performance and lower IQ scores;</p> <p>Delay in language acquisition;</p> <p>Deficits in language skills, such as poor vocabulary, less spontaneous language and early reading performance.</p>
<b>Brain development</b>	<p>Suppression of brain development in young children, resulting in neural and behavioural deficits, especially for social interactions and emotions, as well as language.</p>

Finally, in addition to the objectively measurable delays in the aforementioned developmental parameters, it is also interesting how children themselves subjectively perceive the reality of institutional care. They report that they feel less loved and popular, experience intense loneliness, and clearly prefer any other form of care instead of the institutional care. Unlike more than 70% of children living in foster families, relatives' homes or with their natural parents who wish to remain in their current "family" context, only 30% of children living in institutions wish to stay in them (Bush, 1980)<sup>7</sup>.

<sup>7</sup> Bush, M. (1980). Institutions for Dependent and Neglected Children: Therapeutic Option of Choice or Last Report? (1980). *American Journal of Orthopsychiatry*, 50, 239-255.

Serious detrimental consequences of the experience of living in care institutions are also observed in the type of bond / attachment that infants manage to form (or not) with their caregiver. Children are unable to form a bond with a primary caregiver (person of reference) within the generally deprived institutional setting, as they exhibit no attachment behavior and no differentiation in their behavior towards a caregiver (a familiar person) and an unknown / stranger<sup>8</sup>.

Another factor which also needs to be presented regarding the effects of institutionalization on the development of children is the length of the period which the child spends in a care institution. According to research<sup>9</sup>, the longer the time spent in a care institution, the greater the decline in measures such as the IQs and the academic achievement. After removal from a care institution, children improve on developmental and intellectual measures, but those who have been institutionalized for a long period of time may still show significant delays for many years after adoption. The effect of length of institutionalization on development has been demonstrated both through correlations and through group differences.

In order to address the aforementioned effects of institutionalization on young children, de-institutionalization has been considered as the most viable solution: “[The]...sum total of the research establishes a most compelling and urgent humanitarian need for the youngest of children to be spared the adverse impacts of institutionalization. Sensitive developmental periods during which a child needs close nurturing care occur very early in life and span a broad array of functions related to physical, cognitive, emotional and behavioral well-being.”<sup>10</sup> UNICEF defines de-institutionalization as “the complete process of planning the conversion, downsizing and / or closure of housing structures, while creating a variety of other child-care services that are based on rights-based and results-oriented standards”<sup>11</sup>. Based on research into the impact of life in child-care institutions, the creation of alternative forms of care is the most important way to de-institutionalize these children, especially when it has been proved that time spent in care institutions affects both the appearance,

8 <https://www.psychology.gr/psychologia-paidiou/1001-vrefi-kai-paidia-se-idrumata-epitoseis-sti-somatiki-gnostiki-kai-koinonikosynaisthimatiki-anaptuxi.html>

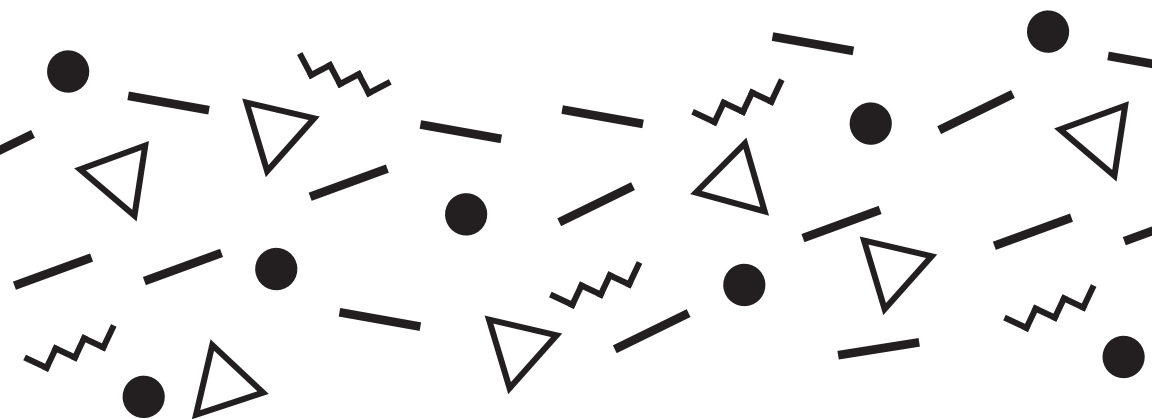
9 Maclean, Kim. (2003). The impact of institutionalization on child development. *Development and psychopathology*. 15. 853-84.

10 UNICEF (2011) *Early Childhood Development, What Parliamentarians need to Know*. Geneva: UNICEF Regional Office for Central and Eastern Europe and the Commonwealth of Independent States, p.41.

11 UNICEF (2010) *At Home or in a Home?: Formal Care and Adoption of Children in Eastern Europe and Central Asia* (p. 52).



the duration and the continuation of adverse effects, even when children leave the care institutions. The evidence therefore suggests that all institutions for children under five (including children with disabilities) should be replaced with other services that prevent separation and support families to care for their children. Once families have been assessed, recruited and trained and once the necessary community-based services are in place, all children under five should be moved to family-based care<sup>12</sup>.



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12 Mulheir, G. & Browne, K. (2007) *De-institutionalising and Transforming Children's Services. A Guide to Good Practice*. University of Birmingham: Birmingham.

# Life and Survival After Care

## Overview

The chapter presents the basic and most common characteristics of the life which care leavers lead, after they have left the care system. Youth who have left care usually face severe problems and hindrances when entering the society, making their integration in it a difficult and in many cases unsuccessful process. Different ways to support the group of care leavers are presented, such as social counselling, mentoring and training, while the importance of the self-representation of care leavers, by using the Romanian example, is pointed out.

### How is life after care?

Leaving care is defined as the cessation of legal responsibility by the state for young people living in care. However, in practice, leaving care is a major life event and process that involves transitioning from dependence on state accommodation and support to self-sufficiency.

Young people leaving out-of-home care could be one of the most vulnerable and disadvantaged groups in our societies. Compared to most young people, they face particular difficulties in accessing age-appropriate developmental and transitional opportunities. Care leavers have been found to experience significant health, social and educational deficits, including homelessness, involvement in juvenile crime and prostitution, mental and physical health problems, poor educational outcomes, inadequate social support systems, and early parenthood (Cashmore & Paxman, 2007)<sup>13</sup>. Employment outcomes for care leavers tend to be particularly poor, which could leave many of them reliant on social benefits payments and living in poverty (Broad, 1999)<sup>14</sup>.

Public communities have stereotypes and prejudice towards the youngster leaving care that lead to discrimination and lack of trust and community support for the care leavers, in their most vulnerable time: when they try to make it on their own. Care leavers can face discrimination and stigmatization in the workplace, leading many to hide their care history from employers according

13 Cashmore, J. & Paxman, M. (1996). Longitudinal Study of Wards Leaving Care. Sydney: Social Policy Research Centre

14 Broad, B. (1999). Young people leaving care: Moving towards joined up solutions. *Children & Society*, 13, 81–93.

to a study report of SOS Children's Villages International made in 2018 in 12 countries<sup>15</sup>.

According to the Care Matters<sup>16</sup>: Time for Change report issued by the Department for Education and Skills 9 (UK), a young person leaving care is:

- Four times more likely to develop a mental health disorder
- Three times more likely to be convicted (or cautioned) of an offence
- Five times less likely to achieve five good GCSE's
- Eight times more likely to get excluded from school and less likely to go to university.

## **How to support care leavers?**

### ***Social Counseling***

Many of the situations that care leavers face need direct and individual support through social counseling and accompanying the young persons in dealing with the social, medical, labor, educational system within the country. Professional and experienced social workers can provide counseling that is explanatory, problem solving orientated and empathic. Social Works can hold the position of case managers and coordinate a multidisciplinary team that will offer advice and assistance to the young person leaving care.

Social Counseling could tackle topics such as: abuse (experienced before they enter care), drug and alcohol addiction, anger management (dealing with anger issues in a calm environment can help to lower stress levels, improve mental well-being and may even help maintain employment), constant anxiety or depression, bullying and discrimination, low self-confidence / low self-esteem and relationship issues.

### ***Mentorship and Group Community Support***

The role of the local community in the integration process is of high importance and the community representatives are the people the care leavers meet on daily life. Finding community mentors that play a parental role could improve the chances for self-sufficiency and feeling part of the community. Men-

<sup>15</sup> Claire Cameron, Hanan Hauari, Claudia Arisi (2018). Decent work and social protection for young people leaving care. SOS Children's Villages International, p 14

<sup>16</sup> Care Matters: Time for Change Report, Secretary of State for Education and Skills UK, June 2007

tors with social skills and preferable experience in working with social vulnerable group will receive training and specialized monitoring to constantly learn how to deal with young persons that have left care.

Mentors can come from different areas of interest and professional experience such as: retired social workers or psychologists, religious figures, activists or general public that want to get involved. The mentors can offer support in achieving everyday tasks by offering information about simple and general needs, such as paying bills, getting registered for medical appointments and recreational activities.

This need of parental figure, more close than governmental representatives will increase the level of trust for the care leavers and tackle the abandonment trauma and lack of stable and carrying family.

### *Using art ateliers as a connecting tool within the community*

Art therapy is a well-known tool to deal with trauma and express feelings such as sadness, anger, resentment but also a manner of self-empowerment and builder of self-esteem. Young persons leaving care could communicate inner feelings in an unexpected manner through art, such as painting, sculpture, literature, dance or music. Finding time to participate in art ateliers makes care leavers responsible and gives them a sense of participation and importance.

Dialogue between the care leavers and local community can be achieved by arts. Affiliation with other care leavers by artistic means can create artistic initiatives that speak about social challenges of young persons leaving care and through this reach the community for more involvement and support.

Local art clubs or independent artists might support such art ateliers with other vulnerable groups as well.

### *Self-representation*

Finding means to get a voice and raise awareness on what life is like for young persons leaving care, after the experience of institutionalized care could represent a starting point in recognizing self-identify and building a structure of social change.

The individual experience is a more valid perspective of the needs, changes and limitations of the care system provided for young people who must start an independent life on their own.

Training on how to start an association that fights for the leaving care persons can be offered by experienced civil organizations. Further on, recognition by the authorities of such bodies is important in creating change and implementing innovative instruments for the social inclusion of the young persons that were in care.

Such example of self-representation could be the Institutionalized Youth Council from Romania<sup>17</sup> that is the singular national body that represents Romanian care leavers at national level. The main purpose of the Institutionalized Youth Council is to act to defend and promote the rights of institutionalized young people (post-institutionalized) in the special protection system to increase their active participation in the communities in which they operate, and to support and promote the common interests of its members at local, regional, national, European and international level.

### ***Constant training opportunities***

Developing hard and soft skills is a lifelong learning activity for any person. More needed for young persons leaving care that were dismissed from many learning experience due to lack of family support and because of institutional care. Such trainings can include development of soft skills such as strategic and creative thinking, decision-making ability, capacity to negotiate, problem solving competence and intercultural competences.

Participating in professional training organized by Governmental Job Centers or private learning centers are also highly recommended in achieving better chances of labor access. Low or medium education jobs could represent the ideal labor opportunities for the time given for care leavers.

Trainings on how to present yourself on a job interview or other job related topics can also be offered to care leavers with the aim of better access to job market.

# Care Leaving Plan

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## Overview

This chapter highlights the importance of the development of a concise, clear and personalized plan for every young person who leaves care to become an independent adult. The existence of such plan will facilitate the transition and will adequately prepare the care leavers for the situations they will face once they have left the care system. The preparation of the plan needs to be supported by experienced care professionals so that the plan truly benefits the care leaver. The basic areas which need to be addressed in this plan include education and future employment, the means of future community support and the development of certain life skills leading to the desired self-sufficiency.

Children leaving care at the age of becoming adults (18 years old) must be counseled and offered training and assistance to respond to their main priority needs before leaving care in three main directions: Education/ Job seeking, Belonging/Community Support and Self-Sufficiency.

The young person leaving care must be fully involved in discussions and plans for their future, the mentor/trainer making sure that the young person understands the necessity of acquiring new skills or empowering present skills/knowledge in terms of education, community support and self-sufficiency for the time after leaving care.

The initiatives that will be take in preparing a care leaving plan are strongly connected with an After Care Plan that is designed to provide a bridge for young people from care to future post care services and, eventually to their independence and autonomy. One of the fundamental objectives of the After Care plan is it to support the young person leaving care to develop a strong sense of themselves and identity. The development of a positive self-image and understanding of their background and history will enable the formation of a positive sense of citizenship. This will enable the young person to hold a sense of belonging to the community they live in and connection to society in general. It also work to develop confidence and self-esteem within the young person so they have the ability to make informed choices moving forward and be able to voice their opinions an thoughts on key issues that affect them.

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## Education / Job-Seeking

Every step taken towards better education and employment outcomes can lead to improvements in almost every aspect of any adult life, including young persons leaving care: income, housing, mental and physical health, family and parenting, resilience and self-efficacy (Schuller et al., 2001)<sup>18</sup>.

In understanding the educational level of the child that is getting ready to leave care will be take in consideration all the formal education achieved and informal education as well. The young person must be informed and motivated about future educational possibilities: finishing high school, moving forward for University, college or professional trainings that will improve access to the labor market and an income that can generate an independent life.

In the discussion on educational perspectives of youth leaving care, school counselors can be involved in order to get a real picture of how educational system works in that specific country/area, criteria of enrolment or taxes and possibility of governmental scholarships. Other specialized professionals in school dropout, school pedagogy experts could join a multidisciplinary team in order to offer a correct perspective on pursuing future education.

Youngsters preparing to leave care can also participate in educational fairs or educational institutions tours in order to better understand future perspectives. An educational plan will be created with specific tasks and deadlines, actors involved, actions to be taken in case of delays and procedures in case of reaching limitation or barriers in the educational process, understood and accepted by the young person preparing to leave care.

For some youngsters preparing to leave care future educational initiatives are not to be taken in consideration but direct access to labor marked is desired. A multidisciplinary team formed by governmental labor access officers, trainers specialized on labor access and other professionals from training centers could provide counseling and direct support in order to evaluate and find concrete options for finding, accessing and keeping a job.

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18 Schuller T., Bynner J., Green A., Blackwell L., Hammond C., Preston J., & Gough M. (2001). Modelling and measuring the wider benefits of learning. WBL Monograph No 1, London, UK: Institute of Education.

Several online instruments can be used in order to evaluate the soft skills that young person leaving care acquired during their life and the past education experience that will unveil needs for future trainings or best skills that could be mentioned in a CV<sup>19</sup>. Test job prospects could start before leaving care in order for the person looking for a job to understand the process and take responsibility in taking and following the needed steps.

Voluntary work or apprenticeship programs could be taken in consideration as a preliminary stage before actually getting a job. A young person leaving care can better understand and test different job environments and evaluate personal strong and weak points that will help them decide future professional carriers.

A note to be taken in consideration when evaluating what employment outcome for young care leavers could be is the physical, sexual or emotional abuse or neglect prior to entering care that they might have experienced. These traumatic experiences can negatively affect attachment and brain development, and lead to long-term problems in social functioning, relationships and economic participation. Associated challenges include coping with separation from natural families and the accompanying anger, loss and grief; making peace with their biological families; relating to new families; and establishing connections with other significant adults in their social environment (Maluccio, Krieger, & Pine, 1990)<sup>20</sup>.

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## **Belonging/Community Support**

Transition to independent living and adulthood can be the most challenging stage of life for a young person leaving care. Feelings of insecurity, uncertainty, confusion and fear often surface in relating with the local community where youngsters in care or preparing to leave care are living. Very often the children under care do not have a sense of social group community belonging, given the trauma of abandonment on a personal level and due to stereotypes and discrimination that can happen towards the children in care.

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19 [www.whomen.eu](http://www.whomen.eu) - a protocol to foster a more comprehensive and inclusive recognition of professional competences and defining new paths for the acquisition of transversal skills for women/persons at risk of exclusion

20 Maluccio, A., Krieger, R., & Pine, B. (1990). Adolescents and their preparation for life after foster family care: An overview. In A. Maluccio, R. Krieger, & B. Pine (Eds.), *Preparing adolescents for life after foster care* (pp. 5–17). Washington, DC: Child Welfare League of America.



Community support is vital in the process of integration versus marginalization, where the community needs to be informed about the needs of the children leaving care and be supportive and welcoming towards them. This level of acceptance based on clear information, positive perception and knowledge how to deal with the lack of resource that children in care could have will establish the base of integration that will motivate the young persons in care or leaving are to desire participation/belonging and to integrate in a social system. In order to achieve such a level of community openness there is a need of disseminating and informing the public society towards the social needs and resources that a young person preparing to leave care has.

The role of Youth Centers in the community could be used as a channel to include through participation the young persons in care, involvement in social projects, community projects, volunteering and connecting with other young people of the same age with similar interests.

Other community initiatives that could be organized include participation in local festivals, city ceremonies, cultural exchange programs and voluntary services in other social institutions (refugees centers, old persons daily centers, kindergartens, schools, etc.).

Support Groups or community mentorship programs could be established in order to create personal connections with young persons preparing to leave care in order to construct a relationship of trust and accountability for the young persons.

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## **Self-Sufficiency**

Every young person preparing to leave care will face different challenges and issues so it is mandatory to create an individually tailored program and care leaving plan for everyone once the young person's needs have been assessed. Self-sufficiency is related to skills that need a broad and constant assistance so that young persons leaving care are able to take care on their own, once they are independent and leap into the future.

Topics regarding self-care which can be tackled during individual or group counseling sessions before leaving care could be:

- Finding good quality accommodation after care
- Medical Care
- Budgeting and Financial Skills
- Home Care Skills (e.g. Shopping, Cooking, Cleaning)
- Challenging anti-social behavior: drug use, alcohol abuse, human trafficking danger, criminal acts.
- Managing relationships and Sexual Education
- Overcoming boredom and isolation
- Self-identity
- Self-care skills

The information regarding a self-sufficient life could be easier processed by the use of informal trainings, educational camps, self-thinking, games and group ateliers. Initial evaluations before the trainings can be made in order to evaluate the learning process after participating in such training. A multidisciplinary team of professionals to pass the desired information could be made of representatives of governmental authorities on housing, health providers, local authorities (such as City Halls, Social Services), experts on fighting drug use, human trafficking, phycologists and social pedagogy experts.

### **The “After Care Plan” developed by the Now What partnership**

The “After Care Plan” to be used in the framework of the Now What project is annexed in this guide. The plan is to be discussed, decided and filled in by each care leaver and their respective mentor. It covers the following areas:

- Housing and Accommodation
- Education and Employment
- Health and Well being
- Family and Friends
- Personal and Practical Skills
- Money
- Rights and Legal Issues



# The Case of Unaccompanied Children

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## Overview

Children may become separated from their parents, relatives or usual caregivers in emergencies – whether rapid or slow in onset, or resulting from armed conflict, mass population displacement, natural disasters, and other crises. Separation can occur either accidentally, such as when families are fleeing from attacks without warning, or deliberately, when children are abandoned or given over to the care of another individual or institution because their families are unable to care for them. Children may also be abducted for ransom, sale, forced labor, or military recruitment. Lacking the care and protection of their families, unaccompanied and separated children are at increased risk of abuse, neglect, exploitation and violence. Indeed, such children have urgent needs: to be identified, to be provided with appropriate alternative care and to be reunited with family whenever this is possible. In this chapter we will define the category of unaccompanied children; their circumstances; the common needs that these children have; the legal framework and principles that guides intervention and long-term options for unaccompanied children.

## Analysis

A *child*, as defined by the United Nations Convention on the Rights of the Child, is “every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier.” Following this definition, it is important that we mention the definitions of *unaccompanied children* and separated children, therefore unaccompanied children are children, as defined in Article 1 of the Convention on the Rights of the Child of 20 November 1989 (CRC), who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so<sup>21</sup>. “*Separated children*” are children, as defined in Article 1 of the CRC, who have been separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children unaccompanied by other adult family

21 Committee on the Rights of the Child, General Comment n°6, Treatment of Unaccompanied and Separated Children Outside Their Country of Origin, CRC/GC/2005/6, 1 September 2005, para. 7

members<sup>22</sup>. It is important to distinguish orphans from unaccompanied and separated children since orphans are defined as a category of children whose both parents are known to be dead. Children are seen as vulnerable and in need of protection for a number of reasons beyond the ones stated in the 1951 UN Convention, and there is an explicit acknowledgement that poverty and criminal activity can displace some minors, as well as war. As such, the original definition of 'unaccompanied' is subsumed under this more inclusive definition.

As an example of differential interpretations, the definition of 'child' in relation to unaccompanied minors varies across Europe. In Germany, for instance, only asylum seeking children below the age of sixteen are considered minors. Older asylum claimants are treated as *de facto* adults (UNHCR, 2004: 2). Conversely, in Holland those who continue to receive government assistance after the age of eighteen are included in the statistics returned to the UNHCR for unaccompanied minors. Authorities in the UK have positioned themselves somewhere between the German and Dutch interpretations of age in recent times

## **The historical context**

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Children displaced across borders, sometimes to countries far away from their homelands, have found their way to different parts of Western Europe (Ayotte, 2000), and to the United Kingdom in particular, for many decades (Williamson, 1995; Ayotte and Williamson, 2001; Harris and Oppenheimer, 2001). There are many records to show that the UK has allowed unaccompanied refugee children to resettle within its borders at certain moments in the twentieth century (Bell, 1996). If these records are examined within the wider frame of international refugee movements, a pattern emerges that suggests that wars can sometimes generate large numbers of displaced children, the majority of whom move to neighbouring countries. Very rarely do children flee to countries far away from their homelands. These days, relatively few come to Europe generally, or to the UK. Depending on the nature and extent of the emergency or conflict, retrospective estimates carried out by aid agencies and researchers indicate that numbers of unaccompanied children can range from several hundred to several thousand. In the 1930s, the Spanish Civil War led at one stage to 90,000 children being reported as orphaned and abandoned. More than 20,000 of these were evacuated in an organised way to other countries, including France, Belgium, the USSR, Mexico, Switzerland and Denmark, with 4000 Basque children coming to the UK. The 57 nations involved in the Second World War produced the biggest numbers of unaccompanied children

22 *Ibid.*, para. 8.

– some 13 million, as estimated by the International Committee of the Red Cross and UNESCO. For children under threat of extermination by the Nazis, it became increasingly clear that survival depended on securing asylum away from their families and countries of origin. Particularly during 1938 and the early part of 1939, when families could not leave as units, the children within them were pushed forward as the most valuable assets by their parents, often into the care of rapidly constituted organisations and systems concerned with safety and flight.

In the United Kingdom the rise in numbers arriving at ports began in earnest during the late 1990s, with the breakup of the Yugoslavian Republic and the conflicts in Croatia, Bosnia and Kosovo, and also in Afghanistan, Iraq, and the Horn of Africa. While it appears that the worldwide refugee population fell between 2002 and 2003, the gradual increase in asylum applications from unaccompanied minors up to that time reflects the overall growth in the numbers of asylum applications in Europe between 1998 and 2002. In 2003, the total number of people ‘of concern’ to the UNHCR – refugees, asylum seekers, internally displaced people, and others who are stateless – stood at 17 million worldwide, down from a figure of over 20 million in 2002. About 43% of these, i.e. over 7 million, were children (UNHCR, 2004).

## **The unaccompanied minors and their circumstances** ---

Unaccompanied migrant children are especially vulnerable and require specific care and safeguards. Many of them appeared to be vulnerable because of the distress of departure and as strangers in a strange land. Confusion, opportunity and danger were noted as existing for them here, making them cautious about establishing trusting relationships in their new environments. They had fled from abusive families, not just abusive regimes, and needed the care and protection offered by Social Services. The pursuit of certainty in relation to immigration had left them anxious. There appears to be a relatively strong link between wealth and distance travelled, with the Africans and Asians needing and using robust financial resources offered by relatively wealthy urban backgrounds to come to airports as ports of entry to Europe, in comparison with the Kosovan Albanians entering through sea ports, after shorter, relatively less costly journeys by lorry.

Upon arrival in the country of transit or destination, unaccompanied migrant children often live in overcrowded settings; and they may be forced into work that exposes them to unsafe working environments, including exposure

to chemicals, heavy agricultural labour, petty crime and, in some cases, even sexual exploitation. In view of mental health, major developmental and psychological vulnerabilities may accompany the experience of unaccompanied migrant children, eventually including lack of parental care, substance abuse and symptoms of depression. These factors may be further heightened by the unexpected reality of undocumented migration versus the migration myths previously pursued, and not least where relating to trafficking situations. The critical period of identity formation of any unaccompanied migrant children may be threatened by the transitional nature of their experience, caused by frequent uprooting, a lack of stability and a lack of positive role models.

## **Legal framework and principles**

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Unaccompanied migrant children are entitled to international protection under international human rights law, international refugee law, international humanitarian law and various regional human rights instruments. It is important to note that these principles are interlinked and must be respected throughout the migration process of all migrant children. IOM's work in relation to unaccompanied migrant children is, first and foremost, set in the framework of international migration law, in particular, but not exclusively, the International Convention on the Rights of the Child. These international standards are complemented by a multitude of regional and national standards. Within this framework, IOM's constituent documents have, since the Organization's inception, referred to the need for promoting the human rights of migrants. IOM's de facto protection mandate was more explicitly recognized by Member States in 2007 in the context of the adoption of the IOM Strategy.

Social services, NGOs and relevant welfare departments in both host countries and countries of origin play important roles and have been proactively involved in assisting AVR-related activities, such as family tracing, facilitating family assessments, preparing return documentation, organizing travel escorts, family reunification, reintegration activities, and follow-up monitoring.

The following principles must be respected throughout the migration process of all children: Principle of non-discrimination; Best interests of the child; Life and full development; Family unity; Non-refoulement; Evolving capacities; Participation and Confidentiality.

The key parameters enshrined in the framework of international migration law cut across all of IOM's activities involving unaccompanied migrant children and are vital at all stages of the migratory process. The need to identify

unaccompanied migrant children at an early stage of the migration process in order to be able to respond to their specific protection needs is among the highest priorities; in addition, it shows the paramount role of the best interest determination for unaccompanied migrant children in order to identify the best solution for them (return to the country of origin, local integration, resettlement or adoption). Finally, the reference to measures that aim to prevent a child's separation from his family, family tracing and family unity confirm the primary goal of ensuring reunification of the unaccompanied child with his/her family, as long as this takes place in his/her best interests. The best interests of the child must be a primary consideration in all actions concerning children. The best interests determination becomes, thus, a very important tool and a precondition for IOM's work. It is to be noted, however, that international law fails to provide a sufficient clarity as to what the process of the Best Interest Determination entails.

## Initial assessment and measures

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Actions required for the care and protection of unaccompanied children should include: measures to prevent separation; early identification of a child as unaccompanied; proper registration; temporary care arrangements and tracing of family members, assessment for family reunion and long-term solutions such as family reunion (where possible and if in the child's best interests) or alternative long-term placement. The children should also have access to education during the status assessment/family tracing. A State should have staff specially qualified to deal with children. The specific situation of each child (ethnic and migratory backgrounds, cultural diversity, etc.) should be taken into consideration on a case by case basis.

## Specific protection needs

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01

***Appointment of a guardian.*** In order to secure the proper representation of an unaccompanied or separated child's best interests, a guardian should be appointed as soon as the unaccompanied or separated child is identified. With a view to ensuring the respect of the best interests of the child, the guardianship should normally be assigned to an accompanying adult family member or non-primary family caretaker unless there is an indication that it would not be in the best interests of the child to do so. In cases where a child is accompanied by a non-family adult or caretaker, suitability for guardianship must be scrutinized more closely.

02

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**Accommodation arrangements.** The Convention on the Rights of the Child imposes an obligation on States Parties to also provide alternative care arrangements for unaccompanied children outside their country of origin. When choosing among the options mentioned in article 20, paragraph 3 of the CRC, due regard should be given in particular to the ethnic, religious, cultural and linguistic background of the children. In addition, priority should be given to community-based solutions that build on existing social structures, whereas institutions should be always considered as a last resort, even during emergencies.

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03

**Access to quality education.** The access to quality education should be maintained during all phases of the migration cycle. Unaccompanied children should attend local school; where educational training is not locally available, facilities provided to unaccompanied children should also be available to other children. The education should also include vocational training for both girls and boys. Access to quality education should also be ensured for children with special needs, in particular children with disabilities. All unaccompanied and separated children have the right to maintain their cultural identity and values, including the maintenance and development of their native language.

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04

**Health.** Unaccompanied children should have the same right to access to health care as national children. In line with the right of the child to the enjoyment of the highest attainable standard of health, recognized by article 24 of the CRC, the health facilities should be capable of taking in due consideration the particular mental and physical vulnerability of unaccompanied children and to properly address the psychological stress or traumas suffered by many of them. The mental health care provided should also be culturally appropriate and gender-sensitive. Qualified psychosocial counselling should also be provided. According to international migration law, all children are entitled to the right to health. Nevertheless, to date there has been no overall study that examines the extent to which this right has been implemented by national laws worldwide. The different phases of the migration cycle (pre-departure, movement and employment) in the country of destination and return can expose unaccompanied migrant children to travel health threats, particularly if they are undocumented. Unaccompanied migrant



children are often not informed about the health situation in the destination country (e.g. HIV/STI prevalence) and they often lack the means to undergo proper health assessment before departure, which may affect their health-seeking behaviour in the new country. Barriers to health care can relate to unaccompanied migrant children's lack of information on the health system, their fear of being reported to the police, their fear of deportation (on the basis of their undocumented status), language or logistical barriers, discriminative attitudes among health staff, or the lack of information among health providers on migrant children's entitlements. The issue of return is also important, as unaccompanied migrant children receiving medical treatment for a chronic disease such tuberculosis (TB), for example, are not always able to access the same kind of line treatment in their home country.

05

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***Legal and practical measures to address the particular vulnerability to exploitation of unaccompanied children.*** Unaccompanied or separated children in a country outside their country of origin are particularly vulnerable to exploitation and abuse. Necessary measures include identifying unaccompanied and separated children; regularly inquiring as to their whereabouts; and conducting information campaigns that are age-appropriate, gender-sensitive and in a language and medium that is understandable to the child. The adoption of an adequate legislation to counter the activity of the criminal organizations responsible for trafficking or other types of child exploitation should also be considered a priority.

06

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***Specific measures for child soldiers.*** The special protection measures for child soldiers should include: prevention of recruitment, appropriate support services to former child soldiers to enable reintegration into normal life, strict application of the non-refoulement principle and granting of refugee status.

07

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***Detention.*** In 2010, the United Nations Human Rights Council's Working Group on Arbitrary Detention stated that although administrative detention as such of migrants in an irregular situation is not in contravention of international human rights instruments, "immigration detention should gradually be abolished". If there has to be administrative detention, the Working Group recalled that "the principle of proportionality requires it to be the last re-

sort” and that “strict legal limitations must be observed and judicial safeguards be provided for”. In addition, in the Working Group’s view: “the detention of minors, particularly of unaccompanied minors, requires even further justification. Given the availability of alternatives to detention, it is difficult to conceive of a situation in which the detention of an unaccompanied minor would comply with the requirements stipulated in article 37 (b), clause 2, of the Convention on the Rights of the Child, according to which detention can be used only as a measure of last resort.”

08

***Juvenile offenders.*** Unfortunately it may happen that criminal proceedings need to be brought against a child non-national – either based on irregular entry or due to illegal activities in the host state. In these cases it is important to follow the international standards laid down in the CRC and in the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (known as the Beijing Rules).

09

***Employment of children.*** It has to be recognized that children who migrate very often do so with an economic project in mind and put this into a context of protection. National children often have jobs before they turn 18 and as long as this is carried out without harm to the child it is acceptable. There has to be a difference between “work” and “exploitation”.

10

***Training of personnel dealing with unaccompanied children.*** The training of officials working with separated and unaccompanied children and dealing with their cases is of the utmost importance for the effective implementation of the rights of unaccompanied children. The training programmes should include the following elements: principles and provisions of the Convention, knowledge of the country of origin of separated and unaccompanied children, appropriate interview techniques, child development and psychology, cultural sensitivity and intercultural communication.

## Long-term options

### *Return to the country of origin*

All returns must be consistent with respect for the rights (including the rights to dignity and privacy) of the child. Steps to

01

ensure sustainable return include evaluating the safety, security and other conditions, including socio-economic conditions (effective access to basic social rights such as education, training and health), awaiting the child upon return, which may require home study conducted by social network organizations. In other words, they may only be returned to country of origin if, on arrival, adequate reception and care are available (based on their needs, age and degree of independence). Care can be provided by parents or other adults responsible for the child, or by governmental or non-governmental bodies, and it should be obligatory to ensure that a legal guardian is available in the country of origin.

### *Local integration*

Local integration is the primary option if return to the country of origin is impossible on either legal or factual grounds. Local integration must be based on a secure legal status (including residence status) and be governed by the Convention on the Rights of the Child's rights that are fully applicable to all children who remain in the country. Once it has been determined that a separated or unaccompanied child will remain in the community, the relevant authorities should conduct an assessment of the child's situation and then determine the appropriate long-term arrangements within the local community and other necessary measures to facilitate such integration.

02

### *Resettlement in a third country (emigration)*

Resettlement (emigration) in a third country may offer a durable solution for an unaccompanied or separated child who cannot return to his/her country of origin and for whom no long term solution can be envisaged in the host country.

03

### *Adoption*

Adoption should only be envisaged once it has been established that all efforts with regard to tracing and family reunification have failed, or that the parents have consented to the adoption in conformity with the standards set up in the Convention on Protection of Children and Cooperation in respect of Intercountry Adoption. The consent of parents and the consent of other persons, institutions and authorities that are necessary for adoption must be free and informed. This supposes notably that such consent has not been induced by payment or compensation of any kind and has not been withdrawn.

04

# The Case of Children in Conflict with the Law

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## Overview

Most children in conflict with the law have committed petty crimes or such minor offences as vagrancy, truancy, begging or alcohol use. Some of these are known as 'status offences' and are not considered criminal when committed by adults. In addition, some children who engage in criminal behaviour have been used or coerced by adults. Too often, prejudice related to race, ethnicity or social and economic status may bring a child into conflict with the law even when no crime has been committed, or result in harsh treatment by law enforcement officials. In this chapter we will discuss about the definition of terms in the case of children in conflict with the law; the background of children in conflict with the law and international standards and principles in case of children in conflict with the law.

## Analysis

Definition of terms in the case of children in conflict with the law

### *Child*

International standards specify that a child is any person under the age of 18. 'A child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.' (Convention on the Rights of the Child; African Charter on the Rights and Welfare of the Child; Council of Europe Guidelines on Child-friendly Justice)

### *Juveniles*

Juveniles are considered to be persons who have not fully matured or developed and at a minimum include children up to the age of 18 but sometimes to the age of 21.

### *Young Adult*

Young adult is a term used to refer to those who have reached the legal age of majority (usually 18)

or 21 years) but may not be fully matured in other respects. Recent research indicates that full mental (including emotional) capacity is often not attained until the age of 25.

### *Justice for children*

The concept of justice for children covers children in conflict with the law (i.e. alleged as, accused of, or recognised as having infringed the penal law), children who are victims or witnesses of crime, and children who may be in contact with the justice system for other reasons such as custody, protection or inheritance (child parties to a justice process). It can be seen as an overarching concept that works for the benefit and best interests of all children who come into contact with justice and related systems. It includes aspects such as prevention, diversion, rehabilitation, assistance services and protection measures. The concept of justice for children differs from the term 'juvenile justice' in that it does not only cover children who come into conflict with the law, but all children who are affected by the judicial process.

### *Children in criminal justice systems*

The term refers to children in conflict with the law and child victims and witnesses. It also refers to children who may be at risk of entering criminal justice systems (either due to their social circumstance or because they have committed an act that would be considered criminal if they were above the age of criminal responsibility).

In conclusion, "children in conflict with the law" is a concept used to define anyone under 18 who comes into contact with the justice system as a result of being suspected or accused of committing an offence. In some cases, children who engage in criminal behaviour have been used or coerced by adults. Most children in conflict with the law have committed petty crimes, some of which are not considered criminal when committed by adults. Children are arrested and detained by police and sent to institutions, including prisons, under systems of justice which in many cases are set up for adults. Children in conflict or contact with criminal justice or welfare agencies either as children in need

of protection, children at risk, on arrest, during trial, in detention or as victims and witnesses, are often in a vulnerable position, unaware of their rights or unable to enforce them.

## **Description of the children in conflict with the law**

Very often when a child comes into conflict with the law, represents a fundamental failure to fulfil that child's rights to adequate care and protection at an earlier point in their lives. Large numbers of children in conflict with the law are socio-economic victims, denied their rights to education, health, shelter, care and protection. Many of them have had little or no access to education. Many are working children and some have left their homes and taken to the streets to escape from violence and abuse at the hands of their families. Once having entered the justice system children are often held in detention for long periods awaiting trial. This makes them vulnerable to further violence and abuse.

Children at risk of coming into conflict with the law may be identified by the characteristics they share with children in conflict with the law. Their family background and current behaviour leads professionals to judge their potential for future criminality. Generally, the most common characteristic of children who are at risk of coming into conflict with the law is their vulnerability.

Children at risk can display behaviours that may seem frightening, hostile or self-destructive. Such behaviours can evoke powerful emotions and reactions in professionals. To be effective, those professionals must feel equipped and empowered when trying to understand and work with such behaviours. One helpful way to deal with it is to understand where the behaviours may originate and what measures can be taken to try and address it. Such knowledge can help professionals to work more effectively with children at risk.

Children who are at risk of coming into conflict with the law tend to display certain traits, termed 'risk factors', that lead professionals to believe that they may commit crime in the future. The majority of these risk factors can be countered by fostering more positive traits, or 'protective factors'. At the basis of prevention is the attempt to tackle risk factors by fostering protective factors in the children's lives. The table below gives examples of common risk and protective factors.

## Risk factors

## Protective factors

### Individual/peer factors

- Low socio-economic status
- Parents, siblings or other family members with offending and anti-social behaviour
- Harsh and inconsistent parenting
- Poor parents-child relationships
- Early victimisation (physical, sexual and other abuse)
- Violence in the home
- Passive or condoning attitudes to anti-social and criminal behaviour

- High socio-economic status
- Parents who provide pro-social role models
- Consistent parental support and supervision
- Strong bonds to parents
- No early trauma or abuse
- Safe home
- Clear moral guidance from parents regarding anti-social and criminal behaviour

### School factors

- Weak attachment to school
- Low educational achievement
- Organisational weakness in the school

- Strong bonds to teachers
- Strong educational attainment
- Well-functioning school
- Good relationships with classmates

### Community factors

- Lack of attachment to the local community
- Ready availability of drugs
- Disadvantaged area
- High turnover of the population
- Gangs operating in the area

- High community involvement
- Drug free neighbourhood
- High socio-economic area
- Stable population
- No gang networks operating

### Individual/peer factors

- Association with delinquent peers
- Substance abuse
- Aggression and impulsivity
- Attitudes sympathetic to offending

- Pro-social peers
- Social Skills
- Self Control
- Attitudes against offending

## International and regional standards and principles

According to Articles 37 and 40 of the Convention on the Rights of the Child (1989), children in conflict with the law have the right to treatment that promotes their sense of dignity and worth takes into account their age and aims at their reintegration into society. Also, placing children in conflict with the law in a closed facility should be a measure of last resort, to be avoided whenever possible. The convention prohibits the imposition of the death penalty and sentences of life imprisonment for offence committed by persons under the age of 18. Below are listed the international standards that apply in case of the children in conflict with the law.

### General child rights

1

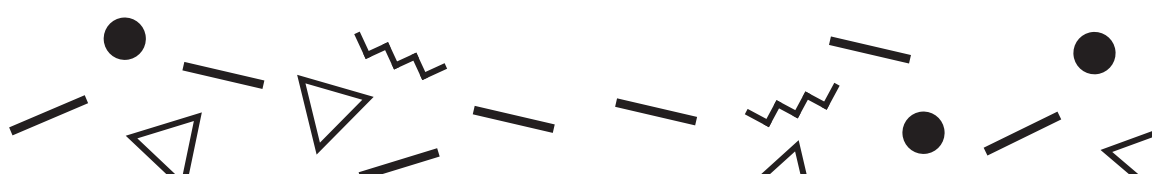
***Universal Declaration on Human Rights 1948.*** It sets out the fundamental rights that all human beings are entitled to without discrimination. It has influenced and been the basis for the adoption of numerous other human rights instruments, standards and guidelines.

2

***Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment 1984 (and its Optional Protocol 2002).*** The Convention against Torture (CAT) bans torture and other cruel, inhuman or degrading treatment or punishment under all circumstances and obliges States to take measures to ensure its prevention. It requires States to investigate and prosecute any allegations of torture and provide training to all law enforcement and military personnel in torture prevention.

3

***Convention on the Rights of the Child 1989.*** The CRC is the most widely ratified Convention, being ratified by all but three States worldwide. A wide range of children's rights are set out in the CRC and it obliges ratifying States to protect these. States must periodically report on their implementation of the rights to the Committee on the Rights of the Child who subsequently deliver 'Concluding Observations' on the situation in said country.





## Children in conflict with the law

***Standard Minimum Rules for the Treatment of Prisoners 1955.*** It is a set of non-binding rules that set out the principles to ensure that all those deprived of their liberty are treated with humanity and dignity.

***Code of Conduct for Law Enforcement Officials 1979.*** The Code includes rules that ensure that the performance of duties by law enforcement officials is carried out in a humane manner and respect the human rights of those who come into contact with them.

***UN Standard Minimum Rules for the Administration of Juvenile Justice 1985 ('Beijing Rules').*** The Beijing Rules are a set of principles and guidelines for the proper administration of juvenile justice and includes guidelines and commentary on justice for children issues such as juvenile courts, the age of criminal responsibility, prosecution of juveniles, sentencing and standards for juveniles if incarcerated.

***UN Guidelines for the Prevention of Juvenile Delinquency 1990 ('Riyadh Guidelines').*** These Guidelines set out standards for the prevention of juvenile delinquency including the protection of children who are deemed at risk of juvenile delinquency and the implementation of measures that can negate these risks. They promote the role that various sectors of society such as the family, community, media, and education system have on the prevention of young people at risk of juvenile delinquency.

***UN Rules for the Protection of Juveniles Deprived of their Liberty 1990 ('Havana Rules').*** It is a set of principles that apply to every juvenile deprived of their liberty in any facility or institution and promotes their development and well-being. These Rules set out standards for material conditions of detention, protection of juveniles whilst in detention, and educational, vocational and work programmes, among other things.

***UN Standard Minimum Rules for Non-custodial Measures 1990 ('Tokyo Rules').*** It is a set of rules on how to administer non-custodial sanctions and the safeguards that need to be in place for those sentenced to these measures.



***Guidelines for Action on Children in the Criminal Justice System 1997.***

These are the Guidelines on how to implement the principles of the Convention on the Rights of the Child and other international standards relating to the administration of juvenile justice.

***UN Basic Principles on the Use of Restorative Justice Programmes in Criminal Matters 2002.*** These Principles discuss the use and principle of restorative justice programmes, how and when they should be used in the criminal justice system, how they operate and who should be involved.

***UN Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders 2010 ('Bangkok Rules').*** These Rules complement and go beyond the Standard Minimum Rules for the Treatment of Prisoners to ensure women's rights and needs are adequately met, including the specific needs of girls in detention.

***UN Principles and Guidelines on Access to Legal Aid in Criminal Justice Systems 2012.*** This set of guidelines recognises the importance of provision of, and access to, legal aid in order for children and adults to participate in the justice system, obtain a fair trial and have their rights protected. Most relevant are Principles 1, 4 and 5 and Guidelines 7, 8, 9 and 10, which refer specifically to legal aid for victims, witnesses and children in conflict with the law.

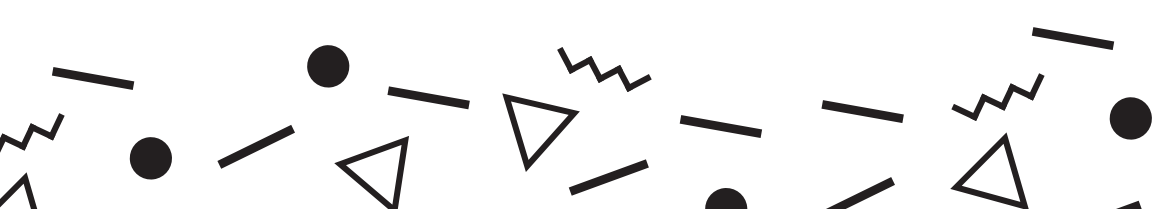
## Children as victims and witnesses

1

***Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power 1988.*** The Declaration suggests and promotes measures to be taken to uphold the rights of victims and improve their access to justice, social assistance, redress and compensation.

2

***UN Guidelines on Justice in Matters involving Child Victims and Witnesses of Crime 2005.*** They are guidelines on the treatment of child victims and witnesses of crime and include measures that should be taken to ensure their rights are fulfilled and they are fully protected from hardship throughout the judicial process.



## Regional-specific child rights standards

European Convention for the Protection of Human Rights and Fundamental Freedoms 1950 [b]. It identifies the inalienable rights and freedoms of every human being and compels signatories to guarantee and protect these rights without discrimination. It has 14 Protocols amending some of the original articles or adding additional rights and safeguards. Violations of the rights set out in the Convention are handled by the European Court of Human Rights, and any individual (including a child) or group of individuals can bring a case against their signatory State to the court, stating the violation of their rights under the Convention.

European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment 1987 [b]. The Convention, based on Article 3 of the ECHR, further strengthens the protection for people against torture, inhuman or degrading treatment or punishment and establishes the European Committee against Torture (CPT) which has the remit to visit all places of detention and report to States on their findings.

Council of Europe Framework Decision on the standing of victims in criminal proceedings 2001. It outlines victim's rights in criminal proceedings such as assistance, protection, mediation (where appropriate), and redress and outlines how each State should ensure that these rights are met and how this is best done.

European Rules for juvenile offenders subject to sanctions or measures 2008. These rules are intended to uphold the safety and rights of all juvenile offenders subjected to community sanctions or measures, or any form of deprivation of liberty. They include discussions on the legal framework and implementation of non-custodial sanctions or measures, all aspects of the treatment of children who are deprived of their liberty, complaints mechanisms and inspection of facilities, staffing, and working with the public and the media.

Guidelines of the Committee of Ministers of the Council of Europe on child-friendly justice 2010 These Guidelines refer to the treatment and the measures that should be put in place to protect the rights of all children who come into contact with justice systems either as offenders, victims, witnesses or a third party to proceedings (ie custody cases). They outline general principles and specific guidelines for each stage of the judicial process.

## Principles of justice for children

These are the basic principles that underpin the protection of children's rights in criminal justice systems.

**1**

### *Best interests*

In all actions where children are directly, or indirectly, involved or affected by the justice system the best interests of the child should be a primary consideration. Therefore, in every action taken, thought must be given to how the action will impact on a child, or groups of children, to ensure their best interests are met. The other general principles, including protection, the right to be heard and non-discrimination, are all relevant in determining what the best interests of a child, or group of children are.

**2**

### *Protection*

The principle of protecting a child's well-being and development is entwined with that of their best interest. It reiterates the need for additional measures and protections due to a child's vulnerability and a State's duty to provide this protection. Protecting a child's well-being does not solely encompass protecting a child from harm, for example, by inspecting facilities where children are held or by legislating against the use of corporal punishment. It also takes a more active approach and means implementing actions to enable a child's healthy development. This could mean the provision of vocational and educational training within child detention centres, and putting in place safeguards to restrict anything that might hinder such development.

**3**

### *Right to be heard*

The right to be heard ensures that every child who is capable of forming a view is able to express himself or herself freely and fully in any matter that may affect him or her. It also means that this view should be taken into consideration at all times, with due weight given to their age and maturity. Children must be able to express their views, opinions, and concerns and to actively participate throughout the judicial process (in accordance with their best interests and through a representative where necessary).

## 4

***Non-discrimination***

The principle of non-discrimination means that no distinction, restriction, exclusion or preferential treatment should be given to any child based on race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

**Safeguarding**

The majority of children at risk of coming into conflict with the law will also usually be considered in need of care and protection. Child in need of care and protection is a child who (a) has been, is, or is at risk of being abused, neglected, abandoned or exploited; and (b) lacks anyone with parental authority who is willing and able to provide protection from abuse, neglect, abandonment or exploitation. Children at risk may be in situations where they:

- are on the streets or have unstable living environments;
- are associating with older, criminal peers or have family members in the criminal justice system;
- are involved in the commercial sex industry or prostitution or trafficking; or
- have experienced war, conflict or violence.
- Children at risk are likely to come from troubled backgrounds and to have experienced one or more form of abuse, which could include neglect, physical abuse, psychological/emotional abuse or sexual abuse or exposure to domestic violence.

The behaviour of children under the age of criminal responsibility should be addressed through appropriate and targeted interventions that are proven to be in their best interests. They should never be taken through the criminal justice system. Such interventions can include educational measures or supervision by social workers. All declarations and conventions demand that children below the age of criminal responsibility should have their human rights and legal safeguards fully respected. In this regard, States should inform the Committee in their reports in specific detail how children below the minimum age of criminal responsibility set in their laws are treated when they are recognized as having infringed the penal law, or are alleged as or accused of having done so, and what kinds of legal safeguards are in place to ensure that their treatment is as fair and just as that of children at or above the minimum age.

# APPENDICES

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## Appendix 1: The After Care Plan

### AFTER CARE PLAN<sup>23</sup>

#### Scope

The After Care Plan is designed to provide a bridge for young people from care to future post care services and, eventually to their independence and autonomy. This plan is meant to support youths leaving care in preparing themselves to become independent adults. Acknowledging that this represents a difficult process, professionals need to make sure that youths are being offered appropriate support in planning all the steps that they could foresee in achieving their goals.

The plan is a vivid instrument and it involves exploring complex topics as well as youth's personal resources, knowledge and skills.

It represents an important tool to support the more concerted transition planning efforts that need to take place as a young person reaches mid to late adolescence and eventually adulthood and independence.

The After Care Plan would not only enable young people to be aspirational, but it should give them the confidence and ability to aspire and achieve throughout their lives and based on their strengths and resources.

One of the fundamental objectives of the process will be to support the young person leaving care to develop a strong sense of themselves and identity. The development of a positive self-image and understanding of their background and history will enable the formation of a positive sense of citizenship. This will enable the young person to hold a sense of belonging to the community they live in and connection to society in general. It also work to develop confidence and self-esteem within the young person so they have the ability to make informed choices moving forward and be able to voice their opinions an thoughts on key issues that affect them.

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<sup>23</sup> This product is realized with the support of the Erasmus+ programme of the European Union. The material was elaborated based on the other outputs of this project and on the deliverables of other project implemented by SOS Children's Villages Romania.

## Who develops the After Care Plan?

The plan is prepared by the mentor and young people together. It could also involve more resource persons such as other relevant professionals (youth educator, psychologist, and care professional) as well as the family of origin or friends, if necessary.

## When?

The plan is developed to cover a 6 months period. It is reviewed by the mentor and young people together with the persons initially involved or a part of those people.

Principles:

- The timing of the After Care Plans – the leaving care process should start somewhere around the young person's 16th birthday
- Individual approach in delivery. The mentors and the other professionals must show respect and understanding, be non-judgemental, respond to issues in a personal way, show that they are committed, not give up
- Periodic updating of the After Care Plan – every 6 months

## Domains

The plan covers the following topics concerning the youth: health, emotional and behavioural development, education, family and social relationships, identity, social presentation, self-care skills.

The youth, with the support of the mentor, discusses and agrees on strategies and actions required to build her/his independent living skills, including:

- ***Social skills*** to help the young person negotiate with peers, employers and other adults from the community;
- ***Budgeting*** and managing money;
- ***Managing*** family and other ***relationships***;
- ***Conflict resolution***;
- ***Cooking, housekeeping*** and ***self-care***;
- ***Realising rights*** and ***responsibilities***.

The plan is built on information regarding young person's needs and resources, how they should be responded to, by whom and by when. All this information supports solving issues covering the following components of the plan:

***Placements, Accomodation or Housing Needs***

safe, well-maintained and affordable housing

***Learning and Work***

education/training/certification and apprenticeships/employment

***Health and Wellbeing***

physical and mental

***Family and Friends******Person and Practical Skills******Money***

financial capabilities

***Where I want to live******Rights and Legal Issues***

Each of these components contains contingency plans. This approach helps the youngster to always think about a “plan B” and not to find himself/herself in difficult situations. It develops a critical thinking and risks mitigations. The youth should keep in touch with his/her case worker and discuss any aspect that should be revised or reconsider so that the plan would represent a real support.

*The European Commission support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.*





# AFTER CARE PLAN

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## PERSONAL DETAILS

Your Name:	
Date of Birth:	
Your current address:	
Telephone Number: Home: Mobile:	
ID Number:	
Legal Status:	
Date of this Plan:	
Personal Adviser:	
Mentor:	
Telephone Number:	
Current placement	
Service Manager:	Telephone:

Where do you see yourself in the following 10 years? (in terms of place to live, housing, family, friends, professional life etc.)

What is the agreed minimum contact you are supposed to have with your social worker?

This Plan sets out the support arrangements for you over the next 6 months and identifies the help we will give you to achieve gradual independence.

The After Care Plan will be reviewed by your care worker every 6 months and will be presented at your Statutory Review.

Once you have left care it will be reviewed with your worker from the Leaving Care Service.

If you are not satisfied with the service offered, you can make representation to the Service Manager of the team working with you.

You should always sign and have your own copy of your After Care Plan.

## 1. DETAILS OF PLACEMENTS, ACCOMMODATION OR HOUSING NEEDS

Current Situation:
Your Plan:
Do you have knowledge and skills related with home management (cleaning, repairs, bills etc.)?

**What are the main accommodation tasks that need to be dealt with over the next 6 months?**

Task	Who will do it?	By when?	Date completed

**Contingency Plan:**

--

Do you feel you need any help or advice with any of the following:

	Tick
Accommodation options	
Apartment Hunting	
Tenancy contract – rights and obligations	

**2. LEARNING AND WORK****Current situation**

--

**College / Employment**

Name of College / Employer	Course or Job Title	Address/Phone number	When you started this college or this job

**What would you like to achieve in the next 6 months?**

--



**Looking further ahead, what would you like to be doing in 2 years?**

--

**What are the main education, training or employment tasks to be done over the next 6 months?**

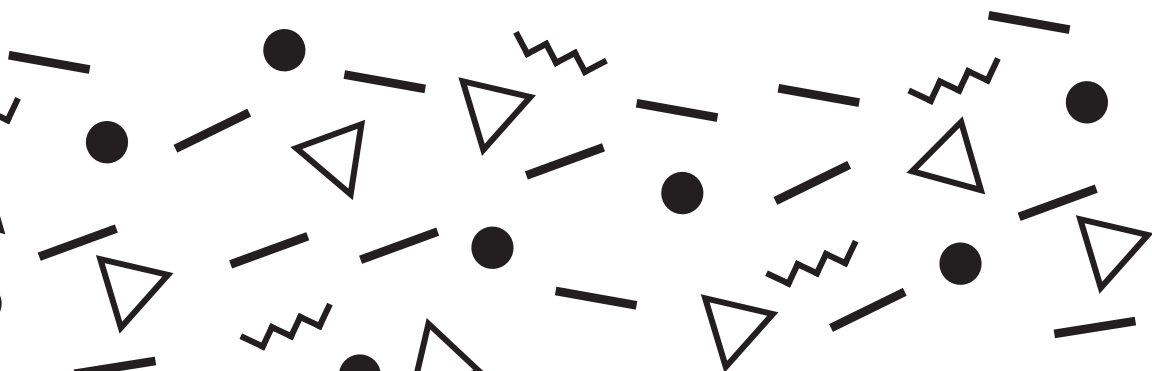
Task	Who will do it?	By when?	Date completed

**Contingency Plan**

--

Do you feel you need any help or advice with any of the following:

	Tick
Employment rights	<input type="checkbox"/>
Applying for jobs	<input type="checkbox"/>
Career choice	<input type="checkbox"/>



### 3. HEALTH AND WELLBEING PLAN

--

Names and addresses of:

#### Doctor

Name	Telephone No	Address

#### Dentist

Name	Telephone No	Address

#### Any other health professionals

Name	Telephone No	Address

Have you had an eye test in the last 12 months? Yes / No

Have you had a health assessment in the last 12 months? Yes / No

Do you feel you need any help or advice with any of the following:

	Tick
Making and attending appointments	
Health and Nutrition	
Drugs and Alcohol	
Sexual Health	
Personal Hygiene	
Be active	

**What are the main issues that need to be addressed over the next 6 months relating to health?**

Task	Who will do it?	By when?	Date completed

### **Contingency Plan**

## **4. FAMILY AND FRIENDS**

### **Current situation**

**Who will be your main day to day support over the next 6 months? e.g. foster carer, key worker, after care worker.**

**Are appropriate arrangements in place to help you maintain contact with your family of origin and how often do you see them?**

**Do you need any more help with this?**

--

**What leisure activities do you take part in and do you need any support with them?**

--

**What are the main issues that need to be considered over the next 6 months?**

Task	Who will do it?	By when?	Date completed

**Who would you contact in an emergency?** – mention 5 close friends/colleagues and their phone number


## 5. PERSONAL AND PRACTICAL SKILLS

Becoming a confident young adult, (for example looking after your self-making and keeping appointments).

Managing Money (for example managing your own finances, making the money last, paying bills, coping with debts, dealing with banks).



Everyday tasks (for example shopping, preparing meals, eating a balanced diet, getting around, coping with laundry, learning basic household maintenance)

### Current situation

--

### Tasks for the next 6 months

Tasks for the next 6 months	Who will do it?	By when?	Date completed

Do you feel you need any help or advice with any of the following:

	Tick
Legal documents	
Navigating local services	
Decision making	
Interpersonal communication	
Healthy relationships	

## 6. MONEY

### Current situation

--

If you are still living in a foster or children's home, you will continue to receive your pocket money and clothing money from your carer.



Do you have a bank account? Yes / No

Do you save money regularly? Yes / No

If not, this is something you should think about while you are still looked after.

### Accommodation Costs

If you are living in the community under the age of 18 or in higher education over 18 you will receive support for your accommodation costs.

Weekly Amount Required	
------------------------	--

### Maintenance

Weekly amount you will be paid	
--------------------------------	--

This is made up of the following amounts:

Pocket Money	
Clothing Money	
Food/Cleaning Materials/Toiletries	
College Expenses e.g. Equipment	

Your utility bills may be paid for you direct, especially if you are in supported accommodation. If you have card meters then you will receive £00.00 per week.

### How will you receive your money?

--



## 7. WHERE I WANT TO LIVE

### Current situation

--

### Tasks for the next 6 months

Tasks for the next 6 months	Who will do it?	By when?	Date completed

## 8. RIGHTS AND LEGAL ISSUES

### Any rights or legal issues pending

--

### Offending issues

--

### Tasks for the next 6 months

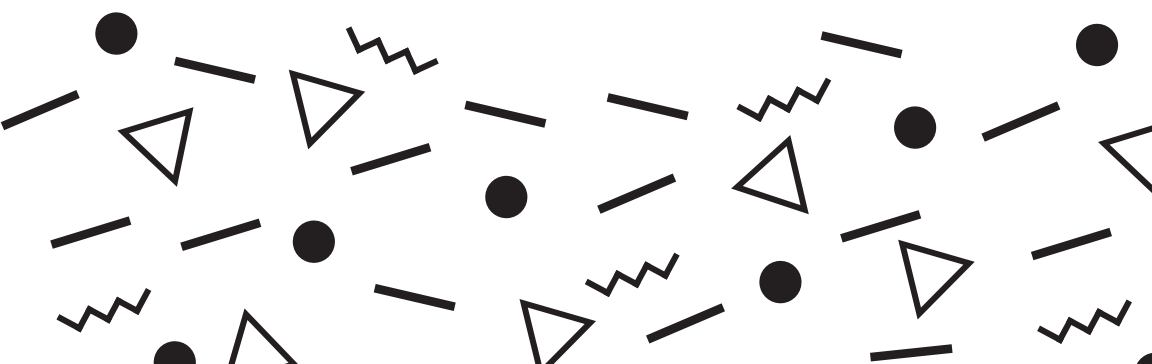
Tasks for the next 6 months	Who will do it?	By when?	Date completed

**SIGNED**

Young Person: .....

Social Care/Leaving Care Worker: .....

Mentor: .....



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## Appendix 2: Indicative Lesson Plan: Unit 1: Course Introduction

### Unit 1: Course Introduction

**Duration:** 2 hours

#### Overview

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The overview briefly presents the unit/ module, its objectives and outcomes, its connection with the rest of the units. It describes the succession of activities to take place during the session.

#### **Brief description and Key points**

The Unit has been designed in order to introduce the course to the participants. During the Unit, students will have the opportunity to introduce themselves to the rest of the participants and the trainer and get acquainted with the rest of the group. Moreover, the contents of the course will be presented, and all subsequent units will be described, so that they are more engaged in the process and in their learning. Finally, the notion of “Life Skills” will be explained by the trainer, in a plenary discussion, as well as their significance for an independent adult life.

Students will begin to contemplate on the process of leaving care and the different steps which need to be taken for an independent life. They will have the opportunity to assess their own skills and competences related to a healthy and positive independent life, realizing their strengths and their deficiencies.

They will get acquainted with the practicalities of the course (hours, duration, tasks, participants’ list, code of conduct, etc) and they will have the opportunity to co-create and co-design rules and practical issues related to the course.

**Key point 1:** All practical issues related to the development of the course have to be explained and clarified so that students know what to expect and what is expected by them.

**Key point 2:** Students need to start thinking about their life after care in a realistic manner, acknowledging the different possibilities and pathways they can take

**Key point 3:** Creating a friendly and positive atmosphere is crucial. A team spirit should be created so that students want to participate (rather than have to)

## Q Unit Analysis

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The contents of the Unit are presented and further analyzed, describing the steps to be taken for the delivery of the session.

The Unit will evolve and develop on the following steps:

1. The trainer introduces him/herself, briefly describing his/her profile (age, position, expertise, experience with youth in care, with children, with education, etc).
2. After this short self presentation, the trainer briefly provides an overview of the whole course and of the specific Unit. Regarding the whole course, the following types of information will be given:

**Aim:** The aim of the course is to prepare young people who are going to leave care so that they have the knowledge, skills and competences to lead an independent, healthy and happy adult life. This will be achieved through the implementation of the course, the organization of the mentoring process and the development of the individual After Care Plans, which will jointly be created by each care leaver and his/her mentor.

**Content:** The content of the course is divided in the following ten (10) Units:

*Unit 1:* Course Introduction.

*Unit 2:* The Legal Stuff: Entitlements and Obligations.

*Unit 3:* Money Management.

*Unit 4:* Maintaining a Home.

*Unit 5:* Looking after One's Well-Being,

*Unit 6:* Education – Training.

*Unit 7:* Employment.

*Unit 8:* Having a Good Lifestyle.

*Unit 9:* Navigating Local Services.

*Unit 10:* Communication and Interpersonal Relationships.

Each Unit is broken down into smaller sections, the Modules, with 3 to 4 modules per Unit. Each module has the duration of two (2) hours.

**Trainer:** The same trainer will undertake the course, whose total duration is eighty (80) hours.

**Book:** Each student will be provided with the course book titled "Life Skills Handbook". The aim of "The Life Skills Handbook" is to provide information on the practical help they will get with accommodation, education, training and employment, money matters, health and other life skills needed as they prepare for independence. It will also point care leavers in the right direction for advice and support outside of the care system. The book provides specific easy-to-use information to care leavers supporting their learning process and their life after care.

**Practicalities:** The trainer will ensure the venue where the course will take place, the frequency of the learning sessions and the duration of each session (2 hours with a ten minutes break). He/She will demonstrate the Attendance List, where all students have to write down the time the course starts and finishes, adding their name or signature to the appropriate boxes. Some basic rules will also be mentioned, such as rules on food and drinks in the classroom, the use of mobile phones, the case of absence, and a basic code of conduct (regarding use of language, respect, freedom of expression, peaceful discussions, participation in activities and exercises, etc). Some decisions on the code of conduct, the design of the classroom space, etc can be jointly made with the students.

3. After the first section when the trainer explains the basic aspects of the course, the "Ice-Breaking" activity will take place. The trainer will ask students to sit in pairs. Each student will introduce him/herself to the person sitting next to them, answering any questions this person might have, so that they get a clear idea of each other. The trainer can give some examples on the questions which could be answered in order to know each other: age, favorite food / color/ music / song, hobbies, ideal job, traveling experiences, etc. This process can last for ten (10) minutes. After this, each student will present his/ her pair to the group, providing the information which he/she gathered during their short conversation.
4. After everyone has been introduced and presented by a fellow student, the trainer will pose the "Opening Questions". He/She will ask the group for the reasons why they would like to participate in the course and what their expectations from the course are. He/ She will take into account all potential answers, proving positive remarks for each one speaking so as to create

a positive and rewarding atmosphere. He/She will then try to categorize and interpret the answer into Life Skills, which will be discussed next.

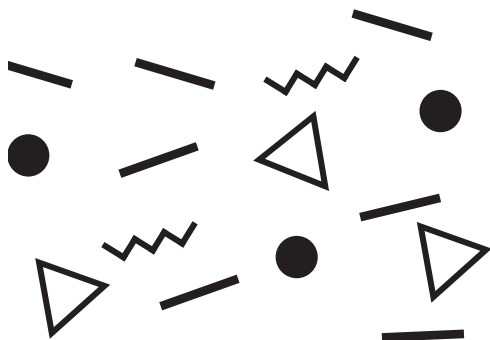
5. The trainer will start discussing the concept of Life Skills. He/She will try to describe them in simple language, so that students understand their meaning and their significance. For example, he/she can start saying that life skills are those skills which are necessary or desirable for full participation in everyday life. The trainer could also use the following definitions:

Unicef: "Life skills" are defined as psychosocial abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life. They are loosely grouped into three broad categories of skills: cognitive skills for analyzing and using information, personal skills for developing personal agency and managing oneself, and inter-personal skills for communicating and interacting effectively with others."

British Council: "*Life skills is a term used to describe a set of basic skills acquired through learning and/or direct life experience that enable individuals and groups to effectively handle issues and problems commonly encountered in daily life.*"

The Life Skills In Europe Project (LSE): "Life skills are a constituent part of capabilities for life and work in a particular social, cultural and environmental context. The types of life skills emerge as a response to the needs of the individual in real life situations".

The trainer could ask students to point out the common points in these definitions and combine them in a new one, if possible. While discussing and explaining the meaning of life skills, the trainer will ask students to name some of these skills for him/her to write on the board or flipchart. Some of the skills which should be included in the list could be: decision making, problem solving, critical thinking, communication and collaboration skills, interpersonal relationships, self awareness, empathy, literacy, numeracy, financial skills, skills related to one's health, ICT skills, time management, asking for help, civic capabilities, negotiating and networking.



6. After the aforementioned section, the trainer asks the students to fill in Handout 1: Life skills self assessment. Students are asked to assess their skills by ticking the appropriate box in the list of skills included in the Handout. The trainer allows for five minutes to pass, so that all students fill in the Handout and then asks each one of them to provide their answers. As a group, they all find some common findings/ answers regarding the skills they assess they have and the skills they need to develop. The trainer should point out the specific course Units which correspond to the stated skills deficiencies, so that students realize the connection between their needs and the offers and the content of the course.
7. After the discussion on the Handout the trainer initiates a group discussion/ brainstorming on the specific skills a young person leaving care should have in order to lead a healthy, happy, independent life. More or less students' answers are expected to coincide with the list already developed (step 5), most probably some extra skills could be added for the specific case of young people who are about to leave care.
8. As a next step and while the discussion has turned to care and leaving care, the trainer takes the opportunity to initiate a discussion on the thoughts and feelings students have in relation to the prospect of leaving the care environment/ system to live on their own. The trainer asks students to fill in Handout 2 (Thoughts and Feelings on Leaving Care) individually or in pairs, and asks them to read out what they have written, supporting them to express themselves as much and in as much detail as they wish. The trainer, after everyone has read their ideas, sums up common and different findings, stating that the majority of negative thoughts and feelings will be dealt with during the process of designing the individual Plans for life after care.
9. Reaching the "Extension" section of the session, the trainer can give students Handout 3 and ask them to write down, individually, at least one goal for the categories included in the Handout. This can be filled in during the session, if there is time left, or as homework for the next session. The trainer asks students to be as specific as they can regarding the goals they will express, and explains briefly the importance of having specific and measurable goals, as the first important step to achieve them.



10. Reaching the end of the session, in a form of informal evaluation, the trainer poses the question to the group: How did it go? He lets students express their views on the session: how they felt, what they thought about the different phases of the session, what they liked about it, what they did not like, what are their expectations on the following sessions, etc. He/She tries to encourage students' expression, pointing out the importance of contemplating on the process: it is important for both the trainer and the students so that they are more engaged in the process and that they both benefit from it. He/She provides the space even for negative comments, so that he gets a clear idea of the group dynamics and the individual students participating. It is an important feedback to think about and adapt future sessions on the stated evaluations.
11. Finally, very briefly the trainer sums up the whole session, pointing out the most important issues that were discussed and giving a few clues on the issues which will be discussed during the next session.

## 🎯 Objectives and Aims

---

The objectives provide a concise overview of the intended goals for each lesson. A set of Learning Outcomes describe the knowledge and skills students will have acquired by the end of the session.

The aims and objectives of this Unit are:

### *For students:*

- to understand the content of the course
- to realize the importance of the course for their aftercare life
- to know what to expect from the course
- to understand their role during the succession of the course
- to have an overview of the separate Units included in the course
- to create a warm, trustful and positive learning environment
- to get acquainted with their trainer and his role
- to start thinking in practical terms of the leaving care process
- to create team spirit between all people involved in the course (trainer, participants, administration, etc)
- to feel comfortable to express themselves, their needs, fears and dreams
- to engage them in the course, so that they actively participate in it
- to clarify the structure of the course and the different contents of each unit

- to understand how to use the “Life Skills Handbook”
- to understand the notion and the significance of “life skills”

### *For the trainer*

- to have a clear idea of the individuals comprising the group as well as of the group dynamics
- to check and verify assumptions made prior to the beginning of the course
- to fully explain the content of the course and the practical aspects (duration, book, tasks, participants’ list, etc)
- to acknowledge specific needs and wishes, as expressed by students
- to create a warm and trustful learning environment
- to get acquainted with the evaluation and self evaluation aspect of the course
- to practice “active listening” when dealing with the students
- to make potential amendments according to the comments made by students

## Discussion/ Opening Questions

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The discussion is intended to introduce the objectives to the students by way of questions that are relevant to the topic.

- What does “life aftercare” really mean to you?
- Why are you participating in the course?
- What are your expectations from this course?
- Which are the Life Skills? (meaning, significance for a young adult. Create a list)

## Activity

---

Each lesson plan describes activities that support the objectives. The activity is intended to suggest a creative, applied manner by which to teach each module. Types of activities are: plenary discussion, work in pairs, role playing, brainstorming, problem solving, written exercises, case studies, quiz, etc. Each activity is supplemented by relevant materials, such as hand-outs, flip charts, videos, etc

**Activity Type:** Work in Pairs

Ice breaking activity: Take ten minutes to discuss with and get to know the person sitting next to you. Take notes and introduce this person to the team.

**Activity Type:** Write down

Handout 1: Life skills self assessment. Students are asked to assess their skills by ticking the box in the list of skills included in the Handout.

**Activity Type:** Brainstorming

Students are asked to think and discuss the following question: What skills/ knowledge/ competences are necessary for a young adult to live an independent life, after care?

**Activity Type:** Write down

Handout 2: Thoughts and Feelings on Leaving Care

**✓ Extension**

The extension activity is designed to supplement the original activity by way of either homework or further class work.

**Further Activities**


Handout 3: Students are asked to write down at least one goal/ aim for the categories specified in the Handout

## **Assessment/ evaluation**

---

The evaluation element is a crucial part of each lesson plan, because it indicates whether and to which extent the objectives and goals have been reached.

### *Group discussion*




How did it go? The trainer asks students to openly give their opinion on the first session. He/She encourages them to speak and express any kinds of remarks and comments. In case students are reluctant, the trainer starts by giving his/her own feedback on the session, depicting positive or funny instances of the session. During this discussion students are encouraged to express feelings, thoughts, fears that they might have experienced during the session.

## **Collaborative Feedback**

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The collaborative feedback section suggests a way to collaborate on the findings from the activity and the extension sections of the lesson plan.

### *Presentation*



At the end of the section, the trainer sums up the important points of the session trying to connect expressed fears and thoughts to the contents of the course, so as to create a positive and comforting closure of the section and activate students' interest for the following sessions.



## 💡 Teacher Tips

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Teacher tips suggest creative ways that allow the teacher to enrich the activity and/ or incorporate the activity into a suggested subject area. In the tips section, the preparations carried out by the trainer in order to teach each module and the materials which should be ready to use will be included. Lesson plans are complete with ready to copy student handouts and other lesson components.

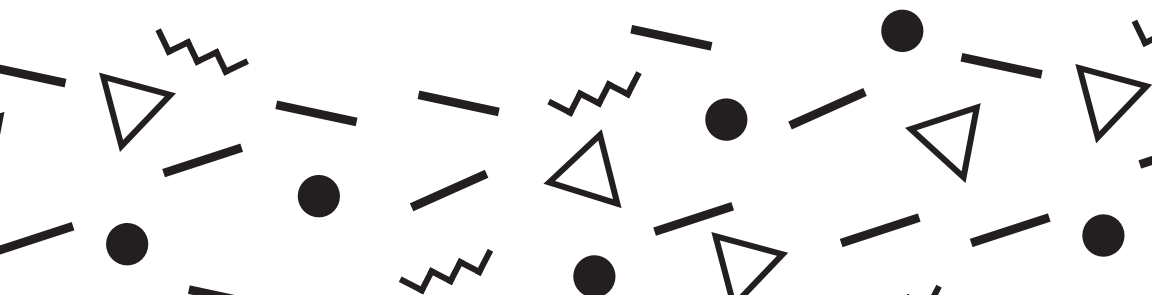
Be flexible. In case students do not understand the content of an activity try to explain it in different ways, especially by giving meaningful examples, which students can relate.

When we ask someone to disclose something personal, it is always helpful to start ourselves by giving the example. Have some personal stories or examples at hand, especially when discussing fears, goals and thoughts.

Be open and be rewarding. Especially during this first session, the ultimate goal is to create a positive environment to encourage everyone to participate. Try to engage everyone in the discussions, without pressure or evaluative comments.

Remember what worked and what not so as to adapt course sections and activities in the following sessions.

Be well prepared: Prepare handouts and presentations well before the Unit and have a Plan B in case something does not work



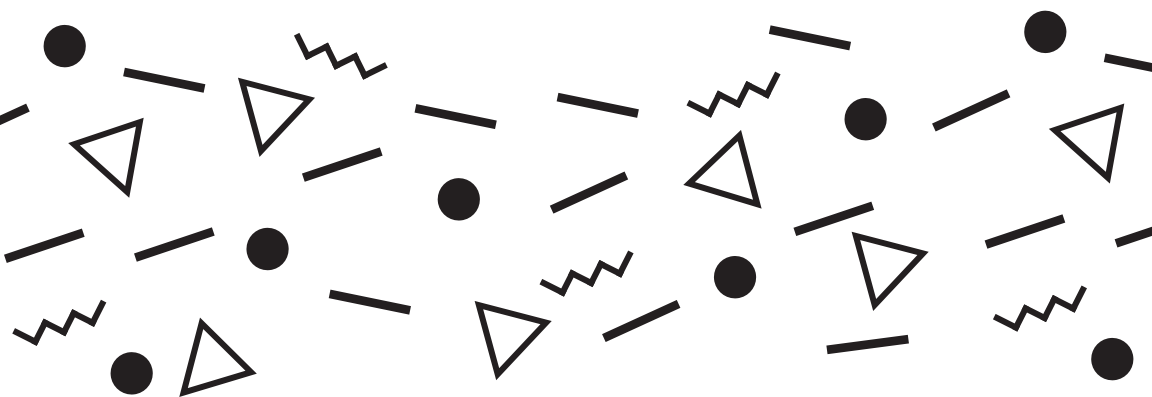
## Unit 1, Handout 1: Life Skills Self Assessment

The following questions will help you identify the life skills in which you excel and target those which you need to develop. By yourself try to answer each of the questions as honestly as possible. After completing this independent living skills assessment, review it with your team and identify those skills you would like to strengthen.

Three to four skills from each Unit should be included

Activity/ skill	I do not know how to do this	I need to know more about this	I can do this
I know how to issue an ID card			
I know how to navigate the taxation webpage			
I know where I vote			
I know the specific telephone numbers for emergency calls (Police, Fire Brigade, etc)			
I know how to open a bank account			
I know how to save money for future use			
I know how to use an ATM			
I know how to get financial support			
I know the type of living arrangement (living with a roommate, alone, with a family, etc) I would like			
I can plan a budget to cover the up-front costs of moving (security deposit, first month's rent, household items, etc)			
I know how to fill out a rental application which includes referrals/references			
I know which food is healthy and which is not			

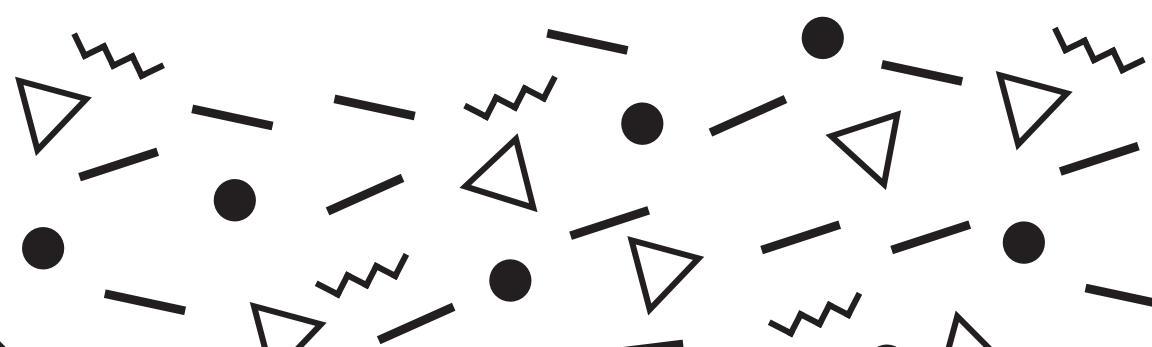
Activity/ skill	I do not know how to do this	I need to know more about this	I can do this
I know how to cook a simple meal for myself			
I know what type of physical exercise I would like to have and where I can have it			
I know the different education levels (University, Vocational Training, Informal Learning, etc)			
I know how to learn a foreign language for free			



## Unit 1, Handout 2: Feelings and Thoughts on Life after Care

Write down in the following table some positive thoughts and feelings about leaving care and some worries, too. Discuss them with the group.

I am happy/ excited to leave care and have an independent life because...	I am worried/ sad about leaving care because...
• • • • • • • • • • • • • • •	• • • • • • • • • • • • • • •





## Unit 1, Handout 3: Goals

Write down at least one goal that you would like to achieve within the next six months, for the following categories:

1. Income/ Money	
2. Accommodation	
3. Education	
4. Sports/ Physical exercise	
5. Employment/ Job	
6. Buy	
7. Friends/ Social circle	
8. Leisure/ Free time/ Hobby:	
9. Travel:	
10. Myself:	



**Appendix 3: Partipants list**

Location:

Date

No.	Name Signature
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

## Appendix 4: Trainees' evaluation

# FINAL EVALUATION OF THE LIFE SKILLS WORKSHOP

### Full Name:

Please, evaluate question 1 by rating from 1 to 5, with 1 = nonexistent to 5 = excellent...

### 1. How do you evaluate your skills and knowledge before and after the workshop?

Thematic Fields	Before the Workshop					After the Workshop				
	1	2	3	4	5	1	2	3	4	5
The Legal Stuff										
Money Management										
Maintaining a Home										
Well Being										
Education- Training										
Employment										
Having a Good Lifestyle										
Navigating Local Services										
Interpersonal Relationships										

Please, evaluate question 2 to 10 by rating from 1 to 10, with 1 = strongly disagree to 10 = strongly agree.

### 2. The Life Skills Workshop fulfilled my expectations:

1  2  3  4  5  6  7  8  9  10

**3. The thematic fields on which the workshop has focused were important for me:**

	1	2	3	4	5
The Legal Stuff					
Money Management					
Maintaining a Home					
Well Being					
Education- Training					
Employment					
Having a Good Lifestyle					
Navigating Local Services					
Interpersonal Relationships					

**4. The educational material (Handbook, Toolkit) for each thematic field was of high quality:**

	1	2	3	4	5
The Legal Stuff					
Money Management					
Maintaining a Home					
Well Being					
Education- Training					
Employment					
Having a Good Lifestyle					
Navigating Local Services					
Interpersonal Relationships					

**5. The supporting media and equipment of the workshop were adequate:**

1  2  3  4  5  6  7  8  9  10

**6. The infrastructure and the classrooms were according to the needs of the workshop:**

1  2  3  4  5  6  7  8  9  10

**7. The human resources (trainers, administrative staff) stood up to the requirements of the workshop:**

1  2  3  4  5  6  7  8  9  10

**8. The thematic fields on which the training seminar has focused will support my life after care:**

1  2  3  4  5  6  7  8  9  10

**9. Evaluate the trainers who participated in the workshop:**

Trainer's Name:

1  2  3  4  5  6  7  8  9  10

**10. Mention the most important aspects of the workshop, beginning with the most important one:**

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**11. If you had the possibility to choose another workshop, what topic would you prefer it to have?**

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**12. Proposals for the improvements of the workshop:**

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**THANK YOU**

## Appendix 5: Trainers' evaluation sheet

Trainees' Evaluation Sheet (scale 1-100)	
Title of the Programme	Life Skills Workshop
Trainer's Name	
Teaching Hours	

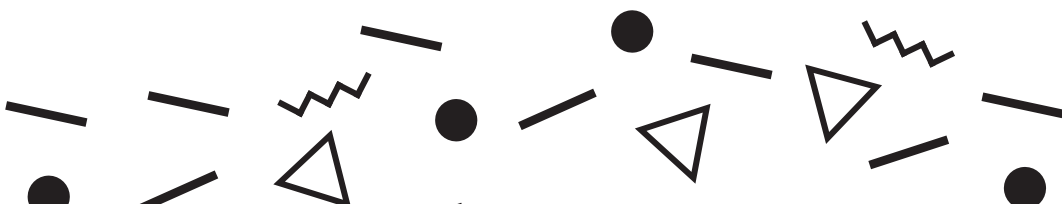
A/A	Trainee	Level of Knowledge	Participation & Cooperation	Attitude & Behaviour	Initiative Consistency - Organization	Aquired Skills	Total Evaluation	Remarks
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								



# LIFE SKILLS WORKSHOP EVALUATION

1. Evaluate the programme using the scale below, regarding the following fields: (Excellent 85-100, Good 60-85, Medium 40-60, Bad 0-40)

	85 -100	60 -85	40-60	0-40
You had sufficient time for the development of your teaching subject				
The training means you had at your disposal were sufficient				
The training means you had at your disposal were appropriate				
The training methods/techniques utilized were adequate				
Degree of achievement of the teaching objectives				
Level of interest from trainees				
The information you received on the scope and the training goals of the programme was sufficient				
Efficiency of the evaluation and monitoring system				
Level of group interaction and involvement				
This workshop supplied trainees with useful information for their future				
The presented materials provided trainees with new and useful information				
The structure and the content of the curriculum facilitates the education and the preparation of the trainees regarding life after care				



**2. Were there punctuality regarding the arrival and departure of trainees?**

Yes  No

**3. Did you provide exercises and activities to the trainees during the workshop?**

Yes  No

**4. Where there any issues/problems that hindered your work during the workshop?**

If YES, which where they?

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**5. What would you suggest for possible improvements for future workshops?**

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	85-100	60-85	40-60	0-40
Communication skills				
Transmission skills				
Presentation skills				
Coaching skills				
Time management skills				

	85-100	60-85	40-60	0-40
Accuracy in following the timetable				
Provision of training materials				



	85-100	60-85	40-60	0-40
Knowledge of the subject				
Management of the group of trainees				
Cooperation with the Workshop's coordinator				

**6. Where you adequately prepared for the Life Skills Workshop? Please comment**

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**7. What would you do different for future Workshops?**

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**8. Please add any other comments on the Life Skills Workshops.**

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**THANK YOU**



**Appendix 6: Participants List**

No.	Name Signature
1.	
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20.	

## Appendix 7: Trainers' self evaluation

Trainees' Evaluation Sheet (scale 1-100)	
Title of the Programme	Life Skills Workshop
Trainer's Name	
Teaching Hours	

**1. Evaluate yourself based on the scale below, regarding the following fields: (Excellent 85-100, Good 60-85, Medium 40-60, Bad 0-40)**

	85 -100	60 -85	40-60	0-40
Communication skills				
Transmission skills				
Presentation skills				
Coaching skills				
Time management skills				
Accuracy in following the time-table				
Provision of training materials				
Knowledge of the subject				
Management of the group of trainees				
Cooperation with the Workshop's coordinator				

**2. Where you adequately prepared for the Life Skills Workshop? Please comment**

.....

.....

.....

.....

**3. What would you do different for future Workshops?**

.....

.....

.....

.....

**4. Please add any other comments on the Life Skills Workshops.**

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**THANK YOU**

