

**“What happens after out-of-home care?  
Models of good practice for care leavers in  
Germany”**

**International Expert Workshop**

February, 25<sup>th</sup>-26<sup>th</sup> 2013

Sportschule und Bildungsstätte des  
Landessportbund Hessen e.V. Frankfurt



## List of contents

- 1) Program
- 2) Directions sketch
- 3) Additional information to the directions sketch
- 4) Flyer of the german project
- 5) Papers:
  - a. Bulgaria (David Bisset & Galina Equilibrium)
  - b. Romania (Gabriela Dima)
  - c. England (Jo Dixon)
  - d. Ireland (Brenda Kneafsey)
  - e. Germany (Stefan Köngeter & Wolfgang Schröer & Maren Zeller)
  - f. Croatia (Sunčana Kusturin)
  - g. Norway (Linda Nyman & Mona Bratberg Gaarde)
  - h. The Netherlands (Eva Peters)
  - i. Hungary (Andrea Racz)
  - j. Finland (Hillevi Westman)
  - k. Switzerland (Rolf Widmer)
  - l. Israel (Iris Zilka)

## **International Expert Workshop, February, 25th-26th 2013**

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The workshop will take place at the **Sportschule und Bildungsstätte des Landessportbund Hessen e.V.**, Otto-Fleck-Schneise 4, 60528 Frankfurt (<http://www.landessportbund-hessen.de/bereiche/sportschulen-tagungsstaetten/frankfurt/>).

This location can be easily reached by public transport (S-Bahn). For further information please have a look at the „Anfahrtsskizze“. Rooms are booked for all participants.

### **Sunday, 24th February**

The German team will gather at the bar (Bistro) from 7pm on. Please feel free joining us for a light meal and a drink.

### **Monday, 25th February**

Breakfast

- 9:00 – 10:15 Welcome, General Information, Introductory Round  
Chair: Josef Koch, Maren Zeller
- 10:15 – 10:30: Coffee Break
- 10:30 – 12:15: Session one: Framework for leaving care (10min each) and discussion: Bulgaria, Hungary, Norway, Scotland  
Chair: Josef Koch, Maren Zeller
- 12:15 – 13:15 Lunch
- 13:15 – 15:00 Session two: Models of good practice for care leavers (10min each) and discussion: Croatia, Finland, Israel, Netherlands, USA  
Chair: Dirk Nuesken, Britta Sievers
- 15:00 – 15:15 Coffee Break
- 15:15 – 17:00 Session three: Advocacy for care leavers (10min each) and discussion: England, Ireland, Romania, Switzerland  
Chair: Wolfgang Schroeer, Severine Thomas
- 17:00 – 17:15 Wrap up: German team (Joseph Koch, Maren Zeller)
- 18:00 Dinner
- 19:00: Visit to Frankfurt city

## Tuesday, 26th February

### Breakfast

- 9:00 – 9:45: Insights into the German „Care Leaver Project“: Difficult Fields of Transition from Care to Adulthood  
Input: Dirk Nuesken, Britta Sievers, Severine Thomas
- 9:45 – 10:45: Teamwork (four groups) – how to proceed in Germany?  
Introduction: Diana Duering, Joseph Koch
- 10:45 – 11:00: Coffee Break
- 11:00 – 11:45: Presentation and discussion of the teamwork results  
Chair. Maren Zeller, Wolfgang Schroeer
- 11:45 – 12:30: Wrap up: German team (Wolfgang Schroeer, Britta Sievers, Severine Thomas)
- 12:30: Lunch

**German team:** Diana Duering, Josef Koch, Dirk Nuesken, Britta Sievers (all IGFH); Wolfgang Schröer, Severine Thomas, Maren Zeller (all University of Hildesheim)

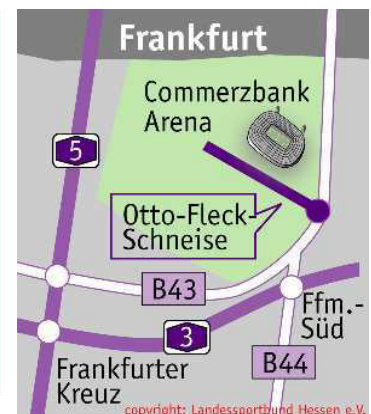
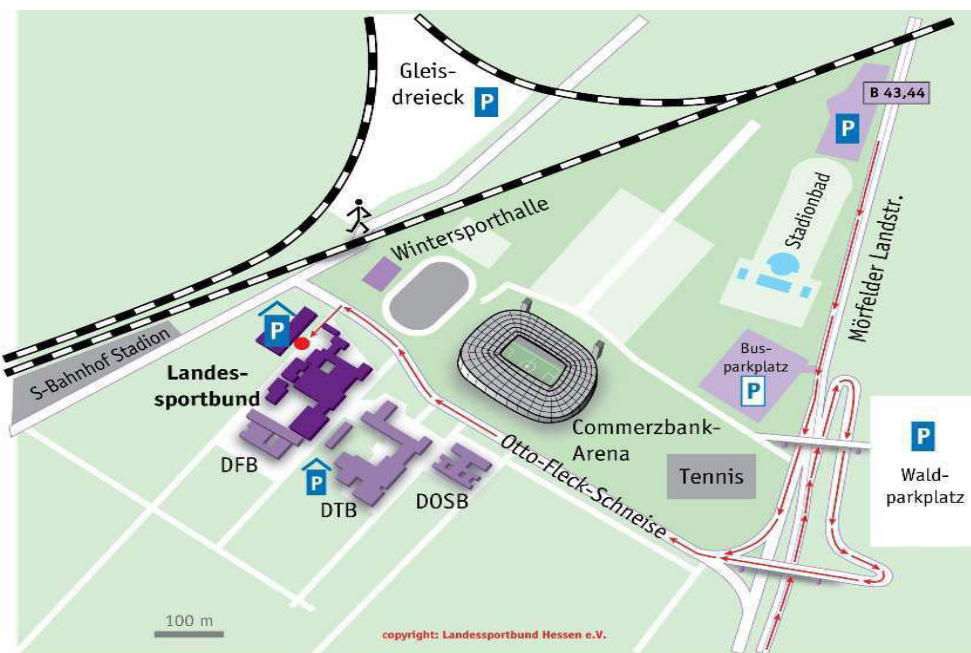
### Participants (16):

- Bisset, David & Galina, Equilibrium, **Bulgaria**
- Bratberg Gaarde, Mona, **Norway**
- Dima, Gabriela, SCUT Project and Advocacy Organisation for Care Leavers, **Romania**
- Dixon, Jo, NCAS, Advocacy Organisation, **GB England**
- Duncalf, Zacharie, Researcher Strathclyde University Glasgow, Care Leaver, Advocacy Work, **GB Scotland**
- Franco, Raymond, Program Manager, CITY-Program, Casa Pacifica Centers for Children and Families, **USA**
- Kneafsey, Brenda, EPIC's Aftercare Advocacy and Support Network, **Ireland**
- Kusturin, Sunčana, Association Play, **Croatia**
- Nyman, Linda, Leader of one Child Welfare Service in Oslo & Colleague **Norway**
- Peters, Eva, Nazorgcoach Niemand Uit Beeld, Eindhoven, **The Netherlands**
- Racz, Andrea, FICE Hungary und University of Debrecen, **Hungary**
- Westman, Hillevi, Psychologist SOS-Children's Village Lapsikylä ry, Helsinki, **Finland**
- Widmer, Rolf: Internationaler Sozialdienst, TIPITI, **Switzerland**
- Zilka, Iris, Service Designed for Young People Leaving Residential Care Centres and Foster Families, Who Don't Have Any Family Support, **Israel**
- Veuskens, Tieke, Eindhoven Municipality **The Netherlands**
- Strahl, Benjamin Care Leaver and Higher Education, Practice and Research Project at the University of Hildesheim (in Cooperation with Hebrew University and Bar Ilan University, Israel), **Germany**

**You are welcome!**

**How to find us:**

**Sportschule und Bildungsstätte des Landessportbund Hessen e.V.**  
**Otto-Fleck-Schneise 4 • 60528 Frankfurt am Main**  
**Tel. (069) 6789 - 0**



**The Sportschule und Bildungsstätte has an own cheaply parking garage in opposite of the main entrance.**

**From the Motorway Köln-Würzburg (A 3):**

Please take the motorway exit Frankfurt-Süd and drive towards Stadion "Commerzbank-Arena" and follow the signs "Sportverbände" on the right which brings you onto Otto-Fleck-Schneise. Please drive further along the Otto-Fleck-Schneise leaving the Commerzbank-Arena Stadium on the right and take the last street on the left way to Landessportbund Hessen e.V.

**From the Airport by car:**

Please take "B 43 Frankfurt Innenstadt" towards the centre of the city and follow the signs "Sportverbände" on the right which brings you onto Otto-Fleck-Schneise. Please drive further along the Otto-Fleck-Schneise leaving the Commerzbank-Arena Stadium on the right and take the last street on the left way to Landessportbund Hessen e.V.

**From the centre of the city by car:**

Please follow the signs "Flughafen/Stadion" via Kennedy-Allee and Mörfelder Landstraße and pass the exit Stadion "Commerzbank-Arena" leaving on the right and take the next exit on the right which brings you onto Otto-Fleck-Schneise. Please drive further along the Otto-Fleck-Schneise leaving the Commerzbank-Arena Stadium on the right and take the last street on the left way to Landessportbund Hessen e.V.

**From the centre of the city by public transport:**

At Hauptbahnhof, Hauptwache, Konstablerwache etc. stations take the S-Bahn (Subway) S 8 or S 9 (direction Frankfurt Flughafen) till S-Bahnhof "Stadion" and walk towards "Stadion" and then into the first street to the right where you will see the sign of Landessportbund Hessen e.V. at the entrance of the street. (walk approx. 10 minutes)

**From the airport ("Flughafen") by public transport:**

At the airport please take the S-Bahn (Subway) S 8 or S9 (direction Frankfurt Hauptbahnhof) till S-Bahnhof "Stadion" and walk towards "Stadion" and then into the first street to the right where you will see the sign of Landessportbund Hessen e.V. at the entrance of the street. (walk approx. 10 minutes)

### Additional information to the directions sketch

We would also like to give you some additional information regarding your trip from the airport to the conference venue. The Landessportbund is very close to the big Frankfurt soccer stadium. It is not in the city centre but very close to the airport. At the airport there are two train stations; the long distance trains run from "Fernbahnhof", the local trains from "Regionalbahnhof". Please make sure that you go to the Regionalbahnhof which is much closer to the arrival area anyway.

Please take the subway (S-Bahn) No. S 8 or S 9 in the direction Hauptbahnhof, Offenbach, Hanau. It is only one station to the stop "Stadion"; the train runs every 15 minutes. Please keep your ticket for the local train; we can reimburse the costs to you. The "Anfahrtsskizze" explains the way from the subway station "Stadion" to the Landessportbund where the workshop takes place. You walk around ten minutes.

In case you get lost or there is some other trouble you may call **Britta Sievers** on her mobile phone **No. 00 49 179 467 8076** and she will try to assist you.



**We are interested in your professional work on this topic!**

**Please get in touch with us**

- if you / your agency / your youth welfare office has already developed services for shaping the transition of adolescents and young adults from care (residential and foster).
- if you / your agency / your youth welfare office is interested in the further development of your services relating to transition, taking into account the insights gained in other European countries.

We will get in touch with you concerning the possibility of a telephone interview.

In addition, you have the option of participating in one of the expert workshops in order to discuss models of good practice with practitioners and policy makers.

If you are interested, please contact the project team members *Ms. Britta Sievers* or *Ms. Severine Thomas*.

**Project Partners:**

***Internationale Gesellschaft für erzieherische Hilfen e.V. (German Section of FICE - Fédération Internationale des Communautés Éducatives)***

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**Please contact:**

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***Stiftung Universität Hildesheim  
Institut für Sozial- und Organisationspädagogik  
(Institute for Social and Organizational Pedagogy)***

*Marienburger Platz 22, LN 313  
31141 Hildesheim, Germany*

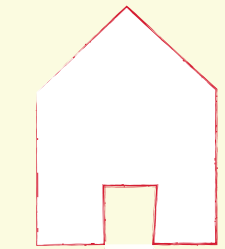
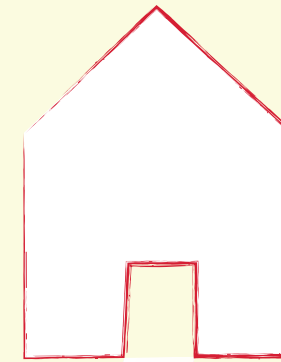
**Please contact:**

Uni-Hildesheim - Dr. Severine Thomas  
Tel: +49 (0) 5121 883 -895  
E-Mail: [severine.thomas@uni-hildesheim.de](mailto:severine.thomas@uni-hildesheim.de)

**Project Homepage:**

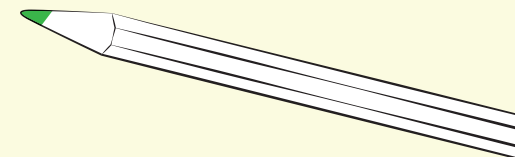
[www.uni-hildesheim.de/careleaver](http://www.uni-hildesheim.de/careleaver)

**The project runs** from January 2012 to December 2013.



**What happens after out-of-home care?**

Models of good practice for Care Leavers in Germany



STIFTUNG DEUTSCHE  
JUGENDMARKE e.V.



Internationale  
Gesellschaft für  
erzieherische Hilfen



## Background of the Project

In almost all countries young people who grow up in care (e.g. residential homes, foster families) are disproportionately disadvantaged in terms of educational outcomes. In their educational careers they can often only rely to a limited extent on family support and depend on public infrastructure and services as well as on informal assistance.

Almost all international studies show that these young people have to overcome many transitional barriers on their path to an independent adult life. This not only makes it difficult for them to enter working life; their attempts to achieve a financially independent lifestyle are also often precarious.

The youth policy of many European countries – and of Germany too – has so far barely acknowledged the difficulties this group of young people face with respect to their chances of making a successful transition to independence following life in a residential children's home or a foster family. Against this background, a look at the services and support structures that already exist in different countries would seem to be worthwhile in order to discuss the possibilities of transferring the insights gained there to the practice of youth welfare in Germany.

## The „Care Leaver“ Project

The German Section of FICE (IGfH-Internationale Gesellschaft für erzieherische Hilfen e.V.) and the University of Hildesheim are conducting the project 'What happens after out-of-home care? – Models of good practice for care leavers in Germany'. This project focuses on the question of how adolescents and young adults who are unable to live with their birth parents can be best supported in their transition to adulthood.

The main objective of the project is to gain an overview of the existing models of good practice in Germany as well as other countries in order to stimulate a transfer of key elements of these models into the German practice of child and youth welfare.

More precisely, the aim is to:

- describe models of good practice for supporting adolescents and young adults in Germany who are leaving care (residential or foster care) in their transition to adulthood.
- discuss these models in the light of experiences made in Germany and abroad.
- make the project findings available for use in pedagogical practice in the form of a workbook.

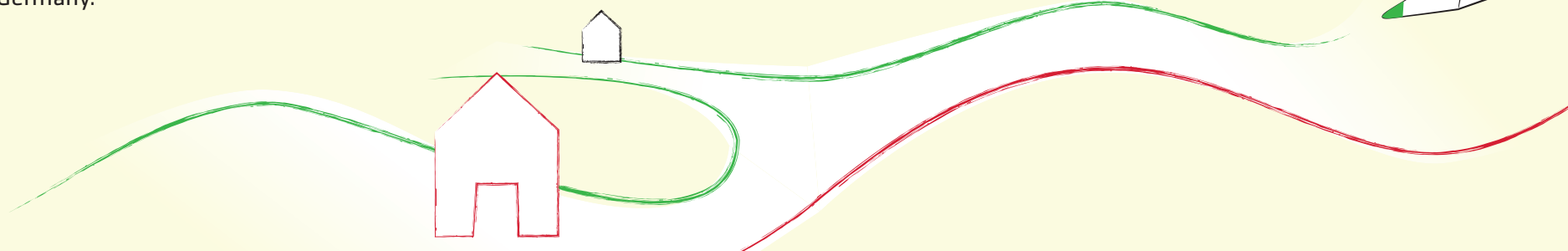
## Good Practice in Germany

In 2012 the intent is first of all to describe the situation in Germany using examples of good practice for enabling the transition from residential or foster care to an independent life. For this purpose, models of practice which have proved to be effective will be compiled and assessed in terms of their transferability. The aim is to identify key players in the transitioning process as well as to identify interesting projects and approaches.

It is the project's aim to deepen the knowledge on concepts of transition in residential and foster care. For this purpose we will interview professionals in Germany and other countries working in this field. By the end of 2013, the project findings will be compiled in a workbook.

## Expert Workshops

In the first half of 2013, national and international workshops will take place in which the perspectives for transferring models of good practice will be discussed. The target groups are practitioners and policy makers from youth welfare practice as well as researchers.





# DEALING WITH YOUNG PEOPLE LEAVING RESIDENTIAL CARE

## SUMMARIZED GUIDELINES FOR CHILD CARE WORKERS

Based on **CLIP PROJECT BULGARIA**  
(Care Leavers Integration Programme)



## Index

### Introduction

#### A brief description of CLIP's objectives

#### A. An individual and personalised approach for each “out-of-home” child

##### A1. Working with the individual approach

- Defining the objectives of each “out-of-home” stay, always bearing in mind the best interest of the child.
- The importance of the individual reference person (a qualitative relationship with each child)
- The work on the child's resilience, resources and intrinsic competencies.
- The importance of the child's participation to define its needs, options and perspectives for the future
- Recreating the links with the child's family whenever possible.
- Creating an external social network for each child

##### A2. The professionals' values and attitude when performing the individual approach

- The importance of respecting the child as a full individual with its own history and will.
- The importance of “Tender Loving Care”, especially for children living in institution: the Erikson's “life cycle”
- Creating a balance between collectivity and individuality.

##### A3. The Individual approach and the children's living conditions. The Protected Living Spaces and the Half-Way Apartment as key to a progressive autonomisation.

- Protected Living Spaces (PLS)
- Half-Way Apartments (HWA)
- The importance of respecting each child's intimacy

#### B. The creation of a favourable environment: the necessary conditions for an effective work.

##### B2. At social and political level

- The collaboration with the institutions at municipal level
- The Operational groups
- Sensitisation and trainings
- The promotion of decent working conditions for the professionals working with children

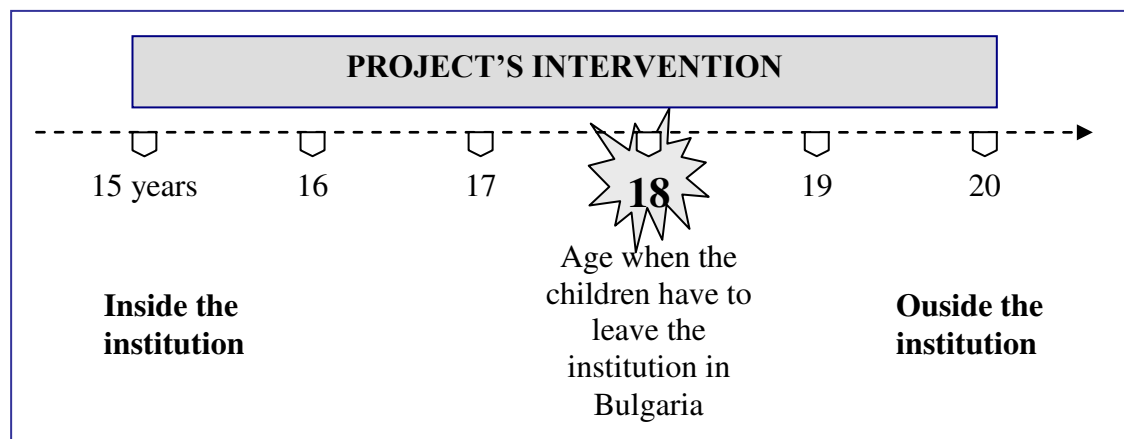
- The creation of the CSRI: promoting a multidisciplinary approach.

## Introduction

Based on CLIP capitalisation report, those summarised guidelines are elaborated specifically on CLIP principle of action, values and methodology. They are destined to provide the professionals with a brief “reminder”, hopefully to help them in their day-to-day work.

The main questions addressed by those guidelines are:

- How is it possible to create a positive future with/for a child who has had a heavy past?
- What are the main care-leavers needs and how is it possible to meet them? How is it possible to palliate the lack of family care for the children living in institutions?
- How should an “out-of-home” child be progressively prepared to autonomy?



CLIP project (2003 -2007) aimed at working with children during the crucial phase of their existence - since 15 years old to maximum 20 - when they are about to leave residential care (institutions). The children living in institutions in Bulgaria have to leave when they reach the age of 18, whether they are prepared or not. Therefore, the final objective of the project was to progressively prepare them to become truly and durably independent.

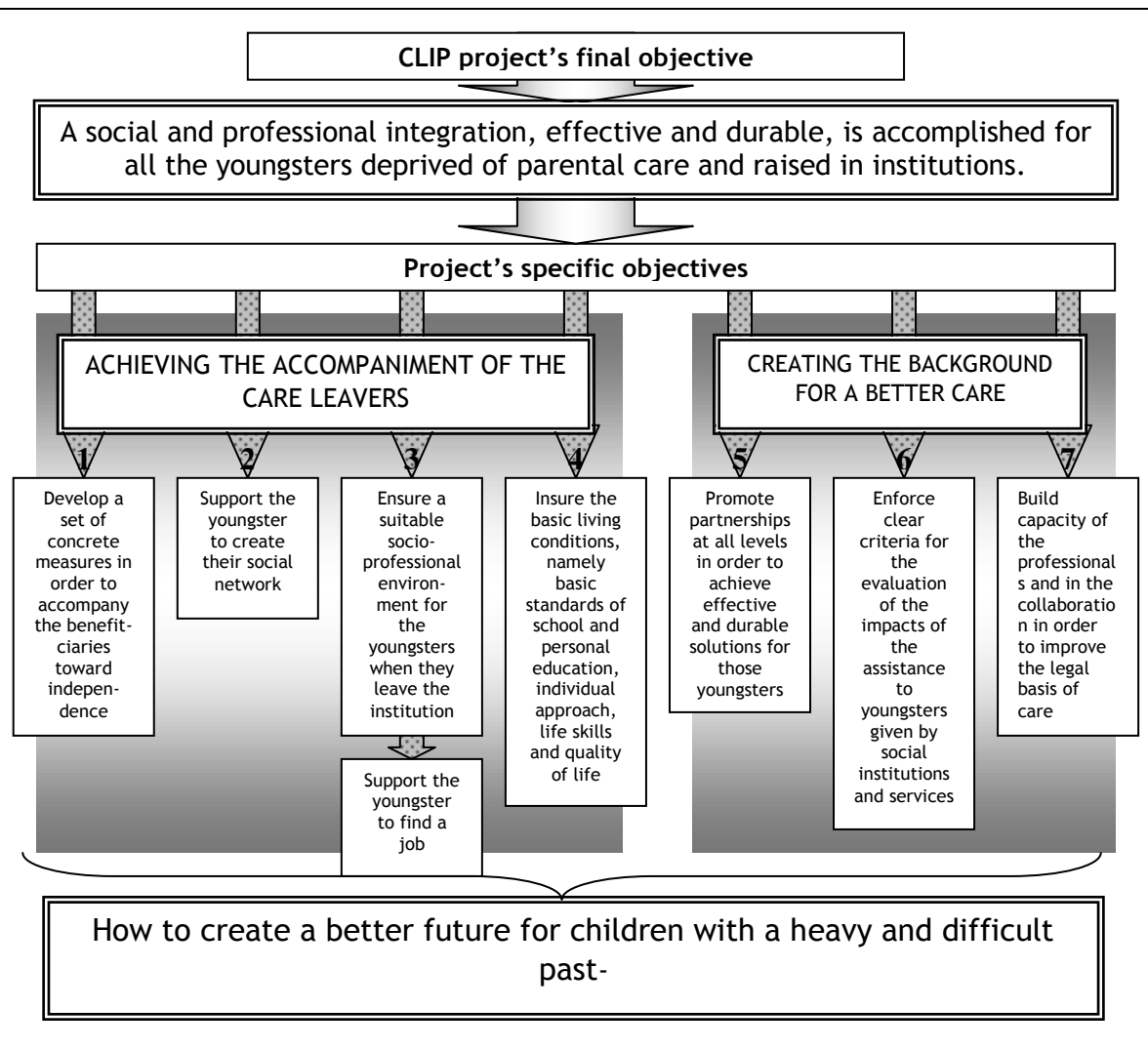
In order to do that, and overcome the risks of an unprepared and brutal leaving for those children, the projet intended to work three main topics:

- The LIVING CONDITIONS and PLACES were the children live (as proper tools to prepare them to independence)
- The SOCIAL integration of children
- The PROFESSIONAL integration of children

## A brief description of CLIP'S objectives.

Every specific CLIP's objective thrive to achieve the final objective, which is to help the care-leavers to become autonomous (in terms of social and professional integration), and to bring standards on national level for their accompaniment by institutions and professionals<sup>1</sup>.

The strategic decision to work with youngster between 15 and 18 has been decided in Bulgaria because no other actor was working with this specific age and social group. But clearly, the sooner the children in institution are properly cared for, the better for the construction of their identity<sup>2</sup>. The best would be to work with them as soon as the decision is taken that they will enter the institution.

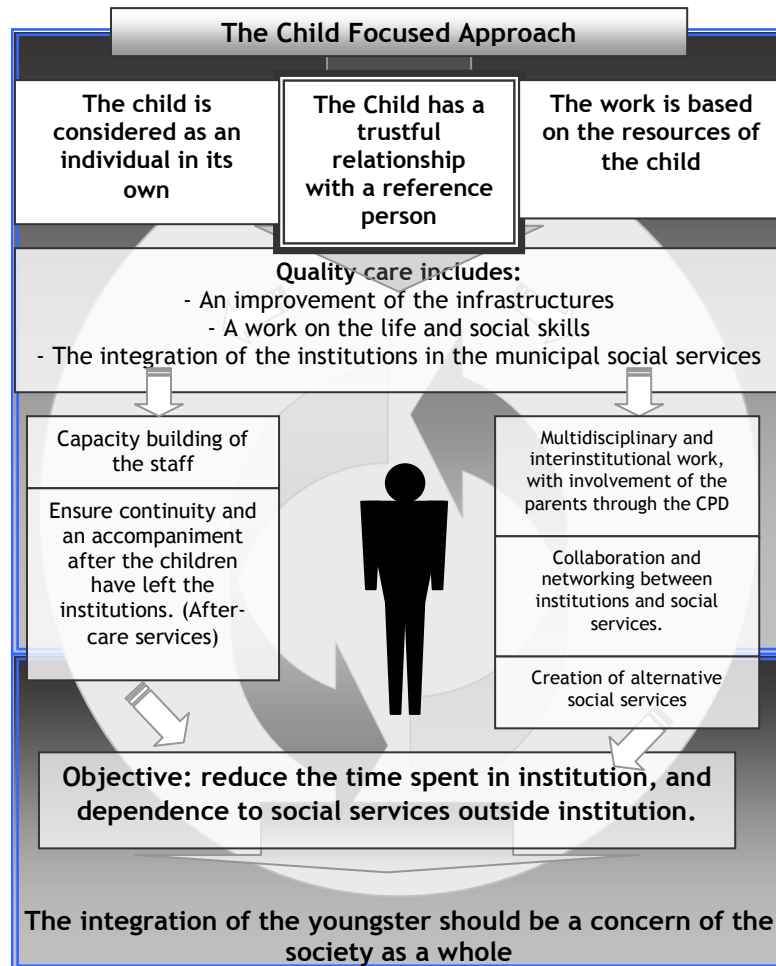


<sup>1</sup> See also ANNEXES 7 and 8 for more details on CLIP Bulgaria project.

<sup>2</sup> On this subject, see Erikson's "Life Cycle" theory, summarized in Annexe 2

## A. An individual and personalised approach for the “out-of-home” children

### A1. Working with the Individual Approach



Guidelines	Responsibility	Warning signs
1. Defining the objectives of each out-of-home stay, <b>ALWAYS</b> in the best interest of the child.	Educators and Social Services	<ul style="list-style-type: none"> <li>■ The stay in the institution has no purpose or objectives.</li> <li>■ It is not considered as a phase, which has a beginning and an end.</li> <li>■ The expectations towards the stay are not clearly defined.</li> </ul>
2. Working with an Individual Reference Person.	Educators and Social Services	<ul style="list-style-type: none"> <li>■ The child has no one to build a trustful relationship with.</li> <li>■ The persons of reference are not properly trained to be that.</li> </ul>
3. Working with the Child past history, resilience, resources and competencies.	Educators and Social Services	<ul style="list-style-type: none"> <li>■ The child hasn't been listened to properly.</li> <li>■ Its biography hasn't been done.</li> <li>■ Its competences are not known or acknowledged; they are not used as a key element for the construction of its identity / future</li> <li>■ It has no opportunity to build on its successes.</li> </ul>
4. Promoting the Child's family participation to define its needs, options and perspective.	Educators and Social Services	<ul style="list-style-type: none"> <li>■ The family isn't involved in the definition of the child's future.</li> </ul>
5. Promoting the link with the Child's family whenever possible.	Educators and Social Services	<ul style="list-style-type: none"> <li>■ The child has no contacts with its family.</li> </ul>
6. Creating an external social network for each Child.	Educators and Social Services	<ul style="list-style-type: none"> <li>■ The child has no friends outside the institution</li> </ul>

*A2. The professionals' values and attitude when performing the Individual Approach<sup>3</sup>*

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<sup>3</sup> On this subject, see also Annexe 5.

MAIN VALUES	Explanation	Responsibility
<p><b>1. Respecting the Child as a full individual, with its own history and its own will; RESPECTING IT FOR WHO IT IS.</b></p>	<p>For a child care worker, respect towards a child can be summarised in a few key words:</p> <ul style="list-style-type: none"> <li>■ ACTIVE LISTENING</li> <li>■ PARTICIPATION</li> <li>■ EMPOWERMENT</li> <li>■ NON PATRONISING APPROACH</li> <li>■ ACKNOWLEDGE THE CHILD’S SUCCESSES AND BUILT ON THEM</li> </ul>	<p>Educators / Professionals working in institutions / Social Services</p>
<p><b>2. How to palliate the lack of family care and create a securising and trustful environment necessary to all children; the importance of giving “Tender Loving Care”<sup>4</sup> for each child.</b></p>	<p>Children in institution have often never been “loved for who they are”. In other words, they lack the secure base offered by a parental “unconditional love”. They are taken care of “because they are there”, and not because they are loved. As stated in Erikson’s “Life Cycle Theory”, and in Bowlby’s “Attachment Theory”<sup>5</sup>, love is the most important thing after the basic survival needs such as food and oxygen. For human beings, trustful and loving relationships are of the outmost importance in the construction of the personality. <b>Moreover, it also allows the children with difficult past histories to become resilient<sup>6</sup>. Working on the child’s successes with benevolence will also help him in the resilience process by improving its self esteem.</b></p>	<p>Educators / Professionals working in institutions / Social Services</p>
<p><b>3. Creating a balance between collectivity and individuality.</b></p>	<p>CLIP’s methodology is clearly designed to step out of an ancient “collectivist” approach for caring for child in institutions (for example by giving them their personal clothes or ensuring they have a personal space where they can keep their own things, etc.). However, educators have obviously to create a balance between a purely individual approach and the collective aspects inevitable in the institutions. They can also adopt a positive attitude towards those collective elements imposed by the situation and benefit from them in the psychosocial support of the children (social skills).</p>	<p>Educators / Professionals working in institutions</p>

<sup>4</sup> This is especially meaningfull in relation with Erikson’s “Life Cycle” theory, and Bowlby’s “Attachment Theory”, summarised in Annexe 3.

<sup>5</sup> See Annexes 2 and 3.

<sup>6</sup> See Annexe 4.



### A3. The Protected Living Spaces and the Half-Way Apartments: the tools to a progressive autonomisation.

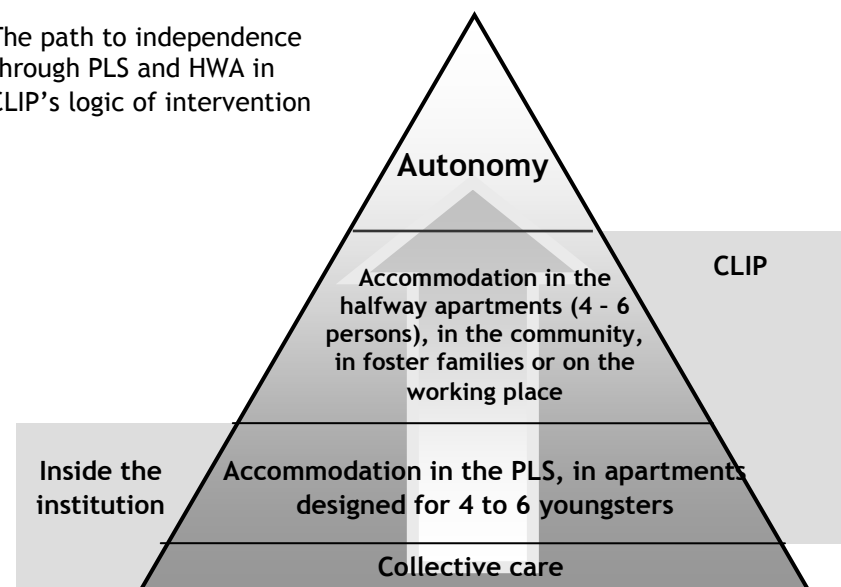
The Protected Living Space (PLS) - built in the institutions - and the Half-Way Apartments (HWA) - organised outside the institutions - are accommodations designed to help the children to gradually lead them towards autonomy.

They can be understood as an effective tool for preparing the children to independence.

#### Methodology:

- In the PLS, the supervision of the youngsters is stronger and more directive, and the educators support and listen to them more actively. In the HWA, the youngsters are considered more autonomous, and they have to be proactive in asking for support from the CSRI. This progression allows a good transition period toward independence.
- Ensuring the continuity in the logic of care, especially with the transition from PLS to HWA, is very important. During this phase in the youngsters' life, the collaboration within the educators and the Social Services is also central.
- The atmosphere in those living facilities is fundamental to create de conditions in which the children can become more autonomous. **The respect of their privacy** is there of the outmost importance, and can be considered as a key element to ensure the children's personal, psycho-affective development, and their education.
- Those conditions also give them the opportunity to improve their social skills in order to make their own decisions and solve their own problems.

The path to independence through PLS and HWA in CLIP's logic of intervention



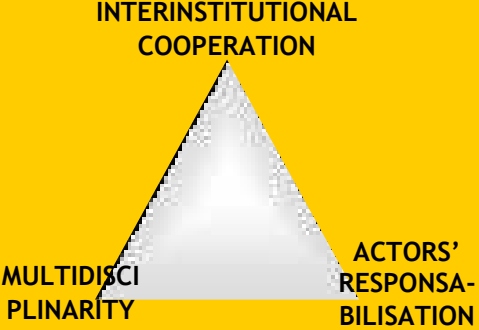
#### Standards:

- The protected living spaces are living facilities built inside the institutions, accommodating 4 to 6 children each. With a proper educative support, the youngsters learn there to become self-sufficient in their day to day life.
- In the continuity of the PLS, the Halfway Apartments, situated in the community (meaning outside the institutions), were the children will live when they leave the institutions, before they become truly independent. During this period, they stay in close contact with the Centres, which support them in the implementation of their individual projects

## **B. The Creation of a favourable socio political environment: the necessary conditions for an effective work.**

### **B1. Building the network at social and political level**

Area and topic (based on CLIP's experience)	Minimum Standards & guidelines	Responsibility
<p><b>B1.1 The collaboration with the institutions at <del>municipal</del> national level</b></p>	<p>1. At national level it has to be an expressed political will for child welfare reform, incl. the elaboration of special policy for the care leavers.</p> <p>2. Determination of a common framework for collaboration between the key institutions, incl. their structures at all level -national, regional, local. It could be a special project for changing the present and the future of the care leavers. It must contain the following:</p> <ul style="list-style-type: none"> <li>• general and specific objectives of the action,</li> <li>• the concrete activities to reach them,</li> <li>• expected results</li> <li>• role and responsibilities of each of the state institutions,</li> <li>• the finance that the government could give for the project implementation. This is very important in order to make a choice of the dimension of the project- the number of pilot municipalities and residential institutions.</li> </ul> <p>3. Determination of the executive body (institution)</p> <p>4. Creation of the Steering Committee for monitoring of the project implementation. <del>(SABINA)</del></p>	<p>Council of ministers</p> <p>Work group of experts from all concerned ministries</p> <p>Council of Ministers</p>

Area and topic (based on CLIP's experience)	OBJECTIVES OF THE OPERATIONAL GROUPS	Minimum Standards & guidelines
<p><b>B1.2 The Operational groups</b></p> 	<p>The OGs are there to unite all the concerned actors around the needs of the children living in institutions.</p> <p>At the beginning, they have to be led by a specialist of children's rights, in order to focus on those aspects and facilitate the collaboration among all the actors involved.</p>	<p>The socioprofessional integration of the youngster deprived of parental care can't (and mustn't) be the duty of only one institution. On the contrary, it is a responsibility of the society as a whole, including all the social services and every concerned institution.</p> <p>Therefore, it is important that the social institutions and the municipal services work together and brainstorm to define concrete solutions for the youngsters and set up standards for their work.</p> <p>In a project such as CLIP, the Operational Groups are set up to respond to that need, so that all the stakeholders can come together in a network, cooperating around those youngsters needs, with a "service provider" spirit.</p> <p>The participants to those groups are coming from the municipalities themselves, from the social institutions and from the civil society (namely the vice-mayors, the directors of Social Aid, the directors of the Labour Offices, the Child Protection Services, the orphanages) and all the other concerned actors.</p> <p>Last but not least, the OG has to be involved in the individual follow up of the cases, by becoming a "placement commission" for the youngsters, deciding who among them would be able to live in the PLS and HWA. Therefore, they are concretely and regularly confronted with the concrete problems of the youngsters.</p>

Area and topic (based on CLIP's experience)	Minimum Standards & guidelines	Responsibility
<b>B1.3 The sensitisation and trainings<sup>7</sup> for professionals</b>	<p>The trainings for the professional must be carefully planned. They constitute a fundamental and necessary tool to create a favourable environment for out-of-home children. The three main topics that have to be addressed during the training sessions are:</p> <ul style="list-style-type: none"> <li>■ The youngsters' needs for an harmonious development, namely: <ul style="list-style-type: none"> <li>○ A feeling of security</li> <li>○ Respect and trust relationship</li> <li>○ Perspectives for the future</li> </ul> </li> <li>■ The life skills to bring to the youngsters: <ul style="list-style-type: none"> <li>○ Self-knowledge and self-esteem (biography, identification of the youngsters' resources and qualities, etc.)</li> <li>○ Social and communicational skills</li> <li>○ Social Integration and network</li> <li>○ Practical life skills</li> <li>○ Professional insertion</li> <li>○ Civics, Children Rights and Duties</li> </ul> </li> <li>■ The capacity building of the professionals in charge of the youngsters: <ul style="list-style-type: none"> <li>○ The individual approach</li> <li>○ The individual planning (participants, procedures, objectives)</li> <li>○ The youngsters' needs assessment</li> <li>○ The " Individual Care Plan"</li> </ul> </li> </ul>	Project manager and people responsible for giving the trainings.

<sup>7</sup> For content of trainings for professionals, please refer to the "Quality for Children" standards (Annexe 5)

Area and topic (based on CLIP's experience)	Minimum Standards & guidelines	Responsibility
<p><b>B1.4 The guaranty of decent working conditions for the professionals working with children, and an appropriate ratio children/educators</b></p>	<p>Social work, especially with children in difficult situation, is a very emotionally demanding profession. Thus, the social worker must be able to work in an environment that allows them to give as much energy as possible to the children themselves. Therefore, they must be supported with decent working conditions, namely:</p> <ul style="list-style-type: none"> <li>■ The educators /social workers has to have a limited number of children to take care of, to be able to appropriately follow the through every stages of their way to independence and autonomy.</li> <li>■ They must be offered quality trainings, <b>followed by a proper supervision and evaluation</b>, made on a regular basis.</li> <li>■ They must have decent salaries (which is also a way of reducing the turn over)</li> </ul>	<p>State, municipal authorities</p>

Area and topic (based on CLIP's experience)	Minimum Standards & guidelines	Responsibility
<p><b>B1.5 The creation of the Centre for Social Rehabilitation and Integration (CSRI): promoting a multidisciplinary approach.</b></p>	<p>The first role of the CSRI is to follow the children in the transition period. It is then one of the most important places was the INDIVIDUCAL APPROACH - or the case management - operates in the project. It is a place for dialogue, reflexion and psychosocial consultation depending on the needs.</p> <p>Moreover, the CSRI act as a “uniting agent” with the case management, in the sense that they have to find collaboration with many different stakeholders to find appropriate solutions for each youngster (other social services, employers, schools, etc.)</p> <p>The staff of in the CSRI has to come from a <b>multidisciplinary</b> vocational background, such as social work or psychology.</p>	<p>Project Manager / Municipal Authority</p>

### ANNEXE 1: Short guidelines for the social evaluation of a child's situation (How to make a proper evaluation file)

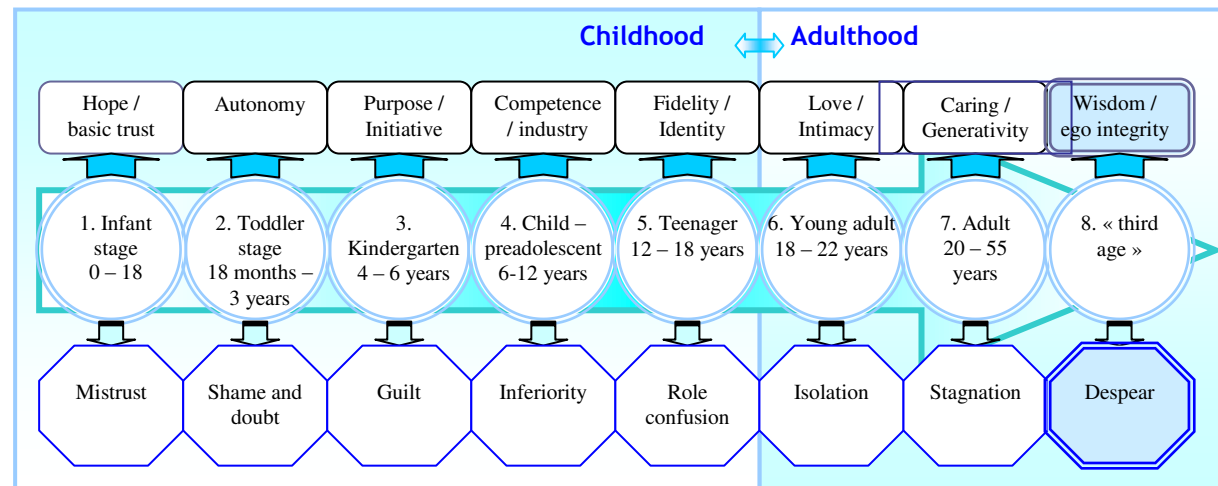
1. People concerned	<ul style="list-style-type: none"> <li>■ Indicate the child's family's composition (with the relations to the child, including last name and first name, and age of each family member. Indicate the last names in capital letters.</li> <li>■ Give the families full address</li> <li>■ Give the profession of the people when applicable</li> </ul>
2. Family's and child's past history	<ul style="list-style-type: none"> <li>■ Investigate the past history of the Child</li> <li>■ Indicate the circumstances of the child's separation from it's family</li> <li>■ Describe the family's relations before the separation</li> </ul>
3. Living conditions	<ul style="list-style-type: none"> <li>■ Describe the household and the family's general living conditions</li> <li>■ Give the number of people living in the household</li> <li>■ Evaluate the family's situation</li> <li>■ Describe briefly the family's place of living (house, apartment)</li> </ul>
4. Family's economic conditions	<ul style="list-style-type: none"> <li>■ Indicate the family's income</li> <li>■ Evaluate the family's economic situation</li> </ul>
5. Health	<ul style="list-style-type: none"> <li>■ Evaluate the physical and mental health of the family members (especially the primary care giver)</li> <li>■ Evaluate the access to health services</li> </ul>
6. Education	<ul style="list-style-type: none"> <li>■ What are the possibilities for the child to attend school?</li> </ul>
7. Chances of family reintegration and/or other alternatives to institution	<p>Questions to investigate:</p> <ul style="list-style-type: none"> <li>■ Is the family aware of the real situation of the child, if yes to what extend?</li> <li>■ What is the reaction of the family (and/or the enlarged family) to an eventual return of the child?</li> <li>■ Would the family be capable of caring for the child in case of return (especially in case of children with special needs)?</li> <li>■ What are the family's projects / plans for the future?</li> <li>■ What is the family's access to social services (in order to anticipate and supervise the family before and after an eventual return)?</li> <li>■ If the family hasn't been localised, what are the other alternatives to institution, if any?</li> </ul>
8. Special circumstances	<ul style="list-style-type: none"> <li>■ Political conflicts / instability</li> <li>■ War</li> <li>■ Economic crisis</li> <li>■ Natural hazards or disaster</li> </ul>

## ANNEXE 2

### Erikson's « life cycle », the construction of the identity

#### Summarised explanation of Erikson theory, and it's importance for the children raised in institutions<sup>8</sup>

At the **first stage**, the child will find out whether its care givers are reliable. If not, it is highly at risk of developing basic mistrust. In institutions, it is then very important that the care givers give to very young infants the “tender loving care” they need for the construction of their identity. At the **second stage**, the child will learn to explore the world. The care-givers need neither to be too protective, nor neglectful; in order to develop the child's potential. At the **third stage**, the child will develop its basic abilities to make its own decisions. If it's is systematically discouraged to do so, it will develop a basic sense of guilt in its personality. At the **forth stage**, the child will learn to recognize major disparities in the competencies and abilities among its peer. The care givers or teachers must, at this very important stage,



ensure that the child doesn't feel systematically inferior. Building on its **SUCCESSES** is then of outmost importance. At the **fifth stage**, the teenagers are at a fundamental stage of the construction of their identity, defining who they are, and where there are going in life. The care-giver must then allow the teenager to explore the world around, and at the same time provide them with a “secure base<sup>9</sup>”. The usual rebellion often encountered during this phase is fully part of the process of integrating social rules and commonly accepted behaviours. This means that the expression of rebellion must not be systematically discouraged or heavily punished, but rather talked through with the children. At the last stage that interests directly children

living in institution (the **sixth stage** in Erikson theory), the young adults will organize their identity around the social network and the relationships they have, either in love and intimacy, or isolation. The creation of an external social network (external to the institution they grew up in) then makes tremendous sense, and that's why it is of the utmost importance for institutionalised children to have one.

<sup>8</sup> Based on Wikipedia's online encyclopaedia and other online resources on Erikson's work.

<sup>9</sup> See also Bowlby's “Attachment Theory”, Annexe 3.



### ANNEXE 3<sup>10</sup>: John Bowlby's Attachment Theory

**Attachment theory**, as originating in the work of John Bowlby, is a psychological, evolutionary and ethological theory that provides a descriptive and explanatory framework for discussion of interpersonal relationships between human beings. In infants it is primarily a process of *proximity seeking* to an identified *attachment figure* in situations of perceived distress or alarm. Infants become attached to adults who are sensitive and responsive in social interactions with the infant, and who remain as consistent caregivers for some months during the period from about six months to two years of age. During the later part of this period, children begin to use attachment figures (familiar people) as a "secure base» to explore from and return to. Parental responses lead to the development of patterns of attachment which in turn lead to 'internal working models' which will guide the individual's feelings, thoughts, and expectations in later relationships.

**In Bowlby's approach, the human infant is considered to have a need for a secure relationship with adult caregivers, without which normal social and emotional development will not occur.** However, different relationship experiences can lead to different developmental outcomes.

Mary Ainsworth developed a theory of a number of attachment *styles* in infants in which distinct characteristics have been identified known as secure attachment, avoidant attachment, anxious attachment and, later, disorganized attachment. Subsequently other theorists extended attachment theory to adults. Attachment styles can be measured in both infants and adults, although measurement in middle childhood is problematic. In addition to care-seeking by children, attachment behaviours include peer relationships of all ages, romantic and sexual attraction, and responses to the care needs of infants or sick or elderly adults.

Attachment theory was developed by Bowlby as a consequence of his dissatisfaction with existing theories of early relationships. He explored a range of fields including evolution by natural selection, object relations theory (psychoanalysis), control systems theory, evolutionary biology and the fields of ethology and cognitive psychology, in order to formulate a comprehensive theory of the nature of early attachments. The result, after some preliminary papers from 1958 onward, was published in a trilogy called "Attachment and Loss" between 1969 and 1980. Mary Ainsworth's innovative methodology and comprehensive observational studies informed much of the theory, expanded its concepts and enabled its tenets to be empirically tested. Although in the early days he was criticised by academic psychologists and ostracized by the psychoanalytic community, attachment theory has become the dominant approach to understanding early social development and given rise to a great surge of empirical research into the formation of children's close relationships. There have been significant modifications as a result of empirical research but attachment concepts have become generally accepted. Many treatment approaches, some currently in the process of being evaluated, are based on applications of attachment theory.

Criticism of attachment theory has been sporadic, much of it relating to an early precursor theory called "maternal deprivation", published in 1951. There was considerable criticism from ethologists in the 1970s. More recent criticism relates to the complexity of social relationships within family settings, and the limitations of discrete styles for classifications.

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<sup>10</sup> SOURCE: Wikipedia online encyclopaedy: [http://en.wikipedia.org/wiki/Attachment\\_theory](http://en.wikipedia.org/wiki/Attachment_theory)

#### **ANNEXE 4<sup>11</sup>: The importance of RESILIENCE and CREATIVITY: building a better future for a child who had a difficult past.**

The word “resilience” comes from the Latin “*resalire*” (literally “jump again”) appeared in English language and passed in psychology in the sixties, with Emmy Werner. This American psychologist went to Hawaii to assess the development of children who had neither school nor families, and who lived in very precarious situations, exposed to illnesses and violence. She followed them for 30 years. After that time, she found out that 30% of them were able to read and write, had learned a profession and founded a family. 70% were in a terrible state (...). But if men were machines, this percentage would have reached 100%.

(...) **There is no such thing as a socio-cultural profile of a resilient child**, but there is a profile of traumatised children who have developed an aptitude for resilience. Those children are those who have gained the “basic trust<sup>12</sup>” between 0 and 12 months: “one has loved me, therefore I am “lovable””; therefore I have hope to meet someone who will help me to catch my development again.

**Those children are in sadness, but they continue to orientate themselves towards the others**, (...) and seek for the adult in themselves, that they will transform into a parent<sup>13</sup>. Then, they forge themselves a narrative identity: “I am someone who has been deported, or raped, or transformed into a child-soldier, etc.” If we give the children opportunities of making good and express themselves, a huge percentage of them (90 to 95%) will become resilient.

**We have to offer the youngsters “platforms” of CREATIVITY** and kid’s “life tests” such as enrol with scouts, prepare an exam, organise a trip and learn how to be useful. Youngsters in difficult situations feel often humiliated if someone gives them something (or if someone lectures them on morality). But they can find a good balance if we offer them opportunities to *give*.

Often, when reaching adulthood, those youngsters are attracted to altruistic professions. They want others to benefit from their experience. They often become themselves educators, social workers, psychiatrists or psychologists. Having been themselves “monster-children” make them able to identify, relate to and respect the other “wounded ones”.

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<sup>11</sup> Based on an interview of Boris CYRULNIK published (in French) on the UNESCO website: [http://www.unesco.org/courier/2001\\_11/fr/dires.htm](http://www.unesco.org/courier/2001_11/fr/dires.htm)

<sup>12</sup> See ANNEXE 2

<sup>13</sup> See the of Erikson’s seventh phase, the “Generativity” in adulthood, ANNEXE 2

**ANNEXE 5<sup>14</sup>: The development of the attitude and the professionalism of the child care workers: the evolution toward METHODOLOGICAL DIVERSITY, PARTICIPATION and EMPOWERMENT.**

	PAST (PRESENT)	FUTURE
<b><i>TO EMBRACE DIVERSITY IN PROFESSIONAL APPROACHES AND METHODOLOGIES</i></b>	One predominant method	Child care worker can turn his hand to anything and uses, depending on the circumstances, different methods
<b><i>TO ENCOURAGE PARTICIPATION</i></b>	Child care workers decides for the parents and children	Child care worker supports parents and child with taking their own decisions
<b><i>TO ESTABLISH PARTNERSHIP</i></b>	Child care worker handles, solves all the problems and “heals”	Child care worker supports the power of the family to heal itself in a non patronising approach.
<b><i>TO PROMOTE EMPOWERMENT</i></b>	Organisation decides on the care demand: “the supply determines the demand”.	Parents and child decide on the care demand: “the demand determines the supply”

<sup>14</sup> This table has been inspired by an unknown external source found in ISS Switzerland documentation.

## ANNEXE 6: “QUALITY STANDARDS FOR “OUT-OF-HOME” CHILD CARE IN EUROPE

In cooperation with the FICE, the IFCO and SOS-Kinderdorf International, the ISS Switzerland has drafted quality standards for “out-of-home” child care in Europe, in a report fully available, in several languages, on the “Quality 4 Children” website<sup>15</sup>. For the full explanation of the points below, please refer to this report itself. The main standards are reproduced below to echo CLIP’s experience and sharable best practices.

<b>Standard 1 : THE CHILD AND HIS/HER FAMILY OF ORIGIN RECEIVE SUPPORT DURING THE DECISION-MAKING-PROCESS</b>	The child and his/her family of origin have the right to an intervention if they express the wish to change their living situation or when the situation demands it. The child’s safety and best interests are the highest priority. The child and his/her family of origin are always listened to and respected.
<b>Standard 2 : THE CHILD IS EMPOWERED TO PARTICIPATE IN THE DECISION-MAKING PROCESS</b>	All persons involved listen to and respect the child. The child is adequately informed about his/her situation, encouraged to express his/her views and to participate in this process according to his/her level of understanding.
<b>Standard 3 : A PROFESSIONAL DECISION-MAKING PROCESS ENSURES THE BEST POSSIBLE CARE FOR THE CHILD</b>	During the out-of-home care process, siblings are cared for together. Separate placement is only indicated if it serves the well-being of the siblings. In this case, it is ensured that they maintain contact.
<b>Standard 4 : SIBLINGS ARE CARED FOR TOGETHER</b>	During the out-of-home care process, siblings are cared for together. Separate placement is only indicated if it serves the

<sup>15</sup> [http://www.quality4children.info/navigation/cms,id,2,nodeid,2,\\_language,en,\\_country,at.html](http://www.quality4children.info/navigation/cms,id,2,nodeid,2,_language,en,_country,at.html)

	well-being of the siblings. In this case, it is ensured that they maintain contact.
<b>Standard 5 : THE TRANSITION TO THE NEW HOME IS WELL PREPARED AND SENSITIVELY IMPLEMENTED</b>	After the agreement on the care-form has been made, the future care organisation prepares the child's admission thoroughly. The welcome must be gradual and cause as little disruption as possible. Transition to the new placement is arranged as a process whose main purpose is to ensure the child's best interests and the well-being of all relevant persons involved.
<b>Standard 6 : THE OUT-OF-HOME CARE PROCESS IS GUIDED BY AN INDIVIDUAL CARE PLAN</b>	An individual care plan is created during the decision-making process and further developed and implemented during the entire out-of-home care process. This plan is intended to guide the overall development of the child. Generally, the care plan defines the developmental status of the child, sets objectives and measures and clarifies the resources needed to support the overall development of the child.
<b>Standard 7 : THE CHILD'S PLACEMENT MATCHES HIS/HER NEEDS, LIFE SITUATION AND ORIGINAL SOCIAL ENVIRONMENT</b>	The child is given the opportunity to grow up in an inclusive, supportive, protective and caring environment. He/she has the chance to maintain contact with his/her original social environment. Family-based care options are a priority.
<b>Standard 8 : THE CHILD MAINTAINS CONTACT WITH HIS/HER FAMILY OF ORIGIN</b>	The child's relationship with his/her family of origin is encouraged, maintained and supported if it is in the best interests of the child.

<p><b>Standard 9 :</b>  <b>CAREGIVERS ARE QUALIFIED AND HAVE ADEQUATE WORKING CONDITIONS</b></p>	<p>Caregivers are thoroughly assessed, selected and trained before taking on the responsibility of caring for a child. They receive continuous training and professional support to ensure the overall development of the child.</p>
<p><b>Standard 10 :</b>  <b>THE CAREGIVER'S RELATIONSHIP WITH THE CHILD IS BASED ON UNDERSTANDING AND RESPECT</b></p>	<p>The caregiver pays individual attention to the child and makes a conscious effort to build up trust and to understand him/her. The caregiver always communicates openly, honestly and respectfully with the child.</p>
<p><b>Standard 11 :</b>  <b>THE CHILD IS EMPOWERED TO ACTIVELY PARTICIPATE IN MAKING DECISIONS THAT DIRECTLY AFFECTS HIS/HER LIFE</b></p>	<p>The child is recognised as the expert of his/her own life. The child is informed, listened to, taken seriously and his/her resilience is recognised as a strong potential. The child is encouraged to express his/her feelings and experiences.</p>
<p><b>Standard 12 :</b>  <b>THE CHILD IS CARED FOR IN APPROPRIATE LIVING CONDITIONS</b></p>	<p>The living standards and infrastructure of the care organisation satisfy the child's needs in respect to comfort, security, healthy living conditions as well as uninhibited access to education and to the community.</p>
<p><b>Standard 13 :</b>  <b>CHILDREN WITH SPECIAL NEEDS RECEIVE APPROPRIATE CARE</b></p>	<p>Caregivers are continuously and specifically trained and supported to meet the special needs of the children in their care.</p>
<p><b>Standard 14 :</b>  <b>THE CHILD/YOUNG ADULT IS CONTINUOUSLY PREPARED FOR AN INDEPENDENT LIVING</b></p>	<p>The child/young adult is supported in shaping his/her future towards becoming a self-reliant, self-responsible and participating member of society. He/she has access to</p>

	<p>education and is given the opportunity to acquire life skills and adopt values.</p> <p>The child/young adult is supported in developing self-esteem. This allows him/her to feel strong and secure and to cope with difficulties.</p>
<p><b>Standard 15 :</b> <b>THE LEAVING-CARE PROCESS IS THOROUGHLY PLANNED AND IMPLEMENTED</b></p>	<p>The leaving-care process is a crucial stage in out-of-home childcare and is thoroughly planned and implemented. It is primarily based on the child's/young adult's individual care plan.</p> <p>The child/young adult is recognised as an expert regarding the quality of his/her care. His/her feedback is essential for further developing the quality of the care system and of the respective care model.</p>
<p><b>Standard 16 :</b> <b>THE COMMUNICATION IN THE LEAVING-CARE PROCESS IS CONDUCTED IN A USEFUL AND APPROPRIATE MANNER</b></p>	<p>The child and his/her family of origin have the right to an intervention if they express the wish to change their living situation or when the situation demands it. The child's safety and best interests are the highest priority. The child and his/her family of origin are always listened to and respected.</p>
<p><b>Standard 17 :</b> <b>THE CHILD/YOUNG ADULT IS EMPOWERED TO PARTICIPATE IN THE LEAVING-CARE PROCESS</b></p>	<p>The leaving-care process is based on the individual care plan. The child/young adult is empowered to express opinions and preferences about his/her current situation and future life. The child/young adult participates in the planning and implementation of the leaving-care process.</p>
<p><b>Standard 18 :</b></p>	<p>After the child/young adult has left out-of-home care, he/she</p>

**FOLLOW-UP, CONTINUOUS SUPPORT AND CONTACT  
POSSIBILITIES ARE ENSURED**

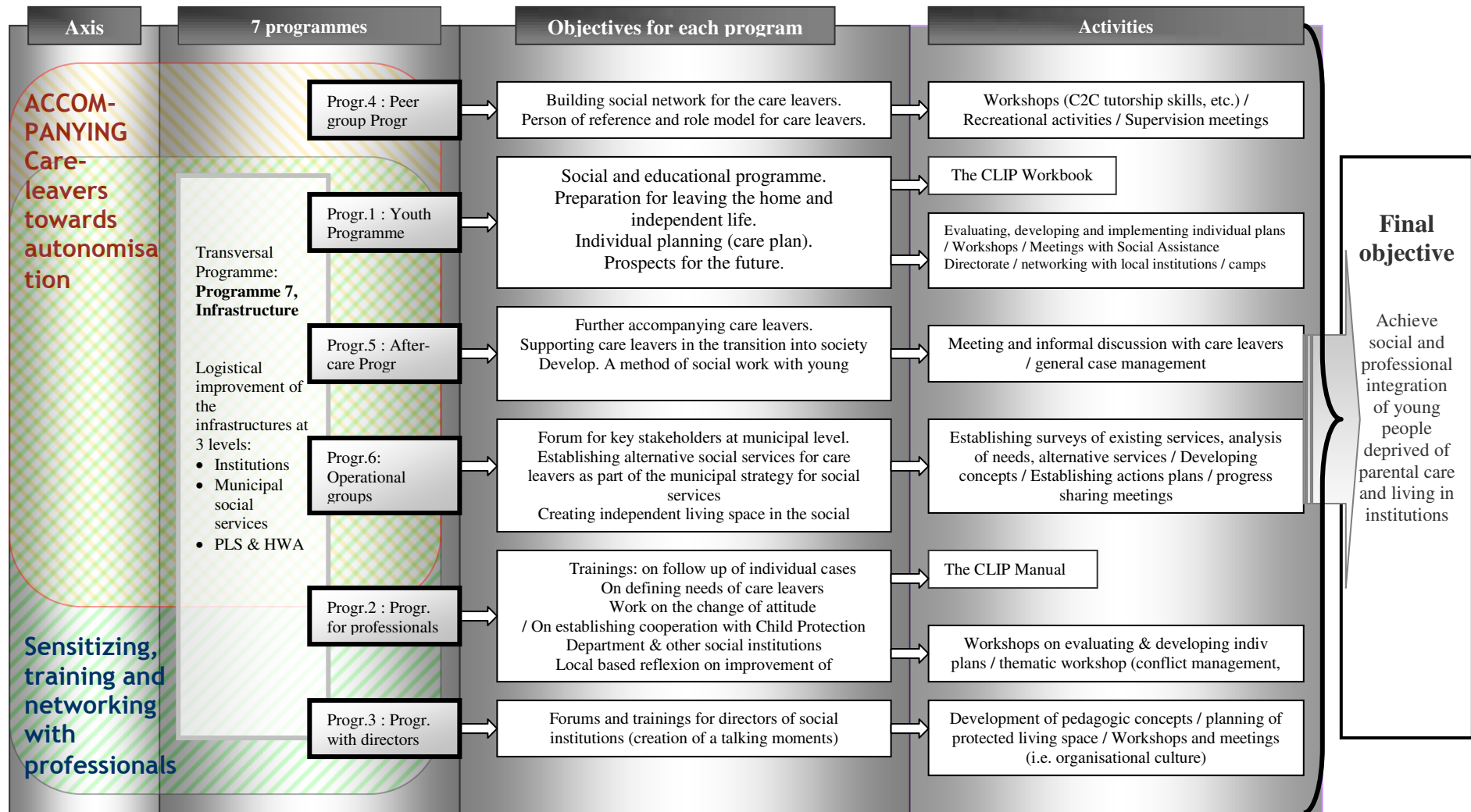
has the opportunity to receive assistance and support. The care organisation strives to ensure that he/she does not perceive the leaving-care process as a new strong disruption. If the young adult is of age, the care organisation should continue offering support and contact possibilities.



## ANNEXE 7: CLIP's profile sheet

<b>Project's title</b>	Care Leavers Integration Programme (CLIP)		
<b>Country, region</b>	Bulgaria, three municipalities: ⇒ Veliko Tarnovo ⇒ Lovech ⇒ Sevlievo		
<b>Area of intervention</b>	Reintegration of youngsters deprived of parental care and leaving the institutions (care leavers)		
<b>Project's duration</b>	2003-2007		
<b>Project's objectives</b>	Social and professional integration of youngsters deprived of parental care.		
<b>Project's target population</b>	⇒ Youngsters aged from 15 years old, living in institutions and in autonomisation phase (= Care Leavers). ⇒ Social workers and other professionals ⇒ Municipalities and municipal Social Services		
<b>Contact people</b>	<u>ISS Bulgaria :</u> <b>Sabina SABEVA</b> Project coordinator <a href="mailto:s_t_sabeva@abv.bg">s_t_sabeva@abv.bg</a>	<u>ISS Switzerland :</u> <b>Rolf WIDMER</b> Director ISS Switzerland <a href="mailto:rolf.widmer@manarasoft.ch">rolf.widmer@manarasoft.ch</a>	<b>Olivier GEISLER</b> Desk Officer <a href="mailto:ssi-og@ssiss.ch">ssi-og@ssiss.ch</a>
<b>Field activities' implementation</b>	ISS Bulgaria		
<b>Contributors</b>	<u>In Bulgaria :</u> Ministry of Education and Science (MEDU) Ministry of Labour and Social Policy (MLSP) <u>In Switzerland :</u> Swiss Development and Cooperation (SDC)		
<b>Project's budget</b>	2'015'962 CHF		

## ANNEXE 8 : CLIP's logic of intervention



# BULGARIA<sup>1</sup>

## 1. TARGET POPULATION OF CHILDREN IN CARE AND YOUNG PEOPLE AGEING OUT OF CARE

Based on preliminary data for 2009, the National Institute for Statistics estimates that there are 1,347,016 children living in Bulgaria out of a total population of 7,563,710 (NSI, 2009; 2010). Children therefore represent 18 per cent of the total population. The basic reasons for the decrease in the child population are the low birth rate, significant emigration of children going abroad with their parents, and the stable, relatively high child mortality rate, which, at nine per one thousand live births, is significantly higher than in other countries of the European Union (NSI, 2009; NSI, 2010).

### Children and young people in alternative care

The number of children and young people in specialized institutions remains high when compared with the overall child population. According to the most recent data made available by the State Agency for Child Protection, the total number of children in specialised institutions was 6,730 for 2009, distributed as follows:

- homes for medical and social care for children: 2,334.
- homes for children without parental care: 3,440.
- homes for children with physical disabilities and homes for children with mental disabilities: 956 (SACP, 2009).

The number of children placed in family-type care and with foster families is gradually increasing; however, figures remain very low, especially if compared to the number of residents in specialized institutions.

In 2008, 1,435 children were living with extended families in kinship care. For the period 2004–09, the total number of children in kinship care was 10,644 (ASA, 2009).

In 2009, 168 children were placed in foster care: 39 with voluntary foster families and 129 with professional foster

families. As at 31 December 2009, the total number of children being raised in foster care then amounted to 284: 84 with voluntary families and 200 with professional foster families. In 2008, 29 voluntary and 67 professional foster families were approved and 91 children were placed with foster families. The number of children placed in foster care thus increased very slightly from 2008 to 2009. For the period 2004–09, the total number of children in foster care was 338 (ASA, 2009).

SOS Children's Villages Bulgaria supports 26 SOS families which cared for 126 children in 2009; the organization also ran four youth facilities for 109 young people in 2009 (SOS Children's Villages Bulgaria, 2009).

As at 31 December 2009, 265 children were placed in family-type centres (managed by professional care providers); 90 of these children have disabilities and chronic diseases.<sup>2</sup> Since 2008, a few specialized institutions have been shut down, most of the residents having been to other facilities. As at 31 December 2009, 22 young people were in 'observed homes', which provide support to care leavers to prepare them for independent life.<sup>3</sup>

The recently adopted Policy Document for Deinstitutionalization (March 2010) envisages the closure of all specialized institutions in the course of the next 15 years.

### Young people ageing out of care

Bulgarian legislation stipulates that young people should leave care at the age of 18. An exception can be made for young persons over 18 who wish to remain in care for the purpose of finishing their education, though the extension is terminated once they turn 20.

The number of young people who left care because they reached 18 or 20 years of age generally increased from 2006 to 2009: 206 in 2006; 407 in 2007 (Mihova, 2008); 345<sup>4</sup> in 2008; and 535<sup>5</sup> in 2009. The State Agency for Child Protection reported that in 2009 nine young people left family-type centres.<sup>6</sup> That same year, 11 young people left youth facilities of SOS Children's Villages (SOS Children's Villages Bulgaria, 2009).

### Profiles of young people ageing out of care

Research conducted in 2008 reveals that care leavers:

- are more likely than other young people to experience psy-

chological problems and difficulties with communication.

- are more likely than other young people to be school drop-outs and are less likely to graduate from high school or attend university.
- lose social and economic security after leaving care.
- have difficulties finding housing and the financial means to pay for accommodation.
- tend to, if they are girls, marry younger or become mothers at a younger age than their peers who grew up with their families of origin.
- are more frequently unemployed or dependent on the social system than their peers who were not in care (Mihova, 2008).

To date, studies have focused only on young people who have left specialized institutions rather than foster care and family-type centres.

### Paths taken by young people ageing out of care

It is difficult to monitor young care leavers because:

- The data collection system is inadequate. The directors of specialized institutions and family-type centres can provide data regarding the number of care leavers, but there is no tracking system for care leavers once they have left care (Mihova, 2008).
- While there is some information concerning young people who leave specialized institutions, there is none about those who leave foster care or family-type centres.

A survey conducted by the Agency for Social Assistance in 2008 asked directors of specialized institutions for children aged 7–18 about the destination of the young people who left care from January 2006 to August 2008 (Mihova, 2008). The data could not be verified, partly because a few of the 78 care leavers no longer had contact with the facilities (Mihova, 2008).

Nevertheless, the survey's findings indicate that the largest percentage (about 33 per cent on average) of care leavers were referred to their families of origin once they left care. There has not been any follow-up to study the success rate of this process. This pattern also seems to indicate that a large proportion of children and young people were placed in facilities due to poverty and a lack of financial support for the families of origin, rather than as a child protection measure (Mihova, 2008).

If they were not referred to their families of origin, care leavers in the period under review went to live with extended family (about 15.9 per cent), with a spouse or partner (18.2 per cent, comprising mostly female care leavers), with friends or acquaintances (13.8 per cent), on their own (29.9 per cent, with male care leavers dominating), in a specialized institution for adults (24 per cent), in temporary shelters (30.6 per cent), or in jail, under arrest, or on probation (about 1 per cent, comprising entirely male care leavers) (Mihova, 2008).

The percentage of care leavers who have managed to live on their own and sustain themselves varied over the years under review, but there is no tendency of an increase. The issue of supported living is thus still a priority. The number of care leavers referred to temporary shelters has been increasing slightly over the years, in parallel with the development of this service. The percentage of care leavers placed in residential care facilities for adults has been stable over the years, and is even increasing slightly. This group probably includes young people with disabilities and mental health problems who suffer from long-term institutionalization. Their integration in the community may require more effort and special services that are not yet available.

The study also reveals that about 25 per cent of care leavers successfully integrated into the community during the period under review. Their success appears linked to university education, positive professional development, or creative success. The figure would be more revelatory if it were disaggregated. Importantly, about 75 per cent of the care leavers fail to integrate successfully (Mihova, 2008).

The State Agency for Child Protection reports that 535 young people left care during 2009:<sup>7</sup>

- 526 young people left specialized institutions:
  - 401 young people left homes for children without parental care: 312 young people had to leave because they were 18 (among them 102 returned to their families of origin; 49 went to live with extended families; 31 went to live in transitional housing; 54 found accommodation in shelters; and 76 availed themselves of other options); 80 left the homes for reasons unrelated to their age; 1 died; and for 8 young persons, the information is not available.

**VESY, 18 YEARS OLD**

While Vesey was living in a specialized institution, she met a young man who had money and soon became her boyfriend. They spent a great deal of time together at a local bar, which kept her from finishing school.

Eventually it became clear that the boyfriend had ulterior motives for getting together with Vesey. He was a well-connected sex trafficker and sold her to Greece to be a prostitute. After three months, Vesey managed to call her educator at the youth facility to tell him what had happened to her. The police finally rescued her and brought her back home to Bulgaria.

But Vesey had trouble finding a job because she had not finished high school and could not provide any proof of education. With the help of her educator, however, she was able to secure financial support from friends to attend evening classes, from which she graduated as one of the best students. She finally found a part-time job. Without the help of her educator she would not have been able to continue believing in herself, but thanks to his unwavering emotional support, she was able to stay motivated and keep going.

- 125 young people aged out of homes for children with physical disabilities and homes for children with mental disabilities; 8 returned to their families of origin; 63 found accommodation in shelters; and 54 transferred to other facilities for people with disabilities.
- 9 left family-type centres.

The destinations of young people who left care in 2009 do not differ significantly from those of the previous years.

Neither the State Agency for Child Protection nor the Agency for Social Assistance collects information regarding the professional development of young people who leave family-style centres. The Agency for Social Assistance does monitor young people who continue their education at universities, yet no care leavers entered higher education in 2009. The Agency for Social Assistance reports that in 2009 two young people started a family and nine were living alone.

In 2009, 11 young people left the care facilities of SOS Children's Villages: 2 went on to continue their studies; 4 were unemployed; and 5 secured employment.

## 2. SHORT DESCRIPTION OF BULGARIA'S CHILD PROTECTION AND CARE SYSTEM

### Main actors of the child protection and care system

The care system in Bulgaria has been undergoing profound reform since 2000. The reform was in part a response to the recognition that a large number of children were being raised in state-run care facilities. One of the aims of the reform was to limit the number of placements in such facilities by requiring regional child protection departments to issue a formal decision when placing a child in care.

The following ministries and agencies are tasked with the protection of children in Bulgaria:

- The Ministry of Labour and Social Policy is responsible for alternative forms of care for children over three. The professional foster care and voluntary foster care is coordinated and funded by this ministry through its Agency for Social Assistance, whose Directorates for Social Assistance provide services at the local level. Each of these directorates has a child protection department.
- The Ministry of Health is directly responsible for financing and managing all institutions for children up to the age of three. Bulgarian legislation refers to care facilities as serving medical or hospital-type functions for children up to the age of three.
- Municipalities are responsible for managing local care facilities and the residential social services, for which they receive and distribute funds from the central budget. The law entitles municipalities to subcontract the management of these services to non-governmental organizations (NGOs). Yet current practice shows that they prefer not to delegate the management of the residential social services; as a result, they have almost no experience in delegating the management of care services.
- The State Agency for Child Protection is mandated to control and coordinate the child protection system in Bulgaria. It licenses social service providers—such as

NGOs and commercial companies—for child-related services. There is no licensing requirement for municipalities, although they are responsible for managing local care facilities, residential social services, and community-based services. With a view to ensuring full compliance with child protection rights, the State Agency for Child Protection is responsible for performing control functions (through planned audits and spot checks) in all facilities and organizations working directly with or delivering social services to children.

### Types of care settings

At the time of writing, alternative care was being provided to children without parental care in several forms that correspond to the protection measures in Article 4 of the Child Protection Law:

- placement with extended family (kinship care).
- adoption (permanent care with families).
- placement in foster care, whether voluntary or professional.
- placement in a family-type centre.
- placement in one of four types of specialized institutions, as defined in the Social Assistance Act:
  - homes for medical and social care: These homes are managed by the Ministry of Health and provide care for children from birth to the age of three. When children turn four, they move to specialized institutions for 4–18-year-olds. Children with mental disabilities or neurological or cardiac conditions that require intensive medical attention may extend their stay in the home for medical and social care.
  - homes for children without parental care: Since 2007, these homes have been managed by municipalities. They provide care for 4–18-year-olds; there is a possibility of extending services until the age of 20.
  - homes for children with physical disabilities and;
  - homes for children with mental disabilities: These homes are under the control of the municipalities. A large number of them are located in small villages without access to medical care or specialized services. They house 7–18-year-olds with various disabilities. These homes continue to carry out the long-standing policy of hiding children with disabilities from society. The care they provide does not meet the children's needs.

other forms of placement:

- 'transitional housing' allows young people to lead an

independent lifestyle with the support of professionals who prepare them for their departure from the facility.

- 'observed homes' provide support and advice to care leavers aged 18 and up to prepare them for an independent lifestyle and to prevent their return to a care facility.
- 'shelters'—as defined by the Social Assistance Act—offer temporary residential care. With a ten-year history, this residential service is the most established in Bulgaria; it was instituted by the Bulgarian Red Cross with the help of international partners before the creation of the child protection system.

## 3. LEGAL AND POLICY FRAMEWORK

### Legislation and policy on child and youth care

Child care in Bulgaria is mainly regulated by national-level legislation. Laws on child and youth care have undergone numerous changes over the years.

The main legislative documents are:

- The Child Protection Act. This law states the basic rights of children, lists principles and measures for child protection, provides definitions, describes the executive organs, and prescribes activities. Amendments were made in 2006 (on regulations for adoption) and 2007 (on regulations for foster care). The latest changes were introduced in 2010. The Government of Bulgaria and NGOs plan to prepare a new law in the near future.
- The Family Code. First passed in 1985, the code regulates the relationships in the family, guardianship, and adoption. Recently, several changes referring to adoption were introduced.
- The Protection against Domestic Violence Act (2005).
- The Social Assistance Act (first passed in 1998, amended in 2009). This act provides definitions of social services.
- The Family Benefits for Children Act (2002).
- The Law on the Integration of People with Disabilities (2005).
- The Health Law (2004) and the Health Insurance Law (1999, with annual amendments).
- The Juvenile Delinquency Act (1958 and subsequent amendments).
- The Ordinance for the Standards and Criteria of Social Services for Children (2003, amended in 2010). This

law provides benchmarks against which to evaluate the adherence to identified care standards for organizations.<sup>8</sup> Specifically, the ordinance defines standards as they concern: (a) social services provided by a family or in a family-style environment; (b) foster care; (c) care provided in specialized institutions and family-type centres.

- The Regulation for the Organization and Administration of Specialized Institutions by Municipalities (2007).
- The Policy Document for Deinstitutionalization (2010).

Another 14 legal acts—ordinances and regulations—guiding the implementation of the laws are relevant. Bulgaria’s national plans in the area of child protection include:

- a National Strategy for Child Protection 2008–18 (each municipality developed local strategies with local priorities).
- a National Plan for the Reduction in the Number of Children in Institutions 2003–05.
- a National Plan for the Reduction of the Number of Children in Institutions: Emergency Measures.
- a National Youth Strategy 2010–20 (in draft form).

#### Key legal provisions regarding preparation for leaving care and after-care support

In the Ordinance for the Standards and Criteria of Social Services for Children, four standards refer to leaving care: two concern departure from foster care (11 and 17) and two relate to leaving specialized institutions and family-type centres (5 and 25). The standards for foster care service providers are as follows:

- Standard 11: The social service provider guarantees that the child placed in a foster family or in an extended family is supported to develop his or her own life skills and independent decision-making.
- Standard 17: The leaving of a foster or an extended family must be in accordance with a previously developed plan for leaving care.

The standards for specialized institutions and family-type centres are as follows:

- Standard 5: The care provider prepares the child for independent living.
- Standard 25: The leaving of a specialized institution or a family-type centre must be in accordance with a previously developed plan for leaving care.

The criteria for standard implementation are identical for both foster and residential care. They include: (a) the preparation of a plan for leaving care that is mutually agreed upon by all stakeholders; (b) ensuring education and support for life-skills development; (c) a plan for activities aimed to prepare the child for independent life.

However, understaffing and inadequate financial resources for specialized institutions prevent the full implementation of the above standards.

There is no special legal framework or social assistance system for care leavers. Young people who leave care can access universal services designed for young people generally or people at risk of social exclusion. Within this context, they can benefit from several laws and regulations, such as:

- The Law for Encouragement of Employment (2002).
- The Regulations for the Application of the Law for Encouragement of Employment.
- The Social Assistance Act.
- The Regulations for the Application of the Social Assistance Act.
- The Law for the People’s Education.

While the National Programme for Social Integration and Professional Realization of Young People from Institutions for Raising and Educating Children Deprived of Parental Care (2000) establishes general principles, it does not guide the development of services. Instead, it is used as a general framework for developing projects in that area.

Regarding housing, the Social Assistance Act includes a provision that ‘orphans who have graduated from a social–vocational institution’ (an educational facility for young people with mental disabilities) may receive financial aid on a monthly basis or be granted municipality-run accommodation if their income is below a certain limit, and they are under 25.

With respect to employment, the Law for Encouragement of Employment introduces some financial benefits for employers who hire young people with care experience:

For each workplace filled by an unemployed individual under 29 with permanent disabilities, including disabili-

ties developed during military service, or a young person from a specialized institution who completed his or her education and was referred to the Employment Agency, the employer receives a sum of money in cash according to article 30a during the time of employment, but for no longer than 12 months (art. 36(2)).

#### KEY CHILD AND YOUTH CARE TERMS

**Family-type centre** (*centar za nastaniavane ot semen tip*). These residential care facilities offer a variety of social services in a family-type setting for up to 15 beneficiaries (as defined in the Regulations for the Application of the Social Assistance Act).

**Child at risk** (*dete v risk*). A child at risk is one:

- who does not have parents or has been permanently deprived of their care;
- who has become a victim of abuse, violence, exploitation, or any other inhuman or degrading treatment or punishment, either in or out of his or her family;
- for whom there is a danger of causing damage to his or her physical, mental, moral, intellectual, or social development;
- who is afflicted with mental or physical disabilities and difficult-to-treat illnesses;
- who may drop out of school, or who is already a school drop-out (as defined by the Child Protection Act).

**Foster care** (*priemna grija*). This form of care involves placing a child in a family environment, including with close relatives (as defined in the Regulations for the Application of the Social Assistance Act). Foster care may be voluntary or professional. Professional foster parents are entitled to receive additional training and the existing legislation allows placements in such families of children with disabilities, children three and under, and children who are victims of domestic violence. Professional foster parents are entitled to receive a salary for their services (as defined in the Regulations for the Application of the Social Assistance Act).

#### Identified gaps

- The prevalence of specialized institutions is still a leading concern in Bulgaria. The practice of running large residential care facilities is still widespread; children live in such facilities for many years, often without contact with their immediate or extended families and with only very limited access to community-based services. In addition, the quality of education in these facilities is poor. Daily activities often do not sufficiently prepare these children or young people for their future life in mainstream society. The number,

**Observed homes** (*nabludavano jiliste*). This form of social service supports and provides advice to persons 18 and over who are leaving care, transitional housing, or a shelter, and who are about

to lead an independent life. The aim is to prevent placement in another facility.

**Specialized institutions** (*spezializirana instituzia*). These large institutions care for children who have been separated from their family of origin. The Child Protection Act distinguishes between three types of specialized institutions in Bulgaria:

- homes for children without parental care (*domove za deza lisheni ot roditelski griji*).
- homes for children with physical disabilities (*domove za deza i mladegi s uvregdania*).
- homes for children with mental disabilities (*domove za deza s umstvena uzostanalost*)

Furthermore, Article 4 of the Child Protection Act allows for the possibility of placing children three and under in specialized institutions known as homes for medical and social care for children (*domove za medico soziali griji*). These types of medical facilities (as defined in the Act for Medical Institutions) basically function like hospitals.

**Transitional housing** (*prehodno jiliste*). This form of social service allows people to lead an independent life, supported by professionals who prepare care leavers for their departure from the facility.

qualifications, and performance of staff are inadequate and their commitment to the young people's socialization is usually lacking. A certain kind of support is provided in group settings, but an individual care approach for every child in need remains an exception. After spending many years in these facilities, many care leavers do not have adequate life skills and suffer from psycho-social problems; consequently, their chances of properly adjusting to living alone and transitioning into adult life are severely hampered.

- There are still insufficient alternatives to specialized institutions. While numerous attempts have been made to establish models for non-institutional types of care, such as foster care and placement with extended families, these forms still do not prevail over the residential type of care. These alternatives need further support and promotion in order to become real options for child rearing, development, and socialization, in line with the principles of the United Nations Convention on the Rights of the Child.
- The legal framework remains unsupportive, unenforced, and irrelevant. The existing legislation does not sufficiently provide for specific measures aiming at the integration of care leavers into mainstream social and economic life. Pilot projects or one-off private initiatives cannot provide sustainable improvement in this context. The efforts of the local and central authorities are limited within the framework of existing regulatory norms, which do not stipulate any specific provisions to support the integration of young care leavers. Among care leavers, 18–24-year-olds are particularly vulnerable as they are no longer covered by the Child Protection Act.
- The monitoring and evaluation system does not function well. Although they are legally required to monitor care leavers, residential care facilities do not have the capacity—in human resources, relevant expert knowledge, or experience—to perform the monitoring tasks properly. As a result, there is a dearth of information on the extent and quality of the integration of care leavers into mainstream society. Similarly, there is a severe lack of monitoring and evaluation of young people's level of preparedness before their departure from facilities.

#### 4. PRACTICES RELATED TO PREPARATION FOR LEAVING CARE AND AFTER-CARE SERVICES

##### Preparation services for leaving care

Bulgarian legislation places responsibility for the preparation of young people leaving care on the provider or the principal of the facility. Although a national programme for the social integration and professional development of young people in care was adopted by the Council of Ministers in 2000, few sustainable services exist for care leavers. Most of the available information regarding care leavers is provided by the Agency for Social Assistance; information on employment and education may be obtained from the Agency for Employment and the Ministry of Education.

##### After-care service

The number of residential services (including shelter) offering housing opportunities for young people has been increasing, as has the number of users:

- 2005: 15 services with 73 beneficiaries.
- 2006: 31 services with 164 beneficiaries.
- 2007: 45 services with 325 beneficiaries (Mihova, 2008).

Most of these services are provided by municipal authorities but managed by NGOs. They offer only accommodation of a boarding house type. While there have been attempts to integrate social work and to encourage employment and education, the staff is neither qualified nor large enough to meet these needs. Yet the level of need for such services is high.

No services are specifically targeted at care leavers. The Agency for Employment runs three relatively small-scale pilot projects in the area of youth employment, though none of these contains any special reference to care leavers:

- 'Youth Employment: A Guarantee for the Future' is designed for unemployed young people who have registered with the agency.
- 'Starting a Career' is meant for unemployed young people with a university degree.
- 'A Project for Young People Who Abandoned School' is for unemployed people with a low level of education or no education at all.

The Agency for Employment also offers vocational training all over the country (about 116 different streams), which care leavers and all unemployed young people may attend. No data is available on how many care leavers use centres for professional orientation, professional training, or employment agencies.

NGOs and businesses have introduced several initiatives and projects to support the professional training and employment of care leavers. As these activities depend on private donations, however, their sustainability is not secured. A few NGO programmes provide fellowships for care leavers who wish to attend university.

SOS Children's Villages offers several types of after-care support. SOS Youth Facilities support young people as they pursue an education and acquire vocational qualifications before entering the job market; as they develop skills needed for independent life; and as they learn to be responsible for their own future. SOS Children's Villages also provides emotional and financial support to facilitate young people's start in life and their social integration.

The Semi-independent Living Programme is the basic form of SOS after-care support for young people who have aged out of SOS Children's Villages, who live independently out of the SOS youth facility, and who work or have income but still need support in order to complete the transition to independence. The maximum duration of the programme is three years; support is provided on an individual basis and is based on a contract drawn up between the young person and an SOS youth care worker.

##### Identified gaps

- Care leavers are entitled to benefit from social services such as accommodation and preparation for independent life. Unfortunately, these services cannot reach all potential beneficiaries. In addition, services are limited to one year, after which care leavers are forced to wean themselves from support once again and to continue without it.
- Since there is no normative framework for ensuring the social inclusion of young people aged 18–29, regular measures in this direction are not available.
- The child protection measures are not fully integrated

in the policies on youth, so that case management plans for children at risk cannot be fully implemented once the child attains majority (after the age of 18).

- Access to social services is limited for young people in remote regions and in small settlements.
- After spending a long time away from a family environment, care leavers can rarely rely on support from their families of origin, even if they have kept in touch with them. Since accommodation away from the family is regarded as a final resort for protection, a child's stay in care until majority is an indicator of the parents' or family's complete lack of capacity to provide an adequate environment for bringing up the child.
- Social integration and access to medical, social, and other services require care leavers to be formally registered with a number of different agencies, increasing the need for additional counselling sessions for young people.
- Care leavers appear to have a particularly difficult time finding accommodation and paying the rent; the number of young people in need far exceeds the number of municipality-run houses. Municipalities do not have social housing available. There is no state programme supporting the construction of such housing.
- Some young people leave care during or because of a personal crisis, such as early pregnancy or early marriage, when they need even more support.
- Municipal structures that offer counselling and support for care leavers exist in only a few towns around the country. Such activities are thus undertaken predominantly by NGOs, as pilot projects.

#### 5. MAIN VIOLATIONS OF THE RIGHTS OF YOUNG PEOPLE AGEING OUT OF CARE

Care leavers face discrimination in all spheres of life, including access to health care, education, employment, and housing. The local authorities do not recognize the special needs and vulnerability of these young people. The main challenges to adjustment in the community are:

- **Right not to be discriminated against.** Isolated institutional settings with a rigid schedule, limited outside

contacts, and a lack of participation in youth and children's organizations and associations fail to prepare care leavers adequately for outside social life.<sup>3</sup>

- **Right to protection.** Physical and social isolation, a lack of monitoring mechanisms, and barriers to public access all enable widespread violence and abuse in care facilities.
- **Right to education.** Young people leaving care lack vocational and professional skills as well as knowledge or an understanding of the job market and the qualifications required to secure employment.
- **Right to health care.** Care leavers are not entitled to any privileges regarding access to health care.
- **Right to participation.** The voices of care leavers are not heard. They rarely participate in decision-making processes.

## 6. OFFICIAL DATA SOURCES

- State Agency for Child Protection ([www.sacp.government.bg](http://www.sacp.government.bg)).
- Agency of Social Assistance ([www.asp.government.bg](http://www.asp.government.bg)).
- Information Web Portal for European Union funds ([www.eufunds.bg](http://www.eufunds.bg)).
- Ministry of Labour and Social Policy ([www.mlsp.government.bg](http://www.mlsp.government.bg)).
- National Statistical Institute ([www.nsi.bg](http://www.nsi.bg)).

## 7. RESEARCH ON TARGET GROUPS

Zlatka Mihova's *Life after Institutional Care* presents findings of research conducted in 2008 (Mihova, 2008).

## 8. KEY RECOMMENDATIONS FOR POLICY AND PRACTICE

### Improving the legal framework

- The United Nations Committee on the Rights of the Child recommends that Bulgaria 'continue harmoniz-

ing its legislation with the principles and provisions of the Convention [on the Rights of the Child], incorporate the Convention fully into the Child Protection Act and ensure the effective implementation of domestic legislation pertaining to the rights of the child' (CRC, 2008, para. 9).

- The government should develop a legal framework that identifies young care leavers as a vulnerable group in need of targeted, long-term support and specialized social services.

### Improving the policy, services, and practice framework

- The quality of social work should be strengthened and improved in rural areas, focused above all with respect to prevention and aid for the family of origin. This involves measures to decrease the workload of socio-legal child protection bodies in order to reach the European standards regarding the workload of social workers (that is, the number of cases per social worker).<sup>9</sup> It also necessitates the development of new programmes and projects as alternatives to institutional care.
- Facilities should provide opportunities for an individual approach to children and young people.
- New forms of foster care should be introduced (for example, short-term, supporting, respite, therapeutic, and other professional foster care); foster families should be accompanied and educated to ensure that their care is the most suitable. Children with disabilities should be assigned to specialized foster families.
- A funding mechanism for young care leavers should be developed in such a way as to allow them to access free housing.
- Opportunities for prioritized housing should be introduced for young care leavers.
- Amendments should be made to legislation ensuring that the young people leaving care are recognized as a specific social group and to guarantee a continuity of services for them.

### Providing better data

- The government should expand statistical indicators and ensure their harmonization with internationally adopted standards, methods, methodologies, and indicators if Bulgaria is to become an equal member of the European Union with respect to its processes and

pace of development (SACP, 2009).

- The Committee on the Right of the Child recommends that Bulgaria 'strengthen its efforts to develop a centralized system for comprehensive collection of data on the rights of all children up to the age of 18 with a specific emphasis on vulnerable groups of children, including Roma children, and ensure that data allows for disaggregation, inter alia, according to sex, age, urban/rural areas and ethnic or social origin' (CRC, 2008, para. 19).

### Identifying new research studies

- It is necessary to carry out an overall comparative study on care leavers that covers all forms of care.

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<sup>1</sup> This chapter was prepared by Radostina Paneva, Advocacy Office, SOS Children's Villages Bulgaria

<sup>2</sup> Official information provided by the State Agency for Child Protection, 2010.

<sup>3</sup> Official information provided by the Agency for Social Assistance, 2010.

<sup>4</sup> Official information provided by the Agency for Social Assistance, 2010.

<sup>5</sup> Official information provided by the Agency for Child Protection, 2010.

<sup>6</sup> Official information provided by the Agency for Child Protection, 2010.

<sup>7</sup> Official information provided by the Agency for Child Protection, 2010.

<sup>8</sup> Bulgarian legislation does not differentiate between a service as an organization and a service as an activity.

<sup>9</sup> Social workers of the Agency for Social Assistance have an average of 112 cases per year (ASA, 2009).

**ASOCIATIA INTERNATIONAL AWARD  
FOR YOUNG PEOPLE**



**INTERNATIONAL AWARD FOR YOUNG PEOPLE**

**Romania**  
Gabriela Dima

***SHORT HISTORY***

The Program was introduced in the first place in the United Kingdom in 1956, under the name of „The Duke of Edinburgh’s Award”. The scope of the Award was to motivate the boys aged between 15-18 years to involve within an equilibrated program of voluntary activities, that will contribute for their personal development and to help them to get through the difficult period between the adolescence and the maturity.

The Program was conceived by a small team conducted by MSR Duke of Edinburgh’s, Doctor Kurt Hahn, German educationalist and founder of Outward Bound and United World Colleges and Sir John Hunt, the leader of the Everest mountain first escalade team.

International Award for Young People represents an attractive program of personal development, available for all young people aged between 14-25 years-old, that aims to enrich young people with life abilities in order to produce a benefic change for themselves, for the communities to which they belong and for the world.

Until this moment, over 7 million young people from 132 countries have been motivated to develop stimulating and voluntary activities through the means of the International Award for Young People Program.

The Award concept is based on the individual challenge meant to encourage young people to develop themselves in an responsible manner, to develop the active citizenship, contributing positively to the society evolution.

The Award represents an equilibrated program, non-competitive and fun, of voluntary activities, that encourages the personal discovery and growth, the self trust, the perseverance, the responsibility and the voluntary activities.

***There are three participation levels: bronze, silver and gold.***

The Sections that need to be finalized at each level in order to win the Award, include:

**1. SERVICE SECTION**

***Aim:*** learning the modalities to offer useful services for others

***Examples of activities:*** visits to socially disadvantaged persons, voluntary work in hospitals or health centre, visits in penitentiaries, participating



## ASOCIATIA INTERNATIONAL AWARD FOR YOUNG PEOPLE



in a conservation project, caring for animals, fundraising for a charity cause, assistance for help operation in case of national or local disasters, etc.

### **Benefits:**

- Development of patience, tolerance, compassion
- Defeating the ignorance, prejudices, apathy and fear
- Becoming aware of other's needs and problems
- Exploring and perfecting the individual abilities
- Consolidating the leader qualities
- Forming a life habit of community involvement

### **2. ADVENTURE JOURNEY**

**Aim:** Encouraging an adventure and exploring spirit during a group travel.

**Example of activities:** exploring the natural world (erosion, Geology, plants study, birds study, animal study, insects study, etc.), exploring the human impact (visiting the national parks, pollution study, etc.), climbing on a mountain, following an antique pilgrimage route, a country's tour on bike, etc.

### **Benefits:**

- Understanding the group dynamics, own role and others' role in the team
- Improving the organizing abilities
- Attention development
- Decision making process practicing and accepting their consequences
- Developing of the self trust and personal autonomy
- Exploring and appreciating the surrounding environment
- Improving the investigation, analyze and presentation abilities
- Having fun

### **3. SKILL SECTION**

**Aim:** Encouraging the personal interests and practical aptitudes development.

**Examples:** music, manual work, arts, communication, games, life aptitudes, vocational aptitudes, drama, etc.

### **Benefits:**

- Identification of new abilities or exploring the existing talents
- Improving the self trust through establishing a goal and meeting it
- Becoming aware of the self potential
  
- Improving the time management and the efficient planning strategies
- Rising the degree of personal motivation
- Improving the employment potential through new vocational aptitudes

## ASOCIATIA INTERNATIONAL AWARD FOR YOUNG PEOPLE



### 4. PHYSICAL RECREATION SECTION

**Aim:** Encouraging the participation in physical activities and performance improvement.

**Examples:** sports with ball, athletic sports, water sports, winter sports, martial arts, fitness, dance, etc.

**Benefits:**

- Developing healthy habits
- Rising the physical preparation degree
- Improvement the self image
- Social interaction, especially within team games, but also by meeting people having common interests within individual games
- Development of the self-discipline feeling, perseverance and self motivation

### 5. RESIDENTIAL PROJECT (ONLY FOR THE “GOLD” LEVEL)

**Aim:** Enlarging the life experience through involving together with other people within a residential project.

**Examples of activities:** personal trainings, environment and conservation projects, services brought to other people or to the community, etc.

**Benefits:**

- A new environment, non-familiar experience
- Construction of new relationships
- Team work
- Responsibility acceptance
- Developing of some special aptitudes in communication
- Demonstrating the initiative
- Developing of new aptitudes or improving those already existing
- Joy of being alive and working with other people

WEB-SITE: [www.intaward.ro](http://www.intaward.ro), [www.intaward.org](http://www.intaward.org)

## England (Jo Dixon)

### Key statistics:

#### *In Care*

- In 2012 67,050 children and young people (CYP) were looked after in England (an increase of 2% since 2011 and 13% since 2008).
- Foster care is the most common form of state/out of home care, used by 75% of CYP in care. Residential settings (including children's home, secure units and residential schools) accommodate 10% of CYP.

#### *Age when leaving care*

- Process rather than event.
- Definition: care order ends (max. age 18) OR moving on from care placement to semi/independent living (aged 16+).
- Most local authority statistics suggest the age of leaving care is 18years (but this tends to refer to age care order ends). Research, which is more likely to use the latter definition, suggests that many young people leave their final care placement before the age of 18.

#### *Number of care leavers per annum*

- Approx. 10,000 young people left care aged 16+ in 2012 (many < age of 18).

#### *Who is receiving care?*

- 60% of CYP are looked after on a care order (state removes child), 29% are accommodated on a voluntary agreement (section 20).
- 62% of CYP enter care due to maltreatment (abuse and/or neglect).
- The most common age-ranges for entering care are aged 10-15 years and aged 1 – 4years.
- Most CYP receive a leaving care service up to the age of 21 years and in some cases 25.

#### *The legal framework for care leavers*

- The legal framework for young people leaving care is the Children Leaving Care Act (CLCA) 2000, which itself is underpinned by the Children Act 1989.
- CYP can receive a leaving care service if they had been in care for at least 13 weeks since the age of 14 (or a period totalling 13 weeks excluding respite care).\*
- The CLCA introduced three categories: Eligible (aged 16 or 17 in care for at least 13 weeks since the age of 14 and are still looked after), Relevant (16 or 17 in care for at least 13 weeks since the age of 14 and have left their care placement), Former Relevant (aged 18-21 who were eligible/relevant or both. ).
- The Children and Young People's Act (2008) introduced further support for care leavers (Higher education bursary, education support for those in and from care, access to support until 25)

- These are reflected in recent amendments to the CLCA (regulations and guidance 2011) extends the eligibility to a leaving care service to age 25 years for those young people aged 21+ who return to education or training prior to their 25<sup>th</sup> Birthday.)

Any typical support structure for care leavers?

- The CLCA places a duty on local authorities to provide young people leaving care with a personal advisor , a pathway plan, financial support (including a living allowance up to age 18) and support with accommodation, education, employment and training and other support to meet assessed need.
- The main aims and provisions of the CLCA are
  - Reduce variation in support across local authorities / increase good, consistent support / leaving care teams in every local authority.
  - Multi-agency assessment of need (health, housing, financial, career)
  - Pathway planning (extension of the care plan, developed with YP input)
  - Personal advisor (PA)
  - Continuing contact with YP (by PA or equivalent worker)
  - Duty to monitor outcomes (Government data at age 19)
  - Financial responsibility for 16 & 17 yr olds (unless young parent or disabled)
  - Provision of *suitable* accommodation
  - Assistance with education and employment options
  - LA have a duty to support most care leavers until they are 21yrs (as of 2011 later if returning to education or training up to age 25 yrs).

\* Those CYP who were not looked after for 13 weeks and are not therefore, an 'eligible child' can receive a limited service as a **qualifying** young person (i.e. aged 16 to 21 (or 24 if in education/training) and looked after at the age of 16 but no longer looked after or accommodated).

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 January 2013.

## Moving On: Aftercare<sup>1</sup> Provision in Ireland

May 2012

### Introduction

As children journey through childhood, adolescence and into adulthood the majority experience love, support and stability that enables them to grow into independent, self assured adults. They often stay in the family home until they are around 25 years of age and have a strong network of support in their family and friends.

However, for some of those who have been raised in the State care system their journey can be characterised by multiple placements leading to subsequent feelings of low self esteem, uncertainty and unpreparedness<sup>2</sup>. They have to leave the care system once they turn 18 and are less likely to have a strong network of support. As a result, there is a necessity on the State, as the corporate parent, to prepare a young person for life after care, providing a range of supports including: financial, accommodation, training and education, advice and information supports as well as practical supports such as cooking skills, budgeting etc. Young people also need to have access to emotional support, mentoring, and a caring adult who will keep in touch with them<sup>3</sup>.

As every young person is different so too are their needs for aftercare supports. Those who have been in long term foster care may need less support than a young person leaving a residential care setting. But what is shared among this group is their vulnerability and unpreparedness for securing and maintaining a home, a career and social stability at such a young age especially when they may have already experienced a chaotic childhood. This is particularly true for separated children who may have fled violence and persecution in their home country before arriving in Ireland with no family<sup>4</sup>. Failure to prepare and support this transitional phase in their lives, can lead to increased exposure to and experience of homelessness, addiction, criminality, prostitution, poverty, mental health difficulties and early parenthood<sup>5</sup>. Therefore, the importance of preparing a young person to leave care and to support them to live independently cannot be overstated.

### Current Situation in Ireland

There were 6,160 children in care at the end of December 2011; 5717 were in foster care with the remaining 443 children in residential care<sup>6</sup>. Children in residential care are largely placed in open residential centres run by either the HSE or private/voluntary providers in communities across the country. The HSE stated that there were 1,310 young people aged 18-21 in receipt of an aftercare service in December 2011<sup>7</sup>. Given that not all children leaving care are aged 18 years of age, it is also planned that from 2012 the HSE will record

<sup>1</sup> The term Aftercare can also be known as Through Care or Continuing Care

<sup>2</sup> Dixon Jo, (2008) 'Young People Leaving Care', in Child and Family Social Work, 13

<sup>3</sup> EPIC, (2011) Briefing Paper on Aftercare. [www.epiconline.ie](http://www.epiconline.ie)

<sup>4</sup> Barnardos (2010) Aftercare for Separated Children

<sup>5</sup> Stein, Mike (2004) What Works for Young People Leaving Care?, Barnardo's, England

<sup>6</sup> HSE (2011) Monthly Performance Reports

<sup>7</sup> Figures stated by Michele Clarke, Social Work and Child Care Specialist, Department of Children and Youth Affairs at the Campaign for Children / Children's Rights Alliance seminar on May 15<sup>th</sup> 2012.

the actual numbers of children discharged from care by age<sup>8</sup>. This will hopefully begin to address some of the ongoing information deficits that exist regarding care leavers.

Presently, the availability of aftercare services from the HSE is patchy, inconsistent and inadequate. This is mainly due to the absence of a statutory entitlement to aftercare and the lack of investment in such services in the past. The provision of a statutory right to aftercare would ensure that every young person leaving care would be able to avail of aftercare supports appropriate to their needs. The Child Care Act 1991 states the HSE *may* provide assistance, in the form of support, accommodation, assistance with training and employment up to the age of 21. However, the word *may* rather than *shall* makes it discretionary, allowing the HSE to decide whether or to whom to offer support<sup>9</sup>.

During the recent passing of the Child Care Amendment Act 2011, there were extensive lobbying efforts by Barnardos, Action for Aftercare, TD's, Senators and the Ombudsman for Children to extend the section on aftercare and to place the provision of these services on a statutory basis by changing the wording from *may* to *shall*. However, our efforts were unsuccessful as the Government upheld the previous Government's legal advice that there was no need to change the wording stating the current legislative wording should not be understood as 'discretionary' but rather that where a young person's need for aftercare has been identified there is an obligation on the HSE to meet it. A directive was issued to the HSE to this effect obliging them to meet the aftercare needs of care leavers.

The continued absence of an unambiguous legislative framework means that efforts to progress the provision of aftercare services at a policy and practitioner level are weakened. The need to support children leaving care has long been identified as an area requiring improvement in both the Youth Homeless Strategy (2001) and the Homeless Strategy and Implementation Plan (2008).

The Ryan Implementation Plan (2009) also made clear recommendations with regard to data collection and to improve planning for leaving care and enhance the availability and quality of aftercare supports, resulting in the introduction of the HSE Leaving and Aftercare Services National Policy and Procedures document. This policy was finalised in April 2011 to provide the basis for implementing an effective equitable service across the country. It plans to engage with the young person from age 16 in preparing for leaving care and devising a care plan jointly with them. The responsibility of implementing the plan would be overseen by the aftercare worker once the child turns 18. According to the policy, aftercare services are to be available to all those eligible irrespective of which care sector they have been in, foster care, residential care and high support up to 21 years (unless they are in education in which case the HSE can support until 23 years). Engagement with services is voluntary and young people can refer themselves directly or through their social worker or another agency. Even those who choose not to engage are monitored for 12 months after leaving care to facilitate re-engagement and reduce their vulnerability.

This policy development is greatly welcomed, however, its implementation has been hampered by inadequate resources. In 2010, only €1m was allocated to aftercare services. A clear implementation plan on how to roll it out has yet to be finalised and it will be piloted in some areas initially before it is hopefully rolled out in its entirety countrywide. Presently, there continues to be an insufficient number of aftercare workers across the country resulting in high caseloads and inability to prepare, engage and oversee each leaving care plan. As a result, many care leavers do not have an aftercare worker. Also the eligibility criteria, outlined in the HSE policy, governing access to aftercare supports excludes a variety of

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<sup>8</sup> Parliamentary Question 22<sup>nd</sup> March 2012

<sup>9</sup> Fenton, Maurice, (2010) Aftercare as Afterthought, A dissertation submitted in partial fulfilment of a Master of Arts degree in: Youth and Community Studies, Brunel University.

vulnerable children who have had experience of the care system and are often ill-equipped to make a successful transition to independent adulthood. These include:

- a) Children deemed to be homeless as per section 5 of the 1991 Child Care Act<sup>10</sup>;
- b) Separated children whose status has not been determined and who are diverted into the Direct Provision system when they turn 18;
- c) Young people who have been taken into care at 17 but have not spent 12 consecutive months in care;
- d) Young people who have experienced frequent but short term placements throughout their entire engagement with the care system. These may be particularly vulnerable.

Research has found that the inadequacies of planning for life after care and the extent of support and services offered leave young people feeling uncertain for their future and alone<sup>11</sup>. The preparation stage is not a once off event but rather an ongoing process – it needs to be participatory, supported and holistic in approach well before they turn 17 to ensure that all aspects of the young person's needs are identified and discussed.

The Department of Children and Youth Affairs (2011) study which asked young people about their experiences of aftercare support found that they were critical of the lack of comprehensive services available to ease their transition from care to independent living. Unsurprisingly, the level of preparatory work was limited, leaving people with a fear of turning 18 and that they were going to be on their own, especially when those in foster care were eager to be financially supported to stay with their foster family after they turned 18. Also the lack of availability of aftercare workers (working office hours only) and promises being made but not met were identified as ongoing issues<sup>12</sup>. The research also showed that aftercare services vary enormously in each area, resulting in considerable confusion and increased fear among young people about what they could expect. Some felt that this uncertainty compounded their feelings of being let down by the State while in care and exacerbated their feelings of 'fear of being left completely on their own'. They also highlighted that every care leaver should receive the same treatment regardless of where they live or which type of care they have experienced.

A 2011 study by EPIC with young people who were availing of aftercare supports identified a number of particular challenges. These included having experienced several accommodation moves during the transition to independent living which was associated with greater risk of homelessness, difficulties in accessing further education and employment, dependency on social welfare, coping with difficulties arising from having mental health needs and lacking vital skills such as budgeting skills<sup>13</sup>.

Given the vulnerability of young people leaving care, they should be guaranteed support in all areas of their lives to make this transition into adulthood. Placing aftercare on a statutory basis would strengthen the political commitment to these children, ring fence funding for these services and ensure better outcomes for them, their families and wider society. Much can be learnt from the experience in the UK where a clear legislative mandate is imposed on the local authority or HSS Trust to support these young people.

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<sup>10</sup> Section 5 of the Child Care Act 1991 states that '*where it appears to a health board that a child in its area is homeless, the board shall enquire into the child's circumstances, and if the board is satisfied that there is no accommodation available to him which he can reasonably occupy, then, unless the child is received into the care of the board under the provisions of this Act, the board shall take such steps as are reasonable to make available suitable accommodation for him.*'

<sup>11</sup> Barn, Ravinder et al (2005) Life After Care: The experiences of young people from different ethnic groups, Joseph Rowntree Foundation, England

<sup>12</sup> Department of Children and Youth Affairs (2011) Listen to Our Voices, Dublin

<sup>13</sup> EPIC (2011) Summary of EPIC Research Findings on Outcomes for Young People Leaving Care in North Dublin

## **Key Lessons from the UK**

### **Aftercare Supports in England and Wales**

The varying provision of aftercare services and the poorer outcomes being achieved by care leavers remained a constant concern and finding of the Social Services Inspectorate. It led to the Utting Report (1997)<sup>14</sup>, which reviewed the safeguards for children living away from home in the United Kingdom, and became a key document at the time. It ultimately led to the enactment of the Children (Leaving Care) Act 2000, which came into effect in September 2001. The aims of the Act are to delay young people's transitions from care until they are prepared and ready to leave; strengthen the assessment, preparation and planning for leaving care; provide better personal support for young people after care; and to improve the financial arrangements for care leavers.

This legislation applicable in England and Wales outlines clear categories of care leavers eligible for support and specifies their entitlement to participate in planning and reviewing of pathway plans, have a personal advisor and obtain assistance with education / training up to age 24, financial support and main suitable accommodation.

The enactment of this legislation has led to the development in England and Wales of a 'corporate parenting case model' in some areas, leading to better resourcing and overall to the increased profile of leaving care services. It has strengthened the responsibilities and clarification of roles towards care leavers by Local Authorities, with an emphasis on preparation for leaving care and addressing both practical and personal skills<sup>15</sup>.

A review of the legislation indicates that initial impact included an increase of young people in education, employment and training. Also a greater proportion of young people were in supported accommodation and shared or transitional accommodation<sup>16</sup>. The Buttle UK charity noted an increase of care leavers going to university from 1% in 2001 to 6% in 2011, although a small increase, the charity is lobbying further education institutions to encourage care leavers to apply to their colleges and support them with their education<sup>17</sup>.

Another study found that young people felt that the quality of preparation was inextricably linked to the calibre of a young person's personal advisor. Some young people also praised their foster family for teaching them 'how to cook, be organised and self managed'<sup>18</sup>. However, for some there was a sense of being speedily moved from the care system and not having enough information on their rights and entitlements to aftercare support. The development of Leaving Care Teams was positive and needing help with money matters (budgeting skills to help avoid debt) and housing were the primary areas of support required.

### **Aftercare Supports in Northern Ireland**

Access to and provision of aftercare supports is clearly outlined in the Children (Leaving Care) Act (Northern Ireland) 2002 and the subsequent Children (Leaving Care) Regulations (Northern Ireland) 2005 and Leaving and After Care: Guidance and Regulations. The intention is to improve the young person's life chances by ensuring that they do not leave

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<sup>14</sup>Utting, Sir William, "People like us: The Report of the Review of the Safeguarding of Children", (aka the Utting Report), 1997, HMSO.

<sup>15</sup> Stein, Mike (2004) What Works for Young People Leaving Care?, Barnardo's, England

<sup>16</sup> Ibid

<sup>17</sup> 'Care leavers must get more support to stay in education', by Gerri McAndrew printed in Guardian newspaper Friday 4<sup>th</sup> May 2012.

<sup>18</sup> Barn, Ravinder et al (2005) Life After Care: The experiences of young people from different ethnic groups, Joseph Rowntree Foundation, England



care until they are ready to do so. Responsibility is assigned to the local HSS Trust. Eligibility is determined by membership of the following categories:

1. "Eligible Child" – aged 16 or 17 who has been looked after by an authority for a period of 13 weeks since the age of 14 and is still being looked after;
2. "Relevant child" aged 16 or 17 who is not being looked after by an authority and was, before ceasing to be looked after, an eligible child;
3. "Former relevant children" was previously a relevant child or was returned to care until aged 18;
4. "Persons qualifying for advice and assistance" are young persons under 21 years who at a time after reaching the age of 16 were, but are no longer, looked after, accommodated or fostered.

Engaging with the young person to ensure their voice is heard and their participation is meaningful is mandatory for the HSS Trust "unless it is not reasonably practicable". The young person is to be involved in both carrying out assessment and in preparation of their pathway plan. This assessment of need and devising of a pathway plan is applicable to most care leavers (categories 1-3). This needs assessment must be carried out within three months of the young person's 16<sup>th</sup> birthday. The legislation clearly sets out who should conduct the assessment, the extent of young person's involvement and areas to be covered e.g. their health and development, education needs and support network. The Child Care Regulations specify what is to be included in the pathway plan, the nature and level of contact and support to be provided and details of accommodation for the young person, and their training / education / employment plans and financial and health needs including mental health needs. These plans are to be reviewed every six months.

It is compulsory for personal advisors to be appointed to most care leavers from the time of their 16<sup>th</sup> birthday (categories 1-3). The personal advisor's duties are to provide advice, be involved in development and review of pathway plans and liaise with the responsible authority to ensure the plan is implemented in all areas. Under the legislation and regulations, the HSS Trust must provide financial assistance, suitable accommodation (i.e. generally not B&B accommodation) and help towards meeting the young person's education, training and employment objectives as identified in their pathway plan. In recognition that these plans are holistic in nature and deal with all aspects of the young person's life, their implementation requires the assistance of multiple agencies. Accordingly the Children's Order Northern Ireland was amended to facilitate greater interagency cooperation; now agencies who are requested to provide help are mandated to do so as long as it is compatible with their own statutory duties.

For Former Relevant Children aged 18-21, the HSS Trust offers phased supports as they are not entitled to accommodation services or direct financial assistance but the HSS Trust are obliged to maintain contact and continue reviewing and implementing their care plan. Also, the HSS Trust have an obligation to keep in touch with those Young People Qualifying for Advice and Assistance aged 16 to 21 years. They have a duty to advise these young people if they were previously in care and their needs require it or if the young people's previous carers do not have the necessary facilities to advise and befriend them.

Having a statutory entitlement to aftercare in Northern Ireland has meant ring fenced funding for services and greater equity of provision across the province. Having clarity around the role of the aftercare worker, outlined procedures for delivery and a model of provision and compulsory training has led to a more consistent and uniform approach to services being delivered. It has also meant increased effort by HSS Trust to engage with non-engaging care leavers<sup>19</sup>.

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<sup>19</sup> Fenton, Maurice, (2010) Aftercare as Afterthought, A dissertation submitted in partial fulfilment of a Master of Arts degree in: Youth and Community Studies, Brunel University.

As Mullen et al (2007) found, when interviewing young care leavers, having more freedom and control was cited as a positive aspect of leaving care. However, there were also feelings of anticipation and apprehension. The benefits of providing aftercare supports and a personal advisor were noted when some wanted to return to education while going through the aftercare process and saw the value of it, and others sought to obtain training and work<sup>20</sup>.

It was found that those in long term foster care had often forged good relationships with their foster family and subsequently their need for aftercare workers was not as great as for young people who had shorter durations of being in care, in residential care or in training schools. These young people needed someone to trust and talk to and seek advice from and benefited from the relationship with their social worker, aftercare worker or personal advisor<sup>21</sup>.

Things to note were that legislative change in Northern Ireland brought more bureaucratic duties and subsequently aftercare workers noted they had less time to engage one to one with care leavers and as a result the personal advisors were sometimes carrying out aftercare worker specific duties. It was also noted that greater links were needed with mental health teams as many young people had not had their needs fully assessed - access for young people in care to therapeutic, psychiatric and psychological services appeared to be problematic<sup>22</sup>.

### **Aftercare Supports in Scotland**

The Children (Scotland) Act 1995, The Children Leaving Care Act 2000 (UK), The Regulation of Care (Scotland) Act 2001 and the Support and Assistance of Young People Leaving Care (Scotland) Regulations 2003 provide the legal framework for the provision of aftercare supports in Scotland. A “looked after” young person (“looked after” replaced the term “in care”) must be over school leaving age (generally 16 but it will depend on when their birthday falls) and under 19 years to be eligible for aftercare support. There is a duty on local authorities to provide aftercare unless the local authority is satisfied that the young person’s welfare does not require it. For those aged 19-21 who had been in care, they can apply for aftercare and while the local authority does not have a duty to provide it they do have the power to do so unless the authority is satisfied the person’s welfare doesn’t require it. The level of aftercare services will depend on the different categories into which the young person falls:

1. Compulsorily Supported Person – a young person to whom a local authority is obliged to provide advice, guidance and assistance;
2. Currently Looked After Person – a young person who is over school age but is less than 18 years of age and who is being looked after by a local authority;
3. Discretionarily Supported Person – a young person between 19 and 21 years of age to whom a local authority has agreed to provide advice, guidance and assistance after an application for aftercare by the young person;
4. Prospective Supported Person – a young person who has made an application to the local authority for assistance which has yet to be determined. (A prospective supported person becomes a discretionarily supported person if the local authority decides to provide support after a pathway assessment has been completed).

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<sup>20</sup> Christine Mullan, Siobhán McAlister, Fiona Rollock & Lelia Fitzsimons (2007) “Care Just Changes Your Life”: Factors Impacting upon the Mental Health of Children and Young People with Experiences of Care in Northern Ireland in *Child Care in Practice*

<sup>21</sup> McCauley, C (2006) *Pathways and Outcomes: A Ten Year Follow Up Study of Children Who Have Experienced Care*, Department of Health, Social Services and Public Safety

<sup>22</sup> Ibid

Similar to Northern Ireland, the legislation mandates that the young person's views be taken into account when conducting assessment and preparing and reviewing the pathway plan. Such assessments are compulsory for most care leavers (categories 1, 2, and 4) with clear duties outlined on who is involved and timelines to be adhered to. The compilation of a pathway plan is mandatory for a compulsorily and discretionarily supported person. If the young person is a currently looked after person they may be provided with a pathway plan if the responsible authority considers it necessary or desirable to do so. The plan will outline how the needs of the young person (identified through the assessment) will be met, who is responsible for implementing it, timelines assigned and it is to be reviewed regularly. Plans are holistic and examine the young person's emotional state, family relationships, details of accommodation, training / education / employment plans and their financial and health needs. Again, in recognition of the holistic nature of these plans to improve interagency working, the Children (Scotland) Act 1995 makes provision for a local authority to specifically request the help of other agencies e.g. health board, another local authority, national health trust service who then must comply as long as it is compatible with their own statutory duties.

A 'Young Person's Supporter' may be nominated by the young person if the young person requires it. Their role is purely to provide support and assistance to the young person in their pathway assessment, plan and review. The Young Person Supporter cannot be the Pathway Co-ordinator. A 'Pathway Co-ordinator' is appointed by the local authority to act on behalf of the local authority. They must be provided to categories 1 and 3 and may be provided to category 2 if the authority deems it necessary or desirable to do so. Their role is to provide advice and support to the young person and participate in the pathway assessment, plan and review. Their functions also include to co-ordinate the provision of services arising from the pathway plan or review, to keep themselves informed about the well-being and progress of the young person and to maintain a written record of discussions with the young person.

The local authority must provide or assist with suitable accommodation if required for compulsorily or discretionarily supported persons with regard to that individual's wishes, views and needs including their health needs as far as reasonably practicable. Likewise local authorities can provide grants to care leavers to go towards expenses in relation to education or training.

The Care Commission<sup>23</sup> (2009) undertook to assess how extensively services were adhering to the National Care Standards and compliant with legislation and regulations. It found the majority of services were compliant, ensuring availability, consistency and high standards in the delivery of aftercare provision. Only 21 out of 240 services did not have a policy on throughcare and aftercare. Only 3 services provided no guidance to their staff on throughcare and aftercare, with the staff trained in the majority of services. Although there was still a sense that young people were being pushed out of care, staff knew about pathway planning in all but 4 services. Also young people were not involved in creating and reviewing pathway plans in only 6 services. Finally, all services did encourage young people to keep in touch after they left care.

### **Conclusions and Recommendations**

As can be seen, there have been positive developments arising from the implementation of a comprehensive legal framework in England and Wales, Northern Ireland and Scotland. The different laws recognise that preparation for leaving care and aftercare support are vitally important stages to ensure that young people are adequately equipped with the necessary life skills to live independently after care. It places clear onus on the local authority to continue its role as a corporate parent and meet the needs of these young people. Needless

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<sup>23</sup> Care Commission (2009) *Throughcare and aftercare provided for children and young people in residential care. Are services meeting the standards?*

to say, some failings have been identified in each jurisdiction including not teaching practical skills such as budgeting or inadequate links with mental health teams<sup>24</sup>.

As identified by Stein (2004) the key ingredients for successful aftercare provision and achieving successful outcomes for those leaving care include:

- Responding to and recognising different needs of different groups of young people – all care leavers are not a homogenous group;
- The quality of substitute care and young people's opportunities for gradual transitions from care, especially those in long term foster families;
- Need for services to address both practical and personal skills and the importance of targeted services;
- Stability, continuity and family / carer links provide the foundations for successful outcomes of leaving care schemes;
- Involve young people in the decisions that are important to them – planning, practice and reviewing;
- Using formal and informal support networks (personal advisor, family member, staff in other agencies etc).

These ingredients should form the cornerstone of legislative and policy development in Ireland. While no comprehensive cost benefit analysis has been done with regard to aftercare services, there is indicative evidence to show that providing these services does have long term socio-economic benefits e.g. reduced homelessness, welfare dependency, criminality etc. Given the recent establishment of the Department of Children and Youth Affairs and the proposed new Child and Family Support Agency which is to reform child welfare and protection services, the time is ripe for concrete advancements in the entitlement to the provision and availability of aftercare supports.

### **Recommendations:**

- Place aftercare on a statutory basis – one route could be through the forthcoming Child and Family Support Agency Bill which is required to establish the agency and outline its role and functions. The legislation should be influenced by the UK system, in that it clearly assigns duties and is child centred in its focus. It should incorporate key principles of the UN Convention on the Rights of the Child, namely that decisions would be made in the best interests of the young person and that their voice would be heard in all decisions affecting their lives;
- The intention of the legislation must be to ensure that young people do not leave care until they are ready to do so and to live independently. Therefore, the option for young people to be financially supported to remain with their foster family until age 21 should be included for those seeking to do so<sup>25</sup>. Not only is this a cheaper option on the HSE / new Child and Family Support Agency but also ensures strong emotional and practical support is provided to the young person;
- Any proposed legislation must expand on the HSE Leaving and Aftercare Services National Policy and Procedures Document which recognises the importance of preparing for leaving care, beginning at age 16, and the range of supports and services to be offered to meet the practical, emotional and physical needs of the young person. Clear procedures and standardised forms such as conducting a needs assessment, creating and reviewing a pathway plan and assigning overall

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<sup>24</sup> Barn, Ravinder et al (2005) Life After Care: The experiences of young people from different ethnic groups, Joseph Rowntree Foundation, England

<sup>25</sup> Department of Children and Youth Affairs (2011) Listen to Our Voices, Dublin

responsibility must be included. The extent of support offered will vary for each young person depending on their identified needs. These procedures should become Regulations as per the Northern Ireland's system, enforcing and assigning clear roles and duties to ensure implementation;

- Eligibility for receiving support should be open to all those care leavers who require it. The present categories outlined in the HSE policy are too narrow and exclude a number of vulnerable young people. The categories used in Northern Ireland and Scotland are a useful starting point. It is imperative that a young person who had previously not engaged with the services can self refer themselves at a later point in time.

Young people only have one chance to make a successful transition from adolescence to adulthood. All of them, especially those who are leaving the care system, deserve to be appropriately supported to make this transition, facilitating them to become independent, self sufficient, confident young adults. Failure to do so will blight their lives indefinitely.

## Chapter 5

### Germany

Stefan Köngeter, Wolfgang Schröer, Maren Zeller

#### Background and key statistics

- Germany is home to around 82.4 million people, approximately one in seven of whom are children under the age of 15.
- In 2005, a total of 112,170 young people received care, representing 64 children per 10,000 of the population.
- Children in care are most commonly placed in residential care homes (living units or assisted living for young people); less than half are placed with a foster family (50,364 placements in 2005).
- 20,930 young people left care in 2005, more than half of whom were aged 15 to 18 years, less than 40 per cent were aged 18 to 21 years, and about 5 per cent were 21 years old or above.
- More than half of these young people leave care before the age of 18.

#### Key sources

- *Statistisches Bundesamt Deutschland* – Federal Statistics Office Germany.
- *Arbeitsstelle Kinder- und Jugendhilfestatistik* – Research Centre for Child and Youth Service Statistics, Dortmund University, Germany.

#### Introduction

In Germany research on children and young people growing up in care has a socio-pedagogical tradition, dating back more than a hundred years, in which the transition to

adulthood is considered successful if care leavers do not become delinquent in future years, pass through the educational system, find employment, and are able to live independently. The focus on these institutionally defined normative categories of the life course - and consequently on the disciplinary measures towards young people in residential care - was seriously challenged by socio-political criticism during the 1960s and 1970s. Against this background, the introduction of the Social Security Code VIII (*SGB VIII*) in 1990 emphasised support and services through a significant increase in the provision of easily accessible assistance for families and young people, to increase their capacity to cope with everyday life. However, these laws were still orientated along the lines of a standard life course, in respect of young people's transitions to adulthood. Only recently have the shortcomings of this approach, concerning work and education been noticed (Schröer 2004). In current research on residential child care and education, the biographical dimension is increasingly reflected in so far as the social status of care leavers and their chances of participation are analysed by means of subject-orientated and biographical methods.

### **Case examples<sup>1</sup>**

#### *Ina*

After Ina's parents separated when she was seven years old, she lived alternately with her father and her mother. Disputes continued to arise and then escalated when her mother moved in with a new partner. After visiting a child guidance centre Ina, now aged 14, moved into a residential home. There she started taking drugs and dropped out of school. She was almost 16 when the Youth Welfare Office gave her a last chance. Ina seized this chance and moved into a small living unit for girls in a different city. Here she gave up drug abuse with the help of a therapist and prepared for her final school examinations. She also moved into an apartment that became available in the house and, thus, moved to assisted living for young

people. The service expired as soon as she started training as a salesperson when she was 19 years old.

### *Marion*

Having had a difficult family background herself, Marion had a baby when she was 17 years of age. She was not able to cope with this situation and for the first three months her child was placed with a foster family. She was required by the Youth Welfare Office to have a fixed abode as a condition for her child's return, a condition which she fulfilled. Shortly afterwards, Marion's current partner moved in. In order to supplement the family's income, Marion decided against obtaining her qualifications and instead took up a job. Another pregnancy brought another crisis. After hesitating for a long time she appealed to the Youth Welfare Office for support. Subsequent to the birth of her second child Marion received family support and child guidance. In twice annual care planning reviews the objectives and the intensity of care assistance are agreed and possible employment opportunities are discussed with Marion.

## **Germany's welfare regime**

### *Conservative welfare regime within a socio-pedagogical tradition*

Germany can be considered as the ideal type of the conservative welfare state regime (Esping-Andersen 1990). Its main characteristics are a medium degree of de-commodification, the determination of benefits and entitlements by occupation and social status, traditional parenthood and traditional gender roles, and intermediate social bodies, such as churches and non-profit welfare organisations. However, despite all these factors, this classification of the welfare state system does not fully explain the thinking behind the provision of child and youth services in the German welfare system. There is also a socio-pedagogical tradition that



stresses the education and upbringing of children and young people as well as the counselling of their parents. This practice, which moreover is affected by the strong position of the welfare organisations, made it possible to provide parents and their children with flexible forms of assistance at an early stage. In the last 30 years non-residential forms of assistance, such as educational counselling, family assistance, social group work, and so forth, have supplemented residential care and have been made a part of the welfare system.

### **The legal and policy framework**

#### *Child and Youth Care Act – SGB VIII*

In Germany, the basic legal framework for child rearing support (*Erziehungshilfen*) is the *SGB VIII*. Hence, Germany as a federal state with its 16 *Bundesländer* and more than 320 urban and rural authority districts (town councils) has on the one hand a coherent piece of social legislation at the federal level and on the other the municipalities, which are seen as responsible for the implementation of the welfare services at the local level: thereby, the principle of subsidiarity<sup>2</sup> is of central relevance to German social legislation – particularly for the care and education of children and young people.

As a federal legal framework, the *SGB VIII* determines the requirements and the conditions for the realisation of care and education of children and youths in Germany. The central point of this framework, pertaining to all young people until the age of 27<sup>3</sup>, is the child's right to assistance in its upbringing and education<sup>4</sup>. This right of the child is closely related to the natural right of the parents to provide this care and education.<sup>5</sup> Therefore, the family, as a site for the assistance and education of the child, is assigned a major role, whereas the state in terms of the principle of subsidiarity oversees this obligation, and in particular supports the parents to claim their legal entitlement. Accordingly, the range of social services in the

domain of care and education has been expanded, a legal entitlement to child rearing support has been implemented (cf. *SGB VIII*, § 27), and numerous opportunities to participate in the arrangement of care have been offered to the family.

The implementation of the state's policy is carried out by the statutory local services for child and youth care and education, and this is usually put into practice by the communal Child and Youth Welfare Office. However, the *SGB VIII* explicitly draws attention to the 'variety of bodies' that may provide services and to the option that services can be provided by private bodies as well,<sup>6</sup> so that the majority of child rearing support is performed by such institutions. Nevertheless, the Child and Youth Welfare Office has a major role, as it is responsible for the whole process of care management. This complex connection (Schwabe 1996) between parents, young people, and statutory and private bodies determines the legal situation for children receiving care.

The two main types of placements in Germany are full-time fostering (§33) and residential care (§34), which usually occurs in decentralised group homes. For young people aged 16 and over the situation is more complex, since as under-aged persons they depend on their parents to apply for care assistance – even though there may be conflicting interests. For young people there are two possible forms of assistance. First, the youth welfare system continues supporting them (*SGB VIII*, §41) either in the form of (single or group) accommodation with social worker support (assisted living) or with non-residential assistance (for example, counselling). Second, as part of becoming independent, during their the transition to adulthood, their entry into vocational training and employment, among other things, is of vital importance. In this regard, the *SGB II* (basic security for job-seekers) and the *SGB III* (employment promotion), become relevant for socially disadvantaged young people leaving

care. In particular, a number of new divisions have emerged in practice between the *SGB II* and the *SGB VIII* since the implementation of the *SGB II* in early 2005. As part of these new legal guidelines, employable young people receive basic social services and a partly pedagogically-orientated assistance. Although the *SGB VIII* has a clear legal priority when the interest of the child are concerned, in practice it can be observed that the municipalities administer the provision of services for youths aged between 16 and 18 considerably more stringently. Thus, more and more young people leave care early, and the legal scope of the *SGB II* is applied to them, which stresses the principles of demand and support.

### **Secondary data**

In Germany, information on benefits claims for care and education is held on an extensive and complex database<sup>7</sup>. Some information, however, is missing, including: information on the situation of former care recipients, after they have left care; whether care leavers seek state services again; whether they have become integrated into the job market; how they manage their family lives, and so forth. Nevertheless, from the existing data an initial impression of the number of claims for care and education in Germany can be drawn, and some hypotheses on the problem of transition can be developed. In 2000 the number of people in residential and foster care (*SGB VIII*, § 33, § 34) was 152,932<sup>8</sup> and in 2005 it was 145,397. In relation to the total population of the relevant age, these numbers indicate a ratio of 64 per 10,000 young people under the age of 21 receiving child rearing support (Fendrich and Pothmann 2006). While the number receiving non-residential assistance has increased over the years (ibid.), a decline in foster and residential care has recently been detected. A breakdown of the data shows that this decrease only applies to residential care (§ 34) and other forms of assisted living (-11.4%), while there has been a moderate rise (+2.8%) in (full-time) foster care (§ 33).

The importance of this phenomenon for our purposes becomes clear when we look at the figures for current care according to § 34 by the relevant age groups.

INSERT TABLE 5.1 ABOUT HERE

Residential care for young people has generally declined, the biggest drop occurring in the 18 and over age group. It can thus be assumed that these statistical findings result from ‘regulative strategies and activities of the Child and Youth Welfare Offices’ (Pothmann 2005, p.2) - as there is no evidence of demographic changes or a decreasing burden in the socio-economic situation of the young people and their families (BMAS 2005). The data, therefore, shows a trend that has been recognised for a long time in professional practice, resulting from cuts made by many authority districts (Schilling 2006): in general care provision has become increasingly restrictive, particularly for the group of young people who have reached the age of majority. Furthermore, data focusing on the termination of assistance (see Table 5.2) are of interest in exploring transitions to adulthood.

INSERT TABLE 5.2 ABOUT HERE

In 2005, 20,930 young people aged 15 to 21 (or above) ‘terminated assistance’. In 2005, a third of assistance (under § 34) ended once the stated objectives had been achieved. A fifth dropped out at their own instigation, or at that of the person with custody, and a further fifth, made the transition to alternative (mostly non-residential) provisions and assistance.

Approximately two thirds of young people aged 18 or above (according to §34) moved to independent living after leaving residential care. Of those in the youngest age group (aged 15 to 18) more than half (55%) return to their parents<sup>9</sup>. The category ‘without fixed abode’

accounts for 8 per cent of young people and is mostly made up of those aged between 18 and 21. More than half of the young people were aged between 15 and 18 years old when receipt of assistance ended. For most of these young people the transition into adulthood and vocational life begins at the point of leaving care. For this group the risky 'transition' period is at a younger age and is much more rapid than for others (but similar to socially underprivileged young people under 18). The precarious situation facing care leavers is illustrated in table 5.3. It indicates that almost a third of these young adults were neither attending school nor undertaking vocational training when their assistance ended.

INSERT TABLE 5.2 ABOUT HERE

### **Leaving care research**

#### *Criminal behaviour and school and vocational success*

Three major studies have been carried out into the criminal behaviour, as well as into the educational and the vocational success of young care leavers in Germany. First, an early study by Pongratz and Hübner (1959) examined, by means of a standardised survey (n=960) undertaken five to seven years after the young people had left care, whether they had proved themselves in the areas of responsibility, work, and social life. The study itself qualifies its results, as it could not control for environmental factors in relation to the indicators. However, it introduced the term '*Lebensbewährung*' (proving oneself in life) to the research on residential care in Germany and furthermore called attention to the 'fate' of care leavers in the 1950s.

The second study was carried out around the time the age of majority was reduced to eighteen (1975). It questioned whether young people in residential care were prepared for the transition

to adulthood at the age of 18, as they would require appropriate educational qualifications. The study by Bieback-Diel (1978) was based on a written survey of 29 statutory bodies in seven federal states in which the co-workers gave information on the situation of 453 care leavers. Findings revealed the limited school success of young care leavers. This study was significant as it was the first to highlight 'school success' as an indicator.

The third study examined school or vocational qualifications and 'criminal behaviour in the sense of the avoidance of social exclusion as a result of judicial sanctions', on the basis of a complete survey of two age groups (n=222) released from residential care (Bürger 1990, p.42). On the basis of the findings it was suggested that 'the claim that residential care is a breeding ground for delinquency which disturbs social participation, is wrong' (Bürger 1990, p.193).

#### *Studies on the effect of residential care*

In the broad spectrum of studies into the effects of residential care two directions of research, each having different criteria and disciplinary backgrounds, can be distinguished 1) studies on personality development and psychologically defined challenging behaviour and 2) studies using socio-pedagogical criteria (e.g. coping with life's challenges).

In addition to the comprehensive study of Hansen (1994), which is representative of a whole range of studies on personality development, a study into the effects of assistance on young people (Jugendhilfe Effekte Studie 2002) can be singled out. It is a representative longitudinal section study in which 233 cases were examined. In particular psychological means of measurement were used for the evaluation of the effect of the different forms of care. In addition to the young person's overall challenging behaviour (according to ICD-10),

functional level (the age-appropriate perception of development tasks), and distressing factors in their environment were measured. At the termination of the assistance the research group calculated an average reduction of 34.4 per cent in the child's overall challenging behaviour. These effects proved to be stable a year later (at follow-up).

The research group Jugendhilfeleistungen Studie (JULE) (1998) chose a broader socio-pedagogical approach. By means of a representative file analysis, 284 cases were examined. Seven categories were used to evaluate the course and the success of the assistance: school and vocational training situation, criminal behaviour, social relations, life management, personality development, family background, and central constellation of problems.

According to that research, the individual development of the young person is the central frame of reference, but needs to be considered in the context of different living situations. The level achieved also needs to be considered with reference to young people's circumstances and functioning at the outset (starting point) (Jugendhilfeleistungen Studie 1998, p.20). The findings of the study show that assistance was successful in 57 per cent of all cases, and that in 16 per cent positive aspects could be drawn. So in about three quarters of the cases the situation was at least improved. Of particular relevance for research on transition is the second part of the study, in which by means of qualitative interviews the benefit of the assistance four to five years after its termination was balanced. Even though no statistical representation is certain, the positive balances and the retrospective high satisfaction with the assistance and the current living situation showed that the achievements of residential care were maintained (Jugendhilfeleistungen Studie 1998, p. 517).

### *Subject-orientated and biographical analysis research*

Subject-orientated research, which mostly uses biographical research methods, has been used, particularly in academic theses in the domain of care and education, since the beginning of the 1990s. Yet, in only three of these studies (Wieland *et al.* 1992; Normann 2003; Finkel 2004) were interviews with young adults conducted *after* assistance ended. These studies focused mainly on recipients subjective coping performance and on learning and development processes. Finkel's study (2004) is based on 15 biographical narrative interviews, in which young women were questioned retrospectively about their lives approximately three years after leaving care. The results show that the ability to connect biographically developed patterns of actions, and coping with institutional benefits plays a central role. Young women's capacity to obtain an adequate lifestyle significantly depended upon the support they received as they strove to become independent.

Normann's research (2003) was based on eight guided interviews with young adults who had left care between six months and seven years earlier. Findings revealed that early independence for young adults was difficult and constituted an 'excessive demand' upon them. Normann critically observed that independence was prescribed when certain criteria were fulfilled from the perspective of the youth welfare office, and not when the time was right from the young person's perspective (Normann 2003, p.158). In this context, a qualitative study that accompanied a federal pilot scheme *INTEGRA* (1998-2003), and which focused on the integrated organisation of education and care (for instance by means of youth welfare stations), proved that knowledge of the option of a further *possible* period of support in a youth welfare station *after* the termination of assistance, was of relevance for the



recipients (Zeller 2006). Beyond such pilot schemes the option for further support is usually only given through ‘private’ contact between single co-workers and former recipients.

### *Transition*

By and large, the studies reported so far take transition into account only implicitly.

Systematic research using the term transition, in a theoretically established manner, has yet to be developed in the context of care and education. However, some first attempts at such an approach have emerged in the last few years. These were initiated by research on youth careers and the transition of young people into employment, but they remain attached to an institutionally orientated point of view on the job market and educational system. For instance, secondary analysis of statistical data on vocational and social integration of young people who received residential care (Pies and Schrappner 2001) examined whether these young people had ‘specific problems’ in the transition into employment, and whether appropriate support for young people of legal age – although the law permits it (as laid out in § 41 *KJHG*) – was lacking. Unsatisfactory performance in school, as well as subsequent difficulties in finding adequate vocational training were identified again. These interpretations were the starting point for an EU Equal Development Partnership in three federal states of East Germany.

It can be assumed that young care leavers bear a ‘double disadvantage’, since their life chances are limited by the regional job market situation as well as by their respective life situations. According to this, these young people have to overcome biographical challenges that additionally hamper their access to the job market. Moreover, their supportive network does not usually provide any appropriate economic, social, or cultural capital which could ensure equal opportunities for them (Köngeter, Schröder and Zeller 2006). The projects of the

Equal Development Partnerships attempt to establish a network between care bodies, employment promotions, and local employment offices.

*Perspective: Transition research – domains of the individual ability to act*

In the future, research into the transition of young care leavers in Germany will need to broaden its scope from the more institutional perspective including: indicators of educational and employment success; normative development requirements; and occasionally on crime statistics. A wider approach would include the recipient-orientated perspective, which, starting from ‘criticism of the bureaucracy of expertise and institutions’ (Bitzan, Bolay and Thiersch 2006), has influenced the reform of residential care in the past thirty years and finally made subject-orientated research possible. Following this approach, the term ‘transition’ provides – in our opinion – further understanding, for the reason that the ‘institutional perspective’ is not set in opposition to the biographical subject-orientated one. In fact, according to this term, residential care is considered as an area within the social domain, in which development processes of the individual ability to act, can be analysed. Therefore, future research into the transition of young care leavers into adulthood would need to devise indicators to measure the development of the subjective ability to act in terms of social factors and thus also provide room for institutional manoeuvre.

**Conclusion**

Germany can be considered as the ‘ideal type’ of the conservative welfare state system. Nevertheless, there is a strong socio-pedagogical tradition that stresses different forms of social services for young people and their parents. For young care leavers there are two possible forms of assistance. First, the youth welfare system continues supporting them either

in the form of accommodation with social worker support or with non-residential assistance. Second, the social codes of 'basic security for job-seekers' and 'employment promotion' provide basic social services and a partly pedagogically-orientated assistance. There is an extensive database of claims or benefits for care and education. The data shows a growing gap in the socio-educational support for care leavers. However, some information is missing on the situation of care leavers. A systematic body of research using a theoretically established concept of transition has not yet been developed. However, catamnestic<sup>10</sup> research has shown that the positive effects of residential care prove to be stable after leaving care. In the future it will be necessary to improve the social services provided to young care leavers, especially by establishing participation-orientated cooperation in the different parts of the welfare system. The basis for this is research which concentrates systematically on pedagogical attitudes that take the subjective perspective of transition into account.

### **Messages for policy and practice**

- Social services and support for young care leavers should be provided at least up to the age of 25.
- The deeper involvement of the children in their residential and foster care placements and in the process of their transition into adulthood is necessary.
- Cooperation between the different social services providing residential care, school, and job centre case management should be established.
- The transition to adulthood is the key point to improve sustainability in residential and foster care.

- The database of young care leavers and children in residential and foster care has to be improved and structured in a systematic way.
- Further research should concentrate on pedagogical attitudes from the perspective of those in transition and not just on evidence-based criteria.

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*Table 5.1: Current provision of residential care (according to §34) by age group*

Current residential care (according to § 34)			
Age group (yrs)	2000	2005	Percentage change
15-18	25,843	25,200	-2
18-21	12,312	9,032	-27
>21	987	919	-7
Total	39,142	35,151	-10

**Table 5.2: Terminated assistance by age group**

Terminated assistance of full time foster care and residential care (according to §§ 33 and 34) by age group (in years)	2000	2005	Percentage change
15-18	10,919	11,263	+3
18-21	9,101	8,597	-6
>21	1,206	1,070	-11
Total	21,226	20,930	-1

**Table 5.3: School/Training at the time of the completion of assistance (residential care/§ 34, 2005)**

Age group (yrs)	School	Professional training	Neither
	Percentage ages		
15-18	61	19	20
18-21	25	43	32
>21	10	46	44

<sup>1</sup> Both examples are quoted from biographical interviews conducted with young women that have received care (Zeller 2007).

<sup>2</sup> Subsidiarity is interpreted in different ways. In the domain of child and youth care its meaning refers to welfare; in the domain of basic social security for job-seekers it has a liberal market meaning (“demanding and supporting”).

<sup>3</sup> This right also pertains for young people without a German passport, however, only as long as they hold a residence permit.

<sup>4</sup> ‘Every young person has a right to assistance in his or her development and to an appropriate upbringing so that he or she can be a responsible member of society.’ (*SGB VIII*, §1, para. 1).

<sup>5</sup> ‘Care, upbringing, and education of children are the natural right of parents and their primary duty. The public community watches over the fulfilment of that duty.’ (*SGB VIII*, §1, para. 2).

<sup>6</sup> With the introduction of the Child and Youth Care Act (*KJHG*) individuals und private bodies can function as providers of social services as well.

<sup>7</sup> The Child and Youth Act specifies which data are collected, and in which time-frame, for the nationwide child and youth care statistics (*SGB VIII* § 98-103).

<sup>8</sup> Summation of care cases that were continuing on the 31<sup>st</sup> of December and terminating in the upcoming new year (Fendrich and Pothmann 2006).

<sup>9</sup> The category ‘parents’ involves ‘single parent with step-parent/partner’ or ‘single parent’ as well.

<sup>10</sup>The medical history of a patient following an illness; the follow-up history.



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## International Expert Workshop, February, 25th-26th 2013

### CROATIA (Sunčana Kusturin)

Croatia provides care for children and youth without proper parental care through 14 state and 2 private Homes. Care for children and youth with behavioural disorders is organised through 11 state Homes. In 2011 around 1787 children and youth (577 –behavioural disorders + 1210 without proper parental care) were placed into those Homes for permanent or weekly care and 2059 were placed into foster care (17 –behavioural disorders + 2042 without proper parental care). In percentages that mean that 46% of children and youth were placed in Homes and 54% in foster care. There is a need for further development of foster care for children and youth with behavioural disorders. Around 200 youth leave Homes or foster care per year. Most youth leave care after they finish regular secondary education and that is when they are 18-21 years old.

At the moment there is no structured leaving care system. Welfare centers and Homes should prepare and support youth that is leaving care but what kind of support a young person gets differs. Usually when a young person leaves the institutions he/she gets lost from the system and no one is following the progress or provides support. Youth can get support from Welfare centers as any other person that is in need if they come and ask for it (financial support, advice, ...). Some social workers or social pedagogues that work in welfare centers stay in contact with youth that left care and do support them in that transitional period. That additional support is usually up to a good will of professionals. Unfortunately welfare system is so overloaded that professionals do not have the time to provide this kind of care for the moment. At the same time a big number of youth after leaving care do not want to have anything to do with welfare system so they do not ask for help and often they refuse it. They are angry at their social workers and do want to succeed on their own. Those youth that stay in the same cities where the Home is, tend to stay in touch with Homes and usually do get additional support from them (advice, food, clothes...).

Youth from Homes can use housing units (owned by the Home) in which they have higher level of independence and occasional professional supervision and support. They usually are placed there for the last year or two of they stay in Home. Unfortunately youth from foster care do not have the opportunity for this kind of care and there are only few housing units for youth with behavioural disorders.

Ten years ago NGO Play started a program Contact that started to provide leaving care services to youth from Homes without proper parental care, Homes for youth with behavioural disorders and from foster care. Three years ago Ministry of social welfare recognised leaving care services as important ones and saw NGO as potential partners. They are now financing several leaving care programs that are delivered by NGOs. The services that NGOs are providing are focused on the period while youth is still in Homes and on the period after they leave homes. Before leaving Homes services are directed towards development of life skills. After leaving Homes services are directed towards support in finding a job, counselling, development of life skills, technical support (use of computer, fax, telephone...), informing (face, web, publications, telephone), peer support, weekend educational excursions. Few years ago a foundation that gives scholarships for university to youth from care was founded and eased their access to higher education.



**I G R A**

UDRUGA ZA PRUŽANJE REHABILITACIJSKO - EDUKACIJSKE  
I PSIHO - SOCIJALNO - PEDAGOŠKE POMOĆI

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In partnership of NGO Play, SOS Children's village and Home for Children without parental care Maestral project OkvirKO started. In next 10 month 15 professionals and 3 young people should define competences that youth that leaves care should develop and who should do what in the process of leaving care. The output of that project should provide a frame for more structured leaving care system.

The creation of new welfare law started and hopefully service "leaving care" will be defined as obligatory. Also the process of deinstitutionalisation is in progress. The deinstitutionalisation plan is to have Homes with smaller number of children and youth, more family homes with small number of beneficiaries and higher number of children and youth in foster care (20% in Homes, 80% in other care). The Homes are suppose to take over some new services like support to family in order to prevent separation of children from the family and should provide leaving care services.

All this efforts done by NGO and structurally changes that are planned by government should result with defied and continuous leaving care system in next few years.

Sunčana Kusturin, social worker  
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# CROATIA<sup>1</sup>

## 1. TARGET POPULATION OF CHILDREN IN CARE AND YOUNG PEOPLE AGEING OUT OF CARE

The number of people under 18 in Croatia is approximately 970,000, or 22 per cent of the total population.<sup>2</sup>

### Children and young people in alternative care

In 2007, almost 4,200 children up to 18 years of age lived in permanent placement, in either residential or family-type care. An additional 1,890 children were in some type of occasional or temporary placement in institutions, on either a weekly, daily, or half-day basis. They were placed in homes for children with a special need for shelter, disciplinary centres, facilities with medical observation of in-patients, or homes for children with behavioural problems and extended professional treatment (MHSW, 2007). Twenty children were placed in small-group homes, which represent a new type of alternative care for children without parental care.

Of the 4,200 children in alternative care, about half lived in foster homes (MHSW, 2008b). In 81 per cent of cases, foster families provided care for children without parental care or children whose parents were temporarily unable to care for them. In the remaining 19 per cent of the cases, the children were placed in specialized foster families for mental health reasons. Most of the children in foster care in Croatia remain in their first placement, and more than one-third of foster parents are relatives (Žižak, 2008).

There are approximately as many children living with foster families as there are children living in residential care facilities, a ratio far from the 80 per cent set for placement in foster care. That aim is among the priorities of the National Plan of Activities for the Well-being, Rights, and Interests of Children 2006–2012.

In 2007, 636 children were permanently placed in homes

for children and adults with special needs. The breakdown was as follows:

- 2 per cent were under 4 years of age.
- 7 per cent were 4 to 7 years old.
- 44 per cent were 8 to 14 years old.
- 22 per cent were 15 to 16 years old.
- 25 per cent were aged 17 to 19 years old.

Data on the number of children without parental care since 2007 shows that despite increased efforts to promote foster care and the deinstitutionalization of child care, the dominant trend is still to employ state and non-state homes as the main care providers for children without parental care.

### Young people ageing out of care per year

Data regarding young people ageing out of care in Croatia is not comprehensive and is usually inaccurate. Data is neither collected systematically nor is it centralized.

In 2007, 2,859 young people aged 14–18 were living in homes for children and youths without parental care, homes for children with physical and mental disabilities, centres for youths with behavioural problems, and foster homes. These facilities included various types of residential care and homes for those aged 14 to 21 and foster homes for those aged 15 to 30.

During the three-year period under observation—2005–07—the total number of young people in care decreased slightly. Only the number of young people living in homes for children with physical and mental disabilities rose slightly, followed by the numbers of young people in foster homes.

A report released by the Ministry of Health and Social Welfare (MHSW) in 2008 found that 482 young people (aged 14–21) were living in homes for children without parental care at the time of the survey.<sup>3</sup>

In 2008, 103 young people aged out of children's homes when they reached the age of majority (18). In addition, 132 young people returned to their families of origin, a smaller number found accommodation with relatives, whereas others were transferred to other types of care (to homes, hospitals, foster homes, or to guardians or adoptive parents).

### MARKO, 19 YEARS OLD

When he was a little boy, the local authorities removed Marko from his family of origin and placed him with a family that adopted him. This family also neglected him and abused him, so he ended up with a foster family. Motivated only by the money she received for fostering, Marko's foster mother did not take care of him. The situation was bad. At the age of 15, he started to smoke and drink alcohol; with time, he also used drugs. When he turned 18, he decided to leave the life he knew behind and start anew. He found a job at the local library and made a flat-sharing arrangement. The conditions for a proper life were there, but he continued to take drugs.

One evening, while walking home from work, Marko was caught by the police, who found drugs in his bag. He was sent to a facility for young criminals. There he was required to attend school and prove that he could live without illegal drugs. He finished that school and is now able to live on his own. He is hoping to find work in the facility to be able to help other young people find their way.

Even if everybody around him seemed to be against him, and even though he did not get any support, Marko still became a good person.

### Profiles of and paths taken by young people ageing out of care

The United Nations Development Programme's Human Development Report<sup>4</sup> finds that young people without parental care in Croatia are a group at high risk of social exclusion. As a candidate for accession to the European Union, Croatia—with the help of the European Commission—drew up a Joint Memorandum on Social Inclusion that includes young people leaving care (MHSW, 2007). The memorandum calls for better services for young people leaving care, with an emphasis on social welfare services, which are still under-developed in Croatia.

Insufficient data is available to produce a realistic profile of young people leaving care. Nevertheless, two empirical

studies may shed some light on this issue. As discussed below, one was conducted by the non-governmental organization (NGO) IGRA<sup>5</sup> in 2007 and the other by the research agency Target in 2005. This section closes with an overview of the education of young people in care.

### The IGRA evaluation

Designed to inform the Joint Memorandum on Social Inclusion, IGRA's study surveyed 19 young people (aged 19 to 23) who had lived in children's homes for at least 2.5 and up to 16 years and had benefited from the NGO's 'Contact' project. After leaving care, just under half of the young people returned to their home towns. At the time of the evaluation, one-third of them lived with their families; another third lived in rented apartments; and the rest lived in a small-group home. Fourteen of them found employment within one month of leaving care, mostly in companies where they did their mandatory school training. Most of them had jobs in construction, restaurants, or catering, or they worked as sales clerks. Fewer than half of them said they were satisfied with their income, which they said was just enough to provide them with modest living conditions.

All of them reported having difficulties and concerns in the first months of living independently, usually stemming from a strong feeling of loneliness, emptiness, and abandonment, the realization of the real cost of living, and problems with employers who did not pay them. They said they worried about housing, preparing food, and managing their household. Yet they also associated leaving care with gaining freedom.

Young people said they were not satisfied with the support received from the social welfare centres. Some of the interviewees expressed their disappointment clearly:

- 'Maybe it would have been better if they had called us after the first six months to ask whether we needed any help.'
- 'We need help to continue our education.'
- 'They should be more involved with children from homes.'

The young people interviewed reported that the support they received came primarily from friends, family, and former educators and teachers. Some of the youngsters mentioned their former educators and children's homes as a 'source of strength'. Only two of them interrupted all forms of contact with their former caregivers.

Despite all their difficulties, these young people managed to live independently. Asked to identify what accomplishments they were most proud of, they cited: having friends, finding a place to live, finding a job, and working and building up experience.

Yet their optimism for the future was moderate. Their main messages for young people about to leave care included: ‘be patient’, ‘work hard’, ‘ask for explanations when you want to know something’, ‘allow people to help you’, and ‘continue your education’. They reported that the ‘Contact’ project had helped them to ‘be stronger’; in addition to learning how to write CVs and look for jobs, they said that it also enabled them to talk to someone and look at issues from different perspectives.

#### The Target focus group<sup>6</sup>

In 2005, Target conducted a focus group with six participants (three girls, three boys) with care experience. At the time of the interviews, the two youths living in a group home said they were satisfied with their freedom and were able to organize their lives independently. One girl was living in a college dormitory and said she was also satisfied with her situation. Two of the young people reported encountering problems with accommodation as they had to leave the group home and were not eligible for a college dormitory.

Some of the young people said that upon leaving care they had fears about living independently, finding accommodation, and being short of money. During the focus group discussions, they said they were able to manage somehow despite all their problems. Most of the youngsters were able to secure a job within a short time of leaving care, mostly in places of employment where they used to do their mandatory school training. They identified friends and former educators as sources of strength. They said they were not thinking about plans for the future, but that they hoped that, with some luck, ‘in five years I’ll have a little house, car, family, and job.’

#### Overview of school education for young people in care<sup>7</sup>

Data regarding the education of children and young people in care is available only for children’s homes and is organized in three categories:

- the school programme they attend;
- their grade in comparison to their chronological age;

and  
 ■ results at the end of the school year.

In 2008, of 954 students aged 7 to 21 from children’s homes, 671 (70 per cent) attended regular school programmes, 119 (12 per cent) attended special programmes, and 164 (17 per cent) were in adapted programmes.<sup>8</sup> Most—794—attended the age-appropriate grade, whereas 115 children were delayed by one year, and 12 per cent were two or more school years behind their chronological age.

Results at the end of the school year show that 50 per cent of the young people in care had average grades, 30 per cent had very good grades, 10 per cent had excellent grades, 4 per cent were adequate, and 6 per cent failed, dropped out, or had to leave school for some reason. Although good school results are not the only success indicator for independent life, they do affect future opportunities. Better cooperation between educational facilities and children’s homes and social welfare services is needed.

## 2. SHORT DESCRIPTION OF CROATIA’S CHILD PROTECTION AND CARE SYSTEM

Article 68(1) of the Social Welfare Act stipulates that care for children outside of their family of origin must be provided for children without parents; children who are neglected or abused by their parents; and children and youths with behavioural problems.

### Main actors in the child protection and care system

The main duty bearer in the field of child protection and care is the **Ministry of Health and Social Welfare**, which shares competencies with the **Ministry of Family, Veteran’s Affairs, and Intergenerational Solidarity** (MFVAIS).

Social welfare for children without parental care is provided through a network of **social welfare centres**, social welfare homes, and support and care centres. There are 80 social welfare centres in the Republic of Croatia, with 24 branch offices. They perform 146 functions, such as carrying public responsibility in matters of social welfare, family law and legal protection, expert analytical tasks, and financial tasks; this large number of tasks has led

to numerous calls for a redefinition of the centre’s role and the transfer of tasks to other duty bearers within the system. One such example involved the transfer of the task of removing children from their families to family courts. When the Foster Care Act was passed in 2007, the government refused a proposal to establish a foster care agency; foster care organizations and the Ombudsman for Children had promoted the creation of such an agency as a way to ease the workload of social welfare centres and improve the coordination of foster care activities.

The **Office of the Ombudsman for Children**, which was founded in 2003, plays an important role within the social welfare system. Its primary function is to monitor the implementation of policies and international agreements regarding the protection of children’s rights. Although the ombudsperson is not authorized to take legal measures in cases of rights violations, he or she can warn about rights violations, request statements from competent bodies, and take part in the process of passing public policies. By making use of all these mechanisms, the Office of the Ombudsman for Children has earned an important place in the overall promotion and protection of children’s rights in Croatia. In 2007, regional offices were opened in Osijek, Rijeka, and Split.

To exercise children’s rights and protect their interests, the Croatian government established the **Council for Children** as a national coordination body, with the goal of monitoring the children’s rights and childcare policies. In addition to this monitoring function, the Council for Children was also designed as an advisory, interdepartmental body that proposes initiatives regarding public policies. It coordinates the harmonization of work between the state and other bodies when applying and monitoring the Convention on the Rights of the Child. The Council has 19 members, including 11 from state administration bodies, 4 from research and professional institutions, 3 representatives from child-care institutions, and 1 representative from the Croatian Journalists’ Association.

In addition to the Council for Children, the relevant **committees of the Croatian Parliament**<sup>9</sup> also play a part in the protection of children’s rights by stating their opinion on proposed laws. In January 2009, the Parliamentary Committee for Family, Youth, and Sports organized a round table discussion about social welfare reform which served

to challenge the lack of leadership and strategy in decentralization, transformation, and the deinstitutionalization of social welfare. In interviews, however, stakeholders mentioned the inefficiency of the parliamentary bodies as well as of the Council in monitoring and influencing government policy regarding child protection and care.

Some cities of Croatia have developed complementary social welfare regulations. For example, Zagreb has developed measures for local social policy that include round table discussions, training programmes, recognition of city-owned businesses, and funding of selected civil society organizations that promote the development of alternative care and services.

Local NGOs throughout Croatia offer a number of services and programmes aimed at children and parents. These include courses for parents, counselling, therapy work, material assistance, family mediation, and group work with children. Non-state service providers for families and children at risk and for children without parental care have the advantage of flexibility, innovation, and limited bureaucratic procedures. However, NGO programmes rarely get integrated into the state services because Croatia lacks established procedures for contracting and standardizing non-institutional services; successes depend on the initiative of individual institutions and organizations.

The problem of insufficient involvement of civil society becomes obvious in the process of drafting policies. While the bodies of relevant state institutions include experts, mostly prominent researchers and organization directors, the decision-making process is fairly closed. Indeed, although there are umbrella organizations and NGO networks for target populations—such as the Coordination of Childcare NGOs, which has 27 members, and the Forum for the Quality of Upbringing and Association of Foster Care Experts—these stakeholders usually do not take part in the decision-making process. However, they do monitor implementation informally and propose new services or improvements for existing ones. For example, the NGO network that later grew into the Coordination of Childcare NGOs drafted a shadow report in 2002 regarding the government report on the implementation of the Convention on the Rights of the Child. Despite an ongoing lack of consultation, state institutions seem to have become more open to cooperation in recent years. One example is the



advisory meeting in October 2008, called by the MHSW to consult with the foster parents' representatives on the issue of implementing the new law.

In addition to state duty bearers, the non-state care providers, civil society, and the private sector are important stakeholders in the country's welfare system. The introduction of practices and standards for subcontracting social services is expected to lead to improvements in the flexibility, efficiency, and quality of services provided by the non-state stakeholders.

Finally, international organizations also play an important role by providing support for the implementation of child protection and care policy. They include the Council of Europe, the European Commission, the World Bank, international development agencies, and embassies. Special mention must be made of UNICEF, which has been carrying out programmes to promote responsible parenting, quality approaches to early interventions, the supervision of parental care, and foster care.

### Prevention

The family centres were established in 2005 on the basis of the Social Welfare Act and the Institutions Act. They are meant to take over part of the activities of the social welfare centres and to carry out various preventive and therapy programmes for children and their families. The scope of work of family centres is described in the Social Welfare Act (art. 89) and encompasses a wide range of tasks. In addition to counselling, training, therapy, and other forms of direct work with the users, they are also meant to introduce innovations into the family support programmes. So far family centres have been set up in 17 counties, all under the jurisdiction of the MFVAIS. Their scope of work partially overlaps with that of the social welfare centres, though so far coordination has been lacking.

### Types of care settings

More than half of the children without parental care are placed in homes for children without parental care. There are 14 homes funded by the Republic of Croatia and four non-state homes. The total capacity of the homes is 1,665 beneficiaries. In addition to homes for children without parental care, there is accommodation in homes for children with behavioural problems and in 26 social welfare

homes established by the Republic of Croatia, which provide care for children with special needs (1 home for the sight-impaired, 3 homes for the hearing-impaired, 2 for the physically impaired, and 20 for the mentally disabled). Of the total number of homes, 13 offer programmes of elementary and/or high school education. Children with special needs also live in six social welfare homes founded by faith-based organizations, local or regional authorities, civil society organizations, or other entities.

SOS Children's Villages provides care for 240 children and young people in 31 SOS families and five youth facilities. Other providers of alternative care include family-type homes such as Nuevo Futuro, where children receive care in individual family houses integrated into the local community, with a capacity of up to ten children. More recently, especially since the amendments to the Social Welfare Act were passed, the option of founding a family home (*obiteljski dom*)<sup>10</sup> has gained support. Their potential to encourage the development of other forms of alternative care remains untapped.

The placement of children without parental care in foster homes has been on the rise in the past few years. Foster care used to be regulated by the provisions of the Social Welfare Act and relevant by-laws, but since 2007 the Foster Care Act has regulated this care setting and introduced clear and more demanding requests for foster parents. A 2007 report of the Office of the Ombudsman for Children asked for more rigorous monitoring of the situation of children in foster families, as cases of financial exploitation and psychological abuse of children were reported (OfC, 2008). In 2007, there were 2,572 reported foster families, and 114 new ones registered the following year.

The network of children's homes and foster families is unevenly distributed across Croatia, which often results in the long-term separation of many children from their communities of origin if they are placed in other counties. Several interviewed stakeholders emphasized the necessity of transforming the existing children's homes into small-capacity institutions that would have higher standards of child protection and care, with smaller educational groups and stronger individual work. Children's homes would be better connected to the local community and generally ensure more respect for and adherence to children's rights.

## 3. LEGAL AND POLICY FRAMEWORK

### Legislation and policy on child and youth care

Children enjoy special protection under the provision of the 1990 Constitution which states that 'everyone shall have the duty to protect children and helpless persons' (art. 64, para. 1). This protection is also covered by other provisions in a number of legal documents, particularly the 2004 Family Act, the 2003 Protection from Family Violence Act, the Social Welfare Act, other legislation regarding upbringing and education, labour laws, health insurance and protection laws, and the penal code.

By adopting the UN Convention on the Rights of the Child (CRC)<sup>11</sup> into its legal system, and by ratifying the two optional protocols to the Convention,<sup>12</sup> Croatia has committed itself to harmonizing national child care legislation and practices with the provisions laid out in the CRC. To this end, Croatia has made amendments to the above laws and passed the Foster Care Act in 2007. In response to the observations of the UN Committee on the Rights of the Child concerning the Croatian Second Periodic Report (CRC, 2003; 2004), several initiatives for enhancing the protection of children's rights were initiated; the most important is the National Plan of Activities for the Rights and Interests of Children, 2006–2012, adopted in 2005.

Chapter 5 of the National Plan, which deals with social welfare, the prevention of institutionalization, and the development of multiple services in local communities, recognizes the importance of foster care, at-home assistance and care, specialized care in the family (community nursing), forms of day care, residential communities, and organized housing. The National Plan calls for the deinstitutionalization of child care through a reduction in the number of children placed in residential care facilities and a simultaneous increase in the number of children placed in foster and other types of alternative care, with the goal of achieving the targeted ratio of 20 per cent of children in children's homes and 80 per cent in family-like care.

### Key legal provisions regarding preparation for leaving care and after-care support

There is no law or regulation in Croatia that comprehensively covers the preparation for leaving care or the organization of after-care services. However, legal bases can

be found in the amendments made to the Social Welfare Act of 2007 and the Foster Care Act of 2007.

Article 33 of the Social Welfare Act regulates the duration and termination of the right to alternative care. If children or youngsters decide to continue their education, their right to alternative care is in effect until the regular completion of their studies, or until they reach 26 years of age at the most. Young persons aged 18 to 21 who are no longer in school may continue to live with their foster family or in a group home if the social welfare centre decides that this is in their special interest, and if the accommodation capacities in the existing objects are available until the person turns 21.

In the process of making changes in the Social Welfare Act in 2007, some other social welfare provisions received a wider interpretation. Article 20, which regulates the financial support to college students who have left alternative care, extends their right to counselling and support, including help to adapt to everyday life after an extended stay in a children's home.

The recently adopted Foster Care Act (in Official Gazette 79/07) regulates the duration of the care in a foster home and defines the obligation of the foster parent to carry out preparations for leaving care: 'The foster parent must prepare the care recipient for departure from the foster family' (art. 16, para. 5). In addition to this regulation and general obligations, the foster parent is instructed to work at making a care recipient more self-reliant to ensure his or her complete independence:

The foster parent must ensure that the foster child has a proper attitude to school, work and the development of work habits and that the child earns professional qualifications of some sort (art. 17, para. 2).

After reaching 21, the foster child loses the right to live within the foster family, but youngsters who have not found a way to earn a living by then may exercise their right to universal assistance.

These minimal obligations under the provision of the new law clearly show that the process of preparing young people for leaving the care of the foster families is not sufficiently regulated. Specifically, directives are lack-

ing with respect to the duration of this process, the steps involved in the process, or how to monitor the efficiency of its implementation; however, the Foster Care Act does represent a step forward in terms of defining mandatory preparation for leaving care. It is a welcome change from the Social Welfare Act, whose provisions do not seem to include any such obligation. Rules of procedure on keeping records require the drafting of individual care plans for each child, which in all probability include the preparation for leaving care.

It is important to note that many professionals in the child welfare sector have long expressed dissatisfaction with frequent amendments to the Social Welfare Act. It is thus expected that in the near future there will be a comprehensive drafting of a completely new law on social welfare. This would also present an opportunity to specify rights and obligations relating to the care for young people who are about to leave the care system and enter independent life.

#### 4. PRACTICES RELATED TO PREPARATION FOR LEAVING CARE AND AFTER-CARE SERVICES

##### Preparation services for leaving care

One of the more advanced forms of preparing young people for leaving care is semi-independent living in a group home. This type of care can also be considered an after-care service, since youngsters who must leave a home because of their age but who are not continuing their schooling and have no accommodation may use this service until they are 21. If they attend university, they may use the service until they are 26.

At this writing, there were more than 30 group homes in Croatia, with a total capacity of 165 children and youths without parental care. Most of the group homes were established by the children's homes themselves (both state and non-state) or by the local community. These care settings have developed gradually, particularly in the period between 2005 and 2008. The MHSW report finds that for 2008, 95 places were occupied in small-group homes (MHSW, 2008a). The highest occupancy rate was registered in the youth facilities organized by SOS Children's Villages Croatia. Another good example is the Associa-

tion for Promoting Inclusion Zagreb, which is among the first providers to introduce the concept of professionally supported organized living for mentally disabled persons.

Other Croatian associations that receive MHSW subsidies (to complement the funds from other sources) to organize group homes for young people in care are: Inclusion Association Lastavica from Split, Nadomak Sunca in Istria, Association Breza from Slavonia, and the Association Maslinova Gora from the island of Iž in Dalmatia. Breza and Maslinova Gora also offer care services for young people and children from other countries, within the framework of special agreements with those countries.

In addition to group homes, there are other programmes to prepare young people for leaving care and independent life. These services—partly provided by children's homes, partly by non-governmental providers—seem under-developed and are not available to all young people.

The NGO IGRA is implementing a programme entitled 'Contact' in different homes and vocational training centres across Croatia. The main objective and purpose of the programme is improving the life skills of children and young people in care through individual and group work with peers and the staff of relevant facilities. The programme includes courses in areas such as money management, healthcare, household management, and cooking. Within the programme young people who left the care setting are provided with a 'place for contact' and, if necessary, the company of others. To address the important issues and concerns of young people leaving care, IGRA also publishes the journal *Catapult*, intended primarily for young people with care experience.

The Centre for Social Policy Initiatives implements the project 'Well' for young people in foster care and children's homes. The programme facilitates access to relevant information and supports the development of independent life skills.

The NGOs Breza, Lastavica, and Inkluzija also implement programmes of preparation for independent life within group homes, focusing on inclusive employment and facilitating job placement.

The activities of these associations and several other civil

society organizations that implement similar but smaller programmes depend on financial support that comes mostly from donations. For this reason efforts should be made to promote more sustainable, longer-term financing of this type of social service.

Interviewed stakeholders confirmed that the group homes help young people to develop practical life skills, self-reliance, a sense of responsibility, values, quality relationships in the group, the ability to care for themselves, and an understanding of how to use their free time constructively. However, the interviews and secondary information sources also reveal an absence of fully developed programmes or universal standards regarding these services, with preparation for leaving care mostly carried out inconsistently or with difficulty. Some of the interviewees were very critical of care providers in the group homes, mentioning the fact that quite often educators do most of the chores instead of encouraging young people to do things themselves. They argue that young people should come to the group homes at the age of 15; in practice, many come only at 18, when they are about to leave the care system. In these cases, the preparation begins very late and the service as such becomes more of an after-care service, a transitory housing arrangement with some preparation for independent living.

##### After-care services

In Croatia, after-care services for young people who have aged out of care are relatively informal, with the exception of more structured group homes (described above) and the still infrequent forms of housing care. These include accommodations created through co-financing of housing arrangements or the allocation of residential accommodation at the local level. The lack of legal regulation is compounded by the lack of statistical information regarding after-care services. The option of scholarships for young people who continue their education in universities is the only recent innovation.

Formal after-care services include the option of periodic counselling and mediation in exercising certain rights.

Social welfare centres provide some informal after-care support for young people who cannot count on the support of their families after leaving care. Some after-care services are provided by NGOs. Interviews create the

impression that such services are rather widespread. This indicates not only the seriousness of problems that young people encounter after leaving care, but also the flexibility and positive role of homes in the informal system of care. Apparently, most homes stay in contact with their former residents, helping them by using personal connections, by obtaining food for them, and in other informal ways, since by law no such services are provided.

The inadequacy of support for young people leaving care is also visible in the key strategic document for youths, currently a preliminary draft of the National Programme of Action for Youth under the responsibility of the MFVAIS; at this writing, the draft was about to be submitted to the Croatian government for approval (MFVAIS, 2008). This document emphasizes that the children's homes do not provide young people with the life skills necessary for good social integration. Despite the efforts made by social welfare centres, care leavers find it very difficult to find lodgings and employment and to integrate into society. The programme does include certain measures that should lead to a more systematic solution of numerous problems that these youngsters face.

##### Universal services for youth

In addition to the few after-care services mentioned above, young people leaving care have access to several general youth services. The most dynamic and important ones are the employment support services provided by the Croatian Employment Service, which has a fairly well developed network of branch offices throughout Croatia. These services include professional development and counselling, training, job search assistance, and subsidized employment.

Among other general services, free healthcare not dependent on employment status is guaranteed and medical services are mostly available to all, although young people from under-developed and rural regions are in a less favourable position as there are fewer medical centres in their areas.

In the educational system, student and college dormitories provide accommodation for young people who attend school outside their place of residence, and for those who do not have enough funds to afford their own housing.

## 5. MAIN VIOLATIONS OF THE RIGHTS OF YOUNG PEOPLE AGEING OUT OF CARE

The systematic monitoring of young people's rights in care is hindered by the fact that their rights are defined by numerous laws and supporting legislation, with many different institutions in charge of their enforcement. It is difficult to estimate the number of young people who need counselling and other interventions by social welfare centres. In addition, it is unknown just how well competent bodies enforce the right of children and youths to request protection of their rights, given that the entire system of state administration and public services is undergoing reform. Rights violations are closely linked to the disorganized and non-integrated approach of the social welfare and child protection system.

The results of a UNICEF study show that the system of child and youth rights protection is overburdened due to delayed professional interventions or an absence of professional interventions by the educational and social welfare institutions (Žizak, 2008). Research done by the MHSW on a sample of juvenile offenders who received some type of legal sanction has led researchers to conclude that educational and social welfare institutions have failed to intervene as required.

As for potential rights violations of youths after they leave care, it seems that the most important violations concern the right to housing in conjunction with the right to pursue higher education, and the right to work, with corresponding labour and social rights.

The right to housing and the right to higher education are limited under the current system in terms of both age and continuing education. Specifically, a young person who exercises his or her right to study on a scholarship will lose the right to housing at the same time. Young people who attend colleges in their home town are denied the right to college dormitory accommodation. This also applies to young people leaving care.

- **Right to adequate housing.** Inadequate support means that once young people have left the system, their adjustment to new living conditions is difficult. Limiting the right to housing to those 21 and younger is unjustified, especially in Croatia, where most young people live with their parents until they are 30 or older, and

where the youth unemployment rate is one of the highest in Europe.

The limitations on the right to housing particularly affect young people who did not receive support after leaving care. In the process of conducting this analysis, a questionnaire was sent to six homeless shelters to find out how many of their beneficiaries are young people who left care (regardless of the period). The responses received reveal that almost 20 per cent of the beneficiaries of such shelters are care leavers.

- **Right to employment.** The risks of unemployment and working illegally, combined with poor education and limited skills, make some young people leaving care especially vulnerable. This contributes to even more social exclusion in the long term, instead of the hoped-for integration.

According to the study *Youth between Desires and Opportunities: Status, Problems and Needs of Youth in the County of Zagreb*, young people mostly take temporary jobs, and finding any job at all is three times more important to them than finding a job in their own professional field (Ilišin, 2006). The study shows that more than 55 per cent of young people work in restaurants, catering businesses, commerce, or construction. In Zagreb, for example, 84 per cent of vocational school students are training for jobs in these fields. A significant percentage of young people in care attend such vocational courses (although the exact percentage is not available, it is most probably similar to the general youth population, which is around 80 per cent). One of the major indicators of the general social status of this youth group is the duration of unreported employment; more than 50 per cent of youngsters worked under these conditions for more than six months, and nearly 20 per cent have been earning their living in this way for more than two years.<sup>13</sup>

The ramifications of this situation are numerous; notably, youngsters who are forced to accept illegal work are at the same time giving up their most basic labour rights, healthcare, and social security (pension). Young people from care who were interviewed reported a problem with getting regular salary payments. Most of them work precisely in the fields that are characterized by having the most labour rights violations.

Last but not least, attention should be paid to the situation of young people with disabilities. At the moment the social welfare system is unable to respond to their needs in a satisfactory way or to support the development of young people with complex problems appropriately. There is only one psychiatric hospital for children and youth in Croatia, and children are regularly discharged too early due to overcrowding. Other options include treatment in the psychiatric wards of other hospitals, but the system offers no long-term solution.

## 6. OFFICIAL DATA SOURCES

Data on children in alternative care and young people ageing out of care can be obtained from the following sources:

- Central Bureau of Statistics, *Statistical Yearbook 2008* (CBS, 2008).
- MHSW, *Decision to Establish a Network of Social Welfare Homes and Social Welfare Activities* (MHSW, 2006).
- MHSW, *Homes for Children without Adequate Parental Care* (MHSW, 2009).
- MHSW, *Annual Statistical Report on Exercised Rights to Social Welfare, Legal Protection of Children, Youth, Marriage and Persons Deprived of Legal Competences, and the Protection of Physically or Mentally Disabled Persons in the Republic of Croatia in 2007* (MHSW, 2008b).

## 7. RESEARCH ON TARGET GROUPS

There is no comprehensive research on the situation of young people leaving care in Croatia. Relevant information is fragmented and spread over several different reports produced by different institutions that share the responsibility of monitoring the position of children and young people in care. High-quality sources of information are evaluation reports produced by NGOs that ran or are running programmes for young people ageing out of care.

## 8. KEY RECOMMENDATIONS FOR POLICY AND PRACTICE

Despite the fact that some elements of support for youth

who are leaving care or who have left care do exist, the system is not well developed. Serious effort should be devoted to solving problems, particularly those of young people who spent many years in the social welfare system, and who leave the system with inadequate training, limited skills, poor chances of success, and insufficient support.

### Improving the legal framework

- Specific legal provisions on leaving care should be developed and should ideally be included in the revised Social Welfare Act.
- Universal standards for group homes should be defined and clear standards should be introduced concerning the age at the time of admission and the expected competencies that young people should have by the time they leave care. The concept of small-group homes in Croatia has still not been developed fully, and this sector requires further work and an in-depth evaluation of its efficacy. Findings should be used to define, or possibly redefine, their functions.
- A housing policy should be developed to offer long-term solutions to young people ageing out of care. The rule that terminates the right to housing for scholarship students should be cancelled.

### IMPROVING POLICY, SERVICES, AND PRACTICE FRAMEWORKS

- Extending the right to housing accommodation for everyone (if there is a need) until at least the age of 26 should be considered as soon as possible.
- The services of mentors should be developed. Mentors would help young people in the process of social integration after leaving care. A help line for crisis situations could be created.
- A network of group home services throughout Croatia should be established so that young people from different regions could receive immediate help.
- Various forms of financial assistance, especially for crisis situations, should be put in place.
- Business models that promote youth self-employment should be developed and supported.
- Cooperation between the different stakeholders (such as the Chamber of Trades and Crafts, the Chamber of Economy, and NGOs) should be increased in order to prepare young people adequately for conditions in the labour market.

### Providing better data

- A request should be made to the MHSW to introduce ‘young people ageing out of care’ as a separate category in its records for all types of intervention.
- Basic indicators should be modified as soon as possible and harmonized with those of the Central Bureau of Statistics (such as the age limit).

### Identifying new research studies

- Additional analyses should be commissioned to identify all instances of inconsistency in the implementation of rights of young people in care and leaving care.
- An in-depth evaluation of the work and functions of the group homes for young people in care should be conducted.

## KEY CHILD AND YOUTH CARE TERMS

**Children’s home** (*dom za djecu*). Residential facility providing care for a large number of children with professional staff. This type of care is generally short-term (as defined by Article 69 of the Social Welfare Act).

**Family home** (*obiteljski dom*). Care placement with one caregiver who provides care for a maximum of 10 children (as defined by Article 121 of the Social Welfare Act).

**Foster care** (*udomiteljska skrb*). Care placement for children without parental or adult care who are unable to care for themselves. Foster care is also for other persons who for any other reason are not able to protect their own rights and interests (as defined in Article 149 of the Family Act).

**Small-group home** (*stambene zajednice*). Residential care in which professional staff provide care for children without parental care. The number is dependent on the available space. This type of care is primarily for young people (as defined by Articles 93 and 105 of the Social Welfare Act).

<sup>1</sup> This chapter is based on Škrbić (2009) and Puls and MAP Savjetovanj (2008).

<sup>2</sup> Information for the year 2006 provided by the Central Bureau of Statistics.

<sup>3</sup> Information obtained from the MHSW. Note that the data is incomplete: information is missing for about 22 children and youths from one of the non-state homes.

<sup>4</sup> For more information, see UNDP (2006).

<sup>5</sup> Igra means ‘game’ in Croatian.

<sup>6</sup> See MHSW (2007).

<sup>7</sup> This information was compiled from two sources: the Social Welfare Act and the Internal Status Report on Children’s Homes provided by Blanka Žic Grgat, head of the Department for Children, Family, and Foster Care in the MHSW.

<sup>8</sup> Adapted programmes are tailored to each individual student, highlighting each individual’s strengths.

<sup>9</sup> The relevant ones are the Parliamentary Committee for Labour, Health, and Social Policy and the Parliamentary Committee for Family, Youth, and Sports.

<sup>10</sup> The MHSW defines a family home (*obiteljski dom*) as a facility that provides care for a maximum of 10 children or 20 adults.

<sup>11</sup> The Republic of Croatia has been a member state of the Convention on the Rights of the Child since 8 October 1991.

<sup>12</sup> The Croatian Parliament ratified the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography as well as the Optional Protocol on the Involvement of Children in Armed Conflict in March 2002.

<sup>13</sup> Information provided by DIM, the Association for Civic Education and Social Development, which runs campaigns and training programmes focused on youth rights, especially the rights of vocational school students, through the programme ‘Youth in the Labour Market’. DIM also publishes the Youth Employment Book.

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Linda Nymann/Mona Bratberg Gaarde

## **Information about Norwegian care leavers**

### **A) Statistics (2011)**

Number of children in fostercare: 9247

Number of children in residential care; 1371

Care leavers in fostercare: 1063

Care leavers in residential care: 206

Most young people leave care at the age of 18, 19 or 20. Unfortunately we have no statistics of number of care leavers per annum in Norway as a total, only numbers on regional level.

### **B) Legal framework for care leavers:**

The Norwegian child welfare Act, section 1-3 state:

*"When the child approves, services implemented before the child reaches the age of 18 can be maintained or substituted by other services mentioned in this Act until the child has reached the age of 23."*

Further, section 4-15 states;

*"The local authorities shall, in due time before the child reaches the age of 18, evaluate whether the placement (in an institution or a foster home) shall be prolonged or the child shall receive other services after having reached 18 years. If the child approves to receiving further services, the local authorities shall work out a plan for future services. The plan can be changed."*

### **C) Support structure:**

Most services implemented before the age of 18 can be prolonged, if the care leaver benefits from the service.

## General information about youth care in the Netherlands

Sometimes parents are considered to be (temporarily) incapable of raising their child. In the Netherlands there are Youth and Family centers (CJG) in every city. Within organization network parents, children/youth and professionals can ask questions and discuss the problems that they run into.

Additionally, Youth care is provided by a national organization called the Bureau for Youth Care (BJZ). Their task is to help parents and children with pedagogical problems. Generally, if the CJG can't answer the question or offer the right support BJZ is contacted. Initially, the involved parties will participate and work together on a voluntary basis. However, when parents do not cooperate, or the available care is not sufficient, or when a child is a danger to himself or others, BJZ will approach the Council for Child Protection (RvK) and ask them to investigate the situation at home. At all times, the number one priority is the safety of the child and the RvK writes a report in which they advise the juvenile court in what their verdict should include. At this stage it is no longer a voluntary process. Any registered measure is legitimate for one year. If prolongation is necessary BJZ has to file a new request.

There are several measures the RvK can implement:

1. Guardianship (OTS). A child stays at home but a BJZ family guardian stays in close contact with the family to help them with occurring problems. Whenever the situation at home is unsafe, the child will be evicted and placed in judicial care.
2. Dispensation. Parental authority is transferred to the BJZ in cases when parents are no longer capable of raising their child. The BJZ does involve the parents as much as possible.
3. Abnegation of parental authority. This happens when parents deliberately abuse their child in every kind of way. This will also result in a shift of authority from parents to the BJZ but the parents will not be involved.

The RvK also advises the court on the nature of a penalty when a child under 18 committed a crime.

After the RvK judgement and the decision of court, BJZ has the responsibility to comply with this measure. This can include:

1. parenting support at home provided by a family guardian
2. semi residential care
3. residential care or foster care. BJZ does not provide foster care but the guardian helps with finding suitable foster parents
4. youth probation
5. mental health care for children and youth
6. closed youth care, this measure is deployed when a child is at risk of running away or when the parents are trying to remove their child from residential care.

To conclude, youth care is available to all children under 18 and their parents. The purpose of youth care is to arrange care as closest to home as possible preferably short term. Every province in the Netherlands receives money from the national government with which they finance the (semi) residential care, mental health care, youth protection and youth probation. In the near future every municipality will get more and more responsibilities. This decentralization is necessary to arrange the youth care more efficiently.

Some facts:

- Every year the juvenile court decides to impose around 30.000 guardianships (OTS)

- In around 12.000 of these cases children are evicted from home without custody
- Somewhere around 7.000 children are evicted from home every year with custody, which means that parents no longer hold authority over their children
- 9.000 children are in (temporarily) foster care every year.

As long as a child is under 18 BJZ is responsible for his or her welfare. When a child gets 18 the legal framework is no longer applicable. Sometimes BJZ can extend an indication for 1 year to help with room training for example but this is only possible on a voluntary basis.

The BJZ also tries to prepare the youngsters as much as possible for their responsibilities and independence as an adult. Examples are stimulating financial liability through applying for governmental student grants, looking for an extra job and participate in independent single housing projects. In short, when a care leaver acts exemplary there are no problems to be expected in their future adult life.

On the other hand it can be extremely difficult being 18 and suddenly responsible for your own well being. Especially for youth without a large social network and with no involvement of parents, it can be challenging to achieve independence. They have often had a troublesome personal history and they are not rarely traumatized by how RvK and BJZ intervened into their life's. They need proper preparation for the future and help with problem-solving techniques, otherwise they are not ready to become independent from youth care and welfare support. As it turns out, these youngsters above 18 are often dependent on social work and welfare, because they cannot manage the problems they run in to. There is no legal framework for care leavers above 18. At the other hand the government has its indirect ways to influence the perspectives of youth above 18 which include care leavers. For example:

A big part of the care leavers do not have any certificates or diplomas, so it is also hard for them to find a job and provide for themselves. There is a lot of attention for youth that does not have basic school qualifications, so in every city various projects try to motivate youth to go back to school and graduate. This is not required by law, but it is an official instruction from the national government to every municipality. One way to achieve this is, is to oblige youth from 18 to 27 to go back to school in return for welfare support.

Eindhoven has created a program called Nobody Out of Sight (NUB), which is specifically aimed at the care leavers from BJZ that live in Eindhoven or want to live in Eindhoven. NUB is part of the Centre of Youth and Family, a department of the municipality. NUB came to an agreement with the local BJZ/guardians and the regional residential care institutions that they accept every junior that leaves youth care and is in need of further assistance. The municipality of Eindhoven tries to prevent care leavers from getting isolated and getting into trouble such as becoming homeless, increasing debts, loss of income, no education, and drug addiction. This prevention policy is aimed at minimizing the chance of specialized help in future after current problems have escalated over time. With the aid of our 2 After Care Coaches (Nazorgcoach), the junior develops a plan for the future in which he/she describes current questions or problems. The After Care Coach assists and supports the junior through government bureaucracy and regulations and tries to motivate the junior in making the right decisions.

## Leaving care system in Hungary

(Andrea Racz)

### *I. After care system*

The Act 31 of 1997 on the protection of children and guardianship was accepted by the Hungarian Parliament on 22th of April 1997. The legal framework for care leavers is part of the Child Protection Law. There are two types of support. **1) after care provision:** in Hungary, those reaching the age of majority have the opportunity to stay in after care provision. Those engaged in studies may avail of this provision up to the age of 24, with the exception of those studying full time in higher education, for whom the upper age limit is 25 years. The provisions effective as of 1 January 2010 have significantly transformed the after-care provision system. Those unable to care themselves (either working or unemployed) may stay in the system up to 21 years of age; earlier it was possible to receive benefits until the age of 24. After-care provision may mean even full provision, including the costs of accommodation and food. However, the after-care can assist in the preparation for an independent life, with the help of professionals. **2) after care service:** They can get it up to 30 years of age, who live an independent life. It covers life management advice and help to integrate into the society.

### *II. Main statistics of long term care for children and adolescents*

The number of looked after children and young adults moves in the last years around 21 thousand. In 2008 17 thousand children under 18 years and 4000 older than 18 lived in long term care. About 4200 YP get after care services (left the system, but gets support). The number of child protection system leavers per annum is: 4200 children (1300 became adult, 1700 moved into birth family, 400 were adopted, 800 other cases) *The number of care leavers per annum is: 1150 YP.*

In this year 9% of the looked after children was 0-3 years old. 26% was 4-10 years old. 46% was 11-17 years old and 19% is older than 18 years old.

In the institutional care the number of permitted spaces was 11 thousand. From this: 33% (3651 spaces) is children's home spaces, 41% (4608) is apartment-home spaces, 3,5% (384) is special children's home spaces and 5% (571) is after-care home spaces.

About 5300 foster parents bring up looked after children. Most of them (36%) bring up only one child. But the foster parents rate is high too, who bring up 2 children, around 23%. 15% bring up 3 and 17 percent of the foster parents bring up 4 or more than 4 children. On average one foster parent bring up 1.9 children.

In the country 47% of the rate of the placement in children's homes and 53% in foster care. In after care provision this ratio is 50-50%. 76% of the children spend 1-5 years in public care.



### *III. About the process of transition*

This process starts when the child gets into the child protection system. Leaving care is not an occasion, it is a long process. There is a written plan how to prepare for his / her independent life. Latest date is when resilience becomes legally adult (18 years old). He / she has got a choice to stay in the system (after care provision) or live independently, but gets a service under the child protection system (called after care service) If young adult leaves the system, but gets after care service, it is available when young adults become 30 years old. There is a team which help for young adult to start his / her independent life, he / she has got a personal social worker, called after care worker.

In a typical case young adult remains in after care provision in institutional care, which can be an after care placement in children's home, or an after care placement in apartment home or she / he can get this provision in an after care home. If his / her early placement was in a foster family, young adult remains in after care provision in foster care. Typical care leaver studies in secondary school, in this case the after care provision's upper age limit is 24 years.

In generally expectations against every social workers in leaving care system are the following: Helps to prepare for independent life, handle YP as an adult, as a partner under a professional cooperation, gives relevant information about working facilities, helps to find a job, to find an apartment, ect.

### *IV. Typical barriers, problems and challenges*

- Low level of qualification => underpaid work, occasional job
- Low level of social skills
- No vision / positive future imagination
- Under motivation, low self-expectation
- Narrow personal network (few friends, unstable partnership)
- Weak family relationship
- Few relevant information about available social services
- Weak financial background
- Financial housing support is not enough to buy a flat in an urban area, renting is relatively expensive.

(Very bad outcomes: 40% will be homeless, unemployment, abused and their children often become institutionalized as well, but it is only estimation.)

## **Some Facts About Children in Finland (Hillevi Westman)**

- 1,1 million children, 20% of all the population (5,4 million)
- 79 000 children as the subject of the child welfare interventions
- 

### **17 000 children placed outside the home:**

- 50 % placed in foster families or in professional foster families
- 38 % placed in residential care (including SOS CVs)
- 12 % other care

### **After care:**

- The municipalities are obliged to arrange after care for adolescents aged 18-21 after the custody period is completed
- The contents and arrangements for care should be individually agreed based on the youth's own needs

**Finland**  
Hillevi Westman

**Independent living skills training at the Tapiola SOS children's village**

1. Service provider	SOS Children's Village Association Finland / Tapiola SOS children's village
2. Name of the service	Independent living skills training at the Tapiola SOS children's village
3. For whom?	Independent living skills training is suitable for young clients of child protection in open or foster care approaching the age of majority who cannot live at their family home.
4. Benefits of the service	Training at the independent living skills training unit in the Tapiola children's village provides young people with the opportunity to practice skills required in independent life safely with the support and guidance of an adult. They have the opportunity of learning to manage their own affairs and make decisions while under guidance and support.
5. Content of the service	<p>Guidance and support measures for a young client participating in the independent living skills training are planned individually according to his or her needs, and recorded in the client plan. The young client's needs are charted by using a set of indicators developed by SOS Children's Village Association Finland for the assessment of young people's well-being and capabilities. The service includes three phases: planning, implementation and closure.</p> <p>The planning phase:</p> <ul style="list-style-type: none"> <li>· contacts</li> <li>· getting to know each other and assessment</li> <li>· planning the content of the service and signing the agreement</li> </ul> <p>The implementation phase:</p> <ul style="list-style-type: none"> <li>· supporting the young client and his or her family as agreed in the client plan</li> </ul> <p>Closure:</p> <ul style="list-style-type: none"> <li>· a closing discussion</li> </ul> <p>All three phases include close cooperation with the young client's home municipality and close ones. Systematic cooperation is carried out with the young client's family, above all to support interaction between the client and his or her family.</p>
6. Service environment	The Tapiola children's village consists of terraced houses built in one area, including buildings for communal use. The village's Community House accommodates offices and premises for meetings and leisure activities. The village community provides a relationship network and an environment built for children to grow up in.

	<p>The service is provided at the independent living skills training unit located in the Tapiola children's village. The unit is a two-storeyed house with exterior staircases. The second floor consists of three studio flats, and one bedsit accommodating three residents. The first floor contains a flat for the village's employee, a laundry and sauna and shower facilities. The village is a pleasant residential area of terraced and detached houses with good connections to various parts of the capital region.</p>
<p>7. Special factors ensuring the quality of the service</p>	<p>The young client's independent living skills training is the responsibility of an experienced special worker from Tapiola children's village who is specialised in this field. The special worker's educational background: socionom (Master-level), artisan, radiographer</p> <p>Support and special services provided by the village's other employees (including village manager, social worker, special worker)</p> <ul style="list-style-type: none"> <li>• Employees' supplementary training and coaching to maintain and develop their professional skills and competence</li> <li>• Reporting practices in accordance with the client plan</li> </ul> <p>Consultant services and training provided by the child protection team (a social psychologist, two social workers, a psychologist and a Theraplay therapist) of SOS Children's Village Association Finland's central office</p> <p>Other support provided by the national organisation, e.g. safeguarding of service development, personnel administration and the financial operating conditions for the service</p> <p>Services and development work provided by SOS Children's Villages International</p> <p>Peer support provided by other young people living at the unit in the children's village or placed in follow-up care</p>
<p>8. Service impact assessment</p>	<p>The discussions on the client plan include an assessment on how well the independent living skills training has met the young client's and the family's support needs.</p>
<p>9. Price of the service</p>	<p>The price is determined on the basis of the support needed by the young client and the objectives set for the independent living skills training. The minimum price of EUR 80/day (bedsit-studio) includes the following services:</p> <ul style="list-style-type: none"> <li>• approximately 25 hours/month of individual services and time for the young client provided by the special worker in independent living skills training</li> <li>• approximately 4 hours/month of cooperation with the young client's family</li> <li>• cooperation with authorities as required</li> <li>• opportunity to participate in a weekly peer meeting organised by the special worker, including a meal together</li> <li>• continuous assessment of the young client's needs</li> <li>• a furnished flat with own linen and bedclothes, free use of the laundry and sauna facilities (studio flat of 26.3 m<sup>2</sup> or bedsit of 13 m<sup>2</sup> plus shared kitchen of 26.5 m<sup>2</sup>)</li> <li>• comprehensive insurance</li> </ul> <p>The service provider agrees separately with the social worker responsible for the young client, how the young client's actual income is arranged to cover his or her food, clothing, travel and study expenses.</p>

<b>Area to be assessed</b>	<b>Strength (5)</b>
<b>PHYSICAL WELL-BEING</b>	
Condition	Normal
Health	Usually healthy
Contraception	Knows about contraception
Hygiene	Takes care of hygiene in a manner appropriate for his/her age
Clothes	Appropriate
Circadian rhythm	Regular
Sleep	Sleeps well
Hobbies	Has hobbies
Attitude towards intoxicants (tobacco, alcohol, drugs)	Does not use or idealise
<b>MENTAL WELL-BEING</b>	
Emotions	Recognises, expresses and controls emotions
Social skills	No problems
Moral development	Appropriate for his/her age
Self-esteem	Strong
Identity	Clear
Future	Future-oriented
Concentration	Easy
Relaxation	Easy
Attitude towards food	Unproblematic
Being alone	Capable of being alone in the manner appropriate for his/her age
Setbacks	Tolerates setbacks
<b>RELATIONSHIP BETWEEN THE CHILD AND HIS/HER FAMILY</b>	
Mother's attitude towards placement in care	Gives the child permission
Father's attitude towards placement in care	Gives the child permission
Relationship between the child and the mother	Constructive, supports development
Contact with mother	Well-functioning

Relationship between the child and the father	Constructive, supports development
Contact with father	Well-functioning
Relationship between the child and his/her siblings	Unproblematic, natural
Contact with siblings	Well-functioning
Relationship between the child and other relatives or close ones	Unproblematic, natural
Contact with other relatives or close ones	Well-functioning
<b>PLACEMENT IN CARE AND LIFE HISTORY</b>	
Settling in	Has adjusted and settled in
Reason for custody and placement in care	Knows the reason and is willing to talk about it
Emotions and thoughts relating to custody and placement in care	Expresses emotions relating to custody and talks about them
The child's/adolescent's life history	Knows his/her life history
<b>RELATIONSHIP BETWEEN THE CHILD AND THE SOS CHILDREN'S VILLAGE PEOPLE</b>	
Relationship between the child and the children's village mother	Close, trusting, attached
Relationship between the child and the children's village father	Close, trusting, attached
Relationship between the child and the substitute worker	Close, trusting, attached
Relationship between the child and the instructor in the home	Close, trusting, attached
Relationship between the child and other children in the home	Unproblematic, natural
Relationship between the child and other children in the village	Unproblematic, natural
Relationship between the child and other adults in the village	Unproblematic, natural

<b>LIVING IN THE SOS CHILDREN'S VILLAGE HOME</b>	
Home	Regards as his/her home
Room, space	Regards as his/her own
Home's lifestyle	Accepts
Village community	Does not find stigmatising
Living environment	Has adjusted to the new living environment
<b>SUPPORT AND GUIDANCE FROM ADULTS</b>	
Need for support and guidance from adults	Appropriate for his/her age
Ability to accept support and guidance from adults	Appropriate for his/her age
<b>GOING TO PRE-SCHOOL OR SCHOOL</b>	
Getting up	Easy
Rules	Understands the rules and obeys them
Absences	Few absences
Homework and tests	Does well
Motivation, interest	Is interested
Learning capabilities	In line with his/her age
<b>NUTRITION</b>	
Food preparation	Is able to prepare food
Cleaning and tidying up	Cleans up after him-/herself
Food storage	Knows how to store food products
Diet	Has a well-balanced and healthy diet
Dietary rhythm	Eats regularly
Table manners	Has proper table manners
<b>CIVIL SKILLS</b>	
Management of own affairs	Manages independently
Conception of the importance of managing one's affairs	Understands the importance
Banking	Is able to manage banking matters
Employment and Economic Development Centre	Is able to use the services
Job seeking	Is active in job seeking
Local Tax Office	Is able to use the services

Kela (the Social Insurance Institution of Finland)	Is able to use the services
Flat-seeking	Knows the services and is able to act
Moving to a new flat	Manages
Police and licence services	Is able to use the services
Social welfare office	Is able to use the services
Health services	Is able to use the services



<b>Development need (1)</b>
<b>Date of assessment:</b>
Needs improvement
Often ill
Does not know about contraception
Does not take care of hygiene in a manner appropriate for his/her age
Inappropriate
Irregular
Sleeping problems
No hobbies
Uses a lot or idealises an intoxicant-centred lifestyle
Does not recognise, express or control emotions
Problems
Insufficient for his/her age
Fragile
Unclear
Not future-oriented
Difficult
Difficult
Problematic
Incapable of being alone in the manner appropriate for his/her age
Finds it difficult to tolerate setbacks
Opposes
Opposes
Problematic, conflicting
No contact, many conflicts



Does not regard as his/her home
Does not regard as his/her own
Does not accept, resists
Finds stigmatising
Has not adjusted to the new living environment
Differs considerably from the average need at his/her age
Does not want or accept support and guidance appropriate for his/her age
Difficult
Resists, does not obey
Many absences
Difficulties
Is not interested
Not in line with his/her age
Is unable to prepare food
Does not clean up after him-/herself
Does not know how to store food products
Has an unhealthy diet
Eats irregularly
Does not have proper table manners
Does not manage, needs much help
Does not understand the importance
Is unable to manage banking matters
Is unable to use the services
Is unable, is not interested
Is unable to use the services

Is unable to use the services
Does not know the services and is unable to act
Does not manage
Is unable to use the services
Is unable to use the services
Is unable to use the services

# Interim Evaluation by Management Board

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Kiev – 21/22 December 2011

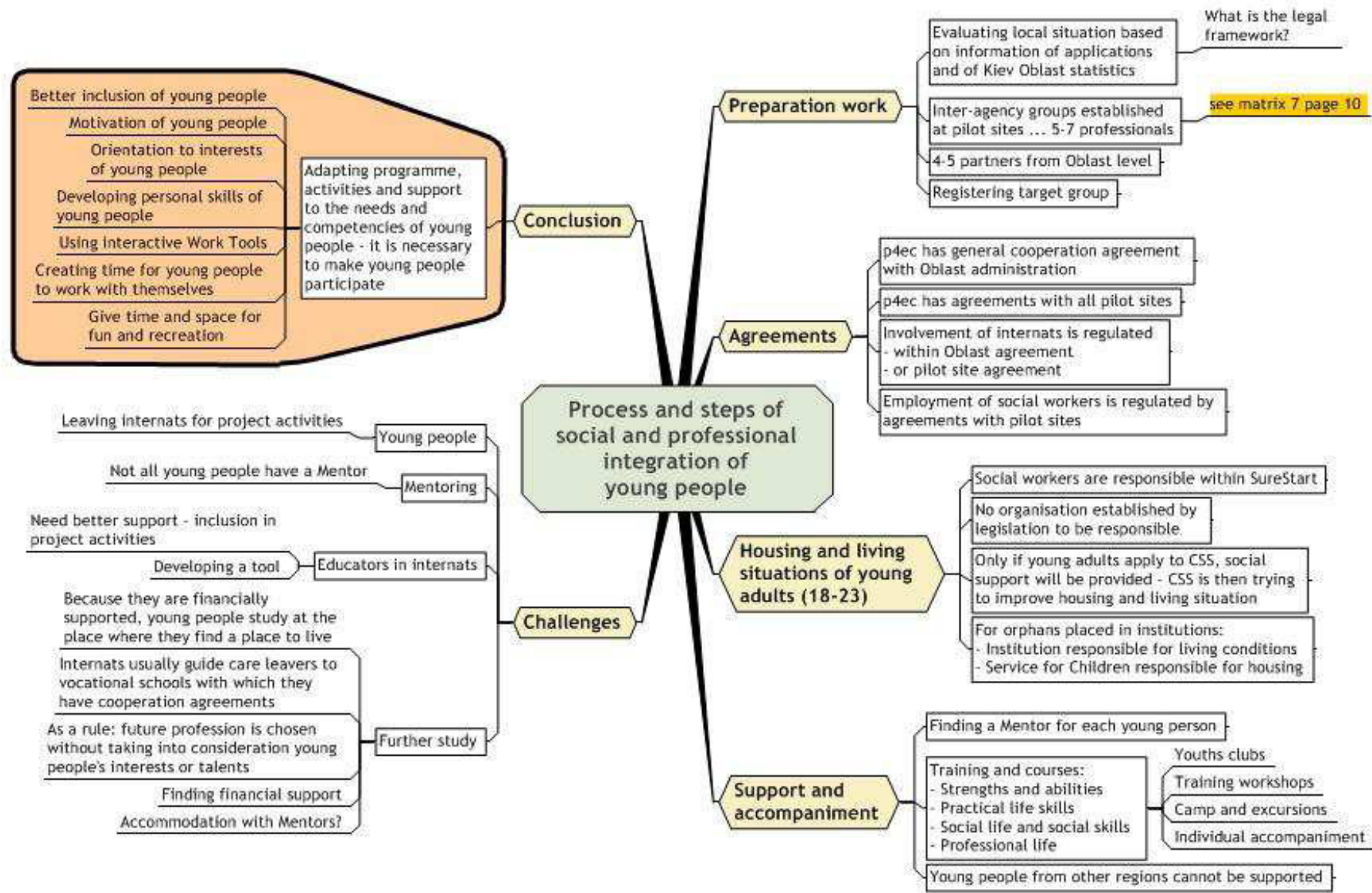
## Partners for EveryChild:

- Volodymyr Kuzminskyy
- Vasylina Dybaylo
- Zineida Kyyanytsya
- Igor Nosach

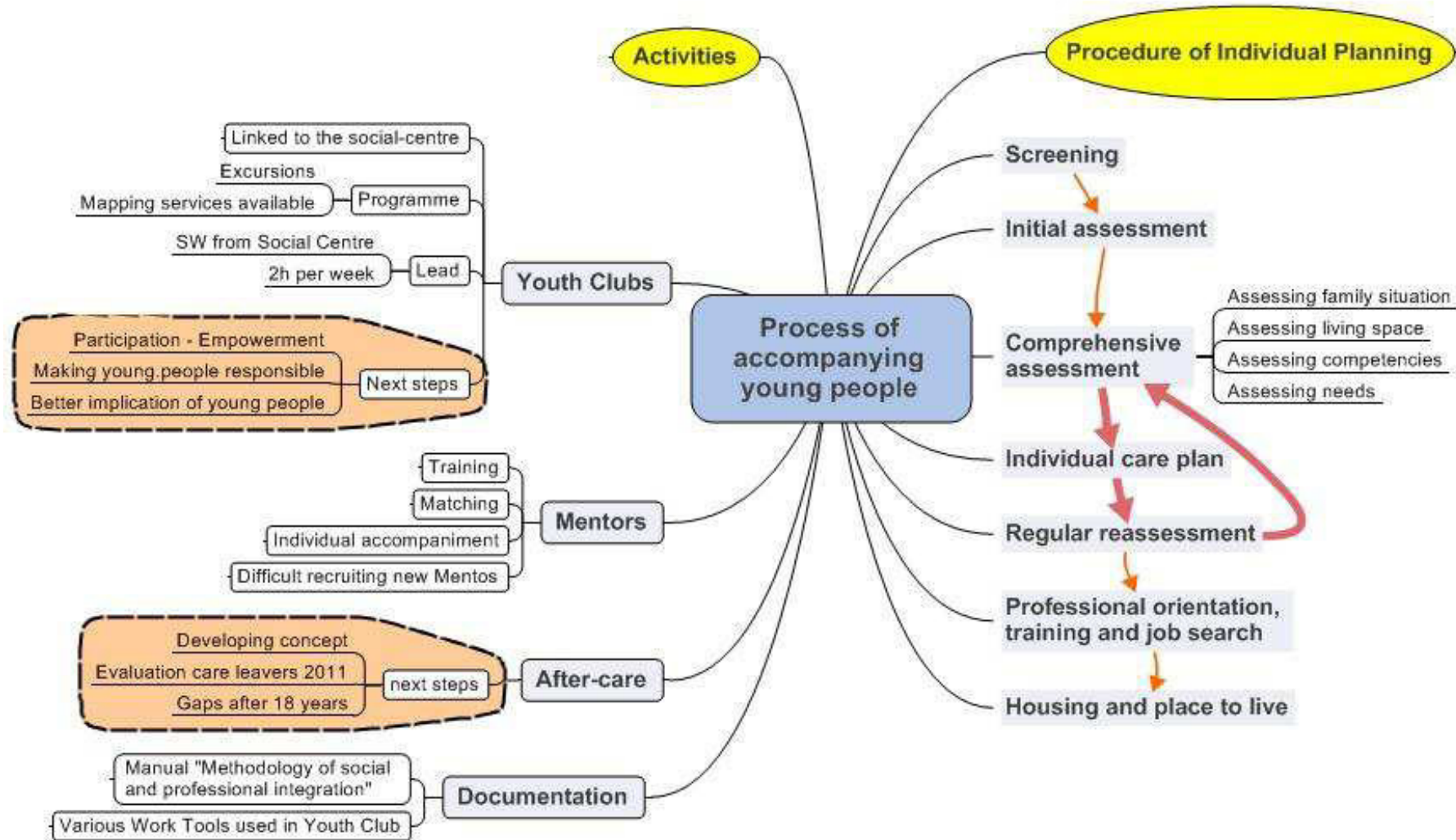
## International Social Service Switzerland:

- Rolf Widmer
- Olivier Geissler

# 1) Process of social and professional integration



## 2) Process of accompanying young people

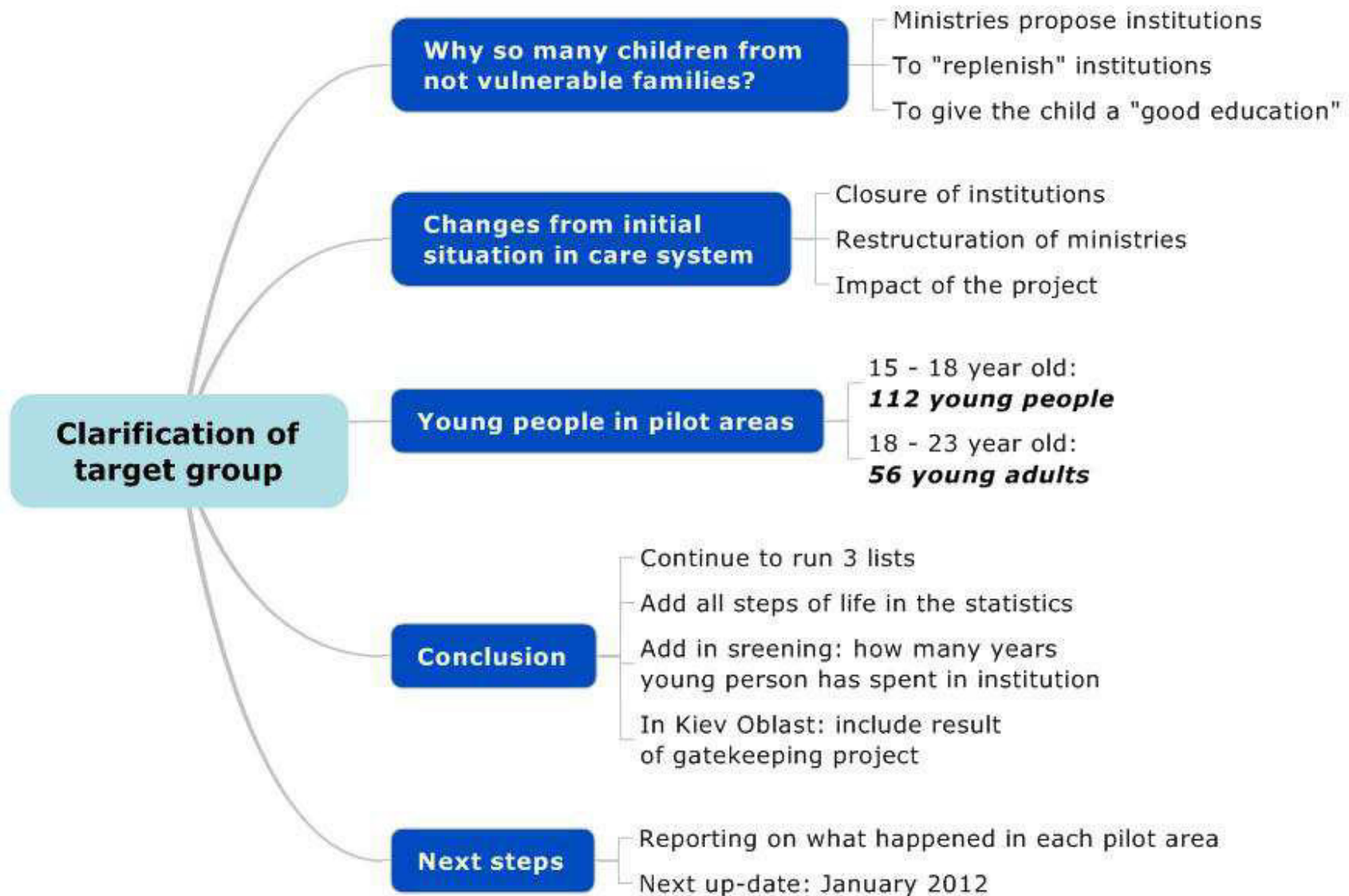


### 3) Procedure of Individual Planning

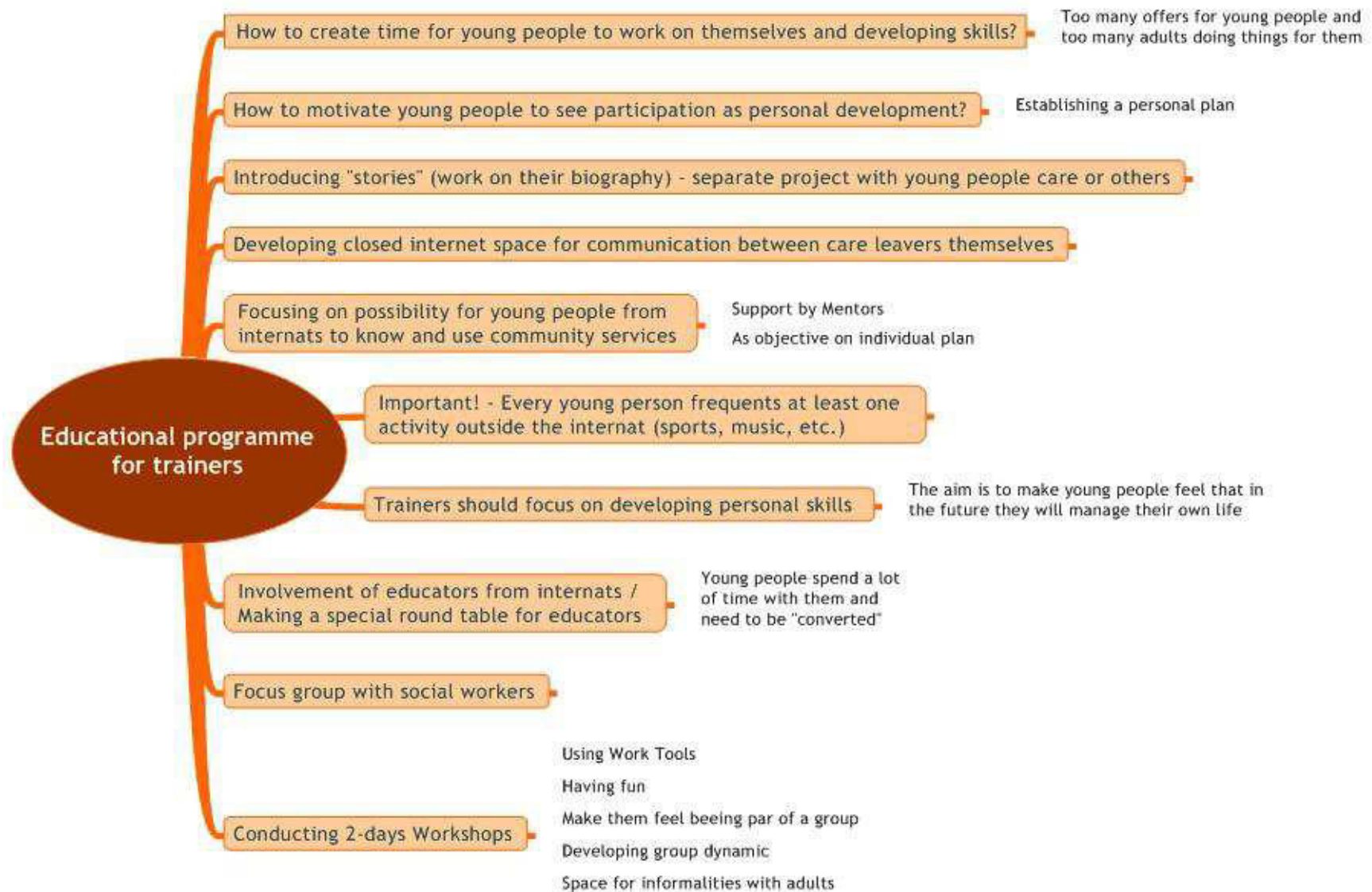
Step	Content	Frame	Execution
①	Screening	Excel table Statistics	Social worker
②	Initial assessment of needs and competencies	Special form	Staff in Social Institution / Internat
③	Comprehensive assessment	Special form	Social worker including young person
④	Establishing individual care plan	Care plan	Social worker including young person Approved by inter-agency group
	Individual care plan for young people in after-care	Care plan	Social worker including young person Plan developed by CSS
⑤	Regular reassessment of needs and competencies	Care plan	Social worker including young person Every 3-6 months
⑥	Professional orientation Training and Job search		Centre of employment
⑦	Evaluating possibilities of housing and place to live		In community of origin



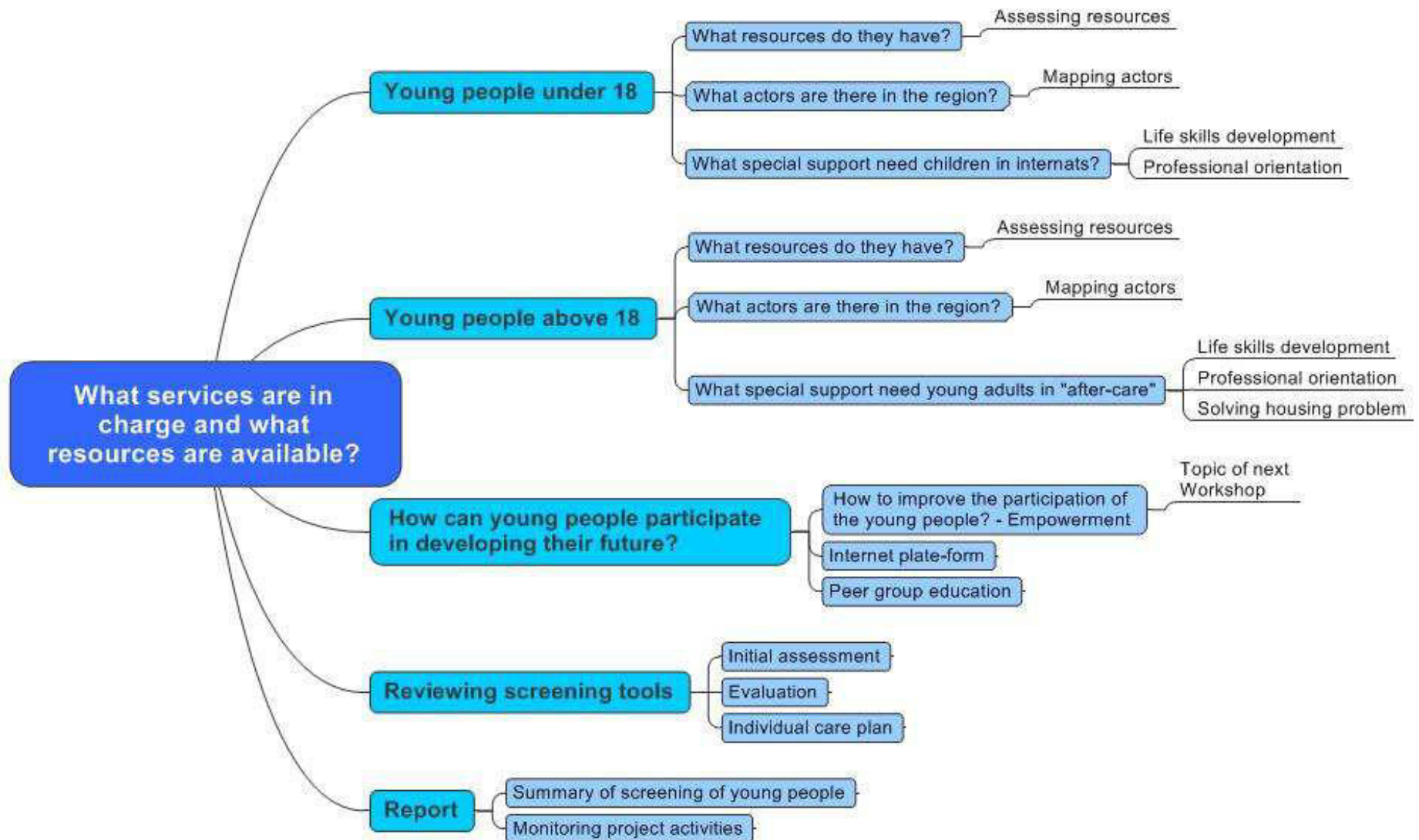
## 4) Target group



## 5) Educational programme for trainers



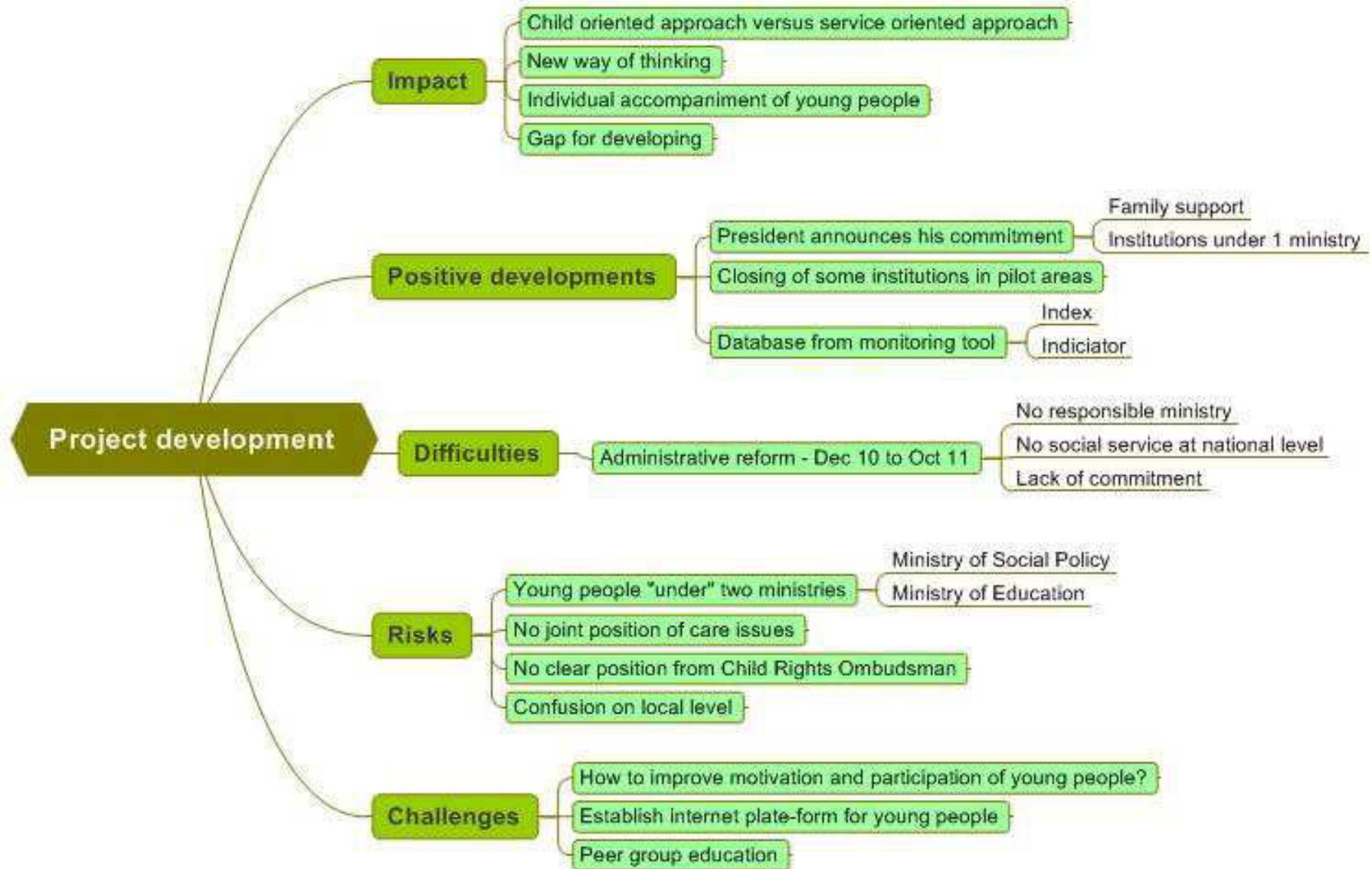
## 6) Services in charge



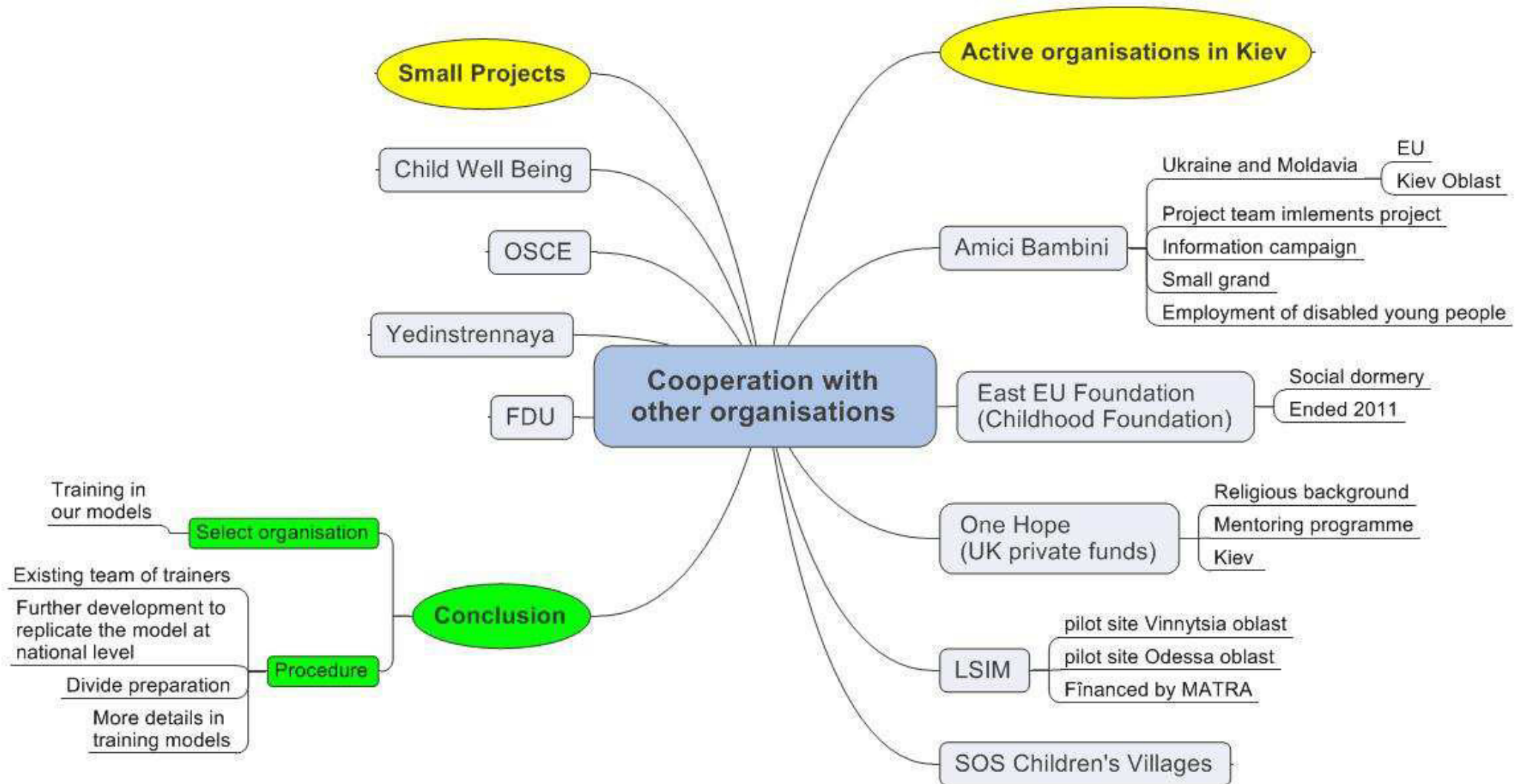
## 7) Inter-agency group

Young people are participating at all levels  Functions:  Tasks:	Socialworker	Trainers	Advisory body of administration	Service for children	Institution	Mentors	Local councils and communities	Media	Local NGO's	Religious-oriented communities	Business	Healthcare	Employment Centers	Department of Labour and Social Policy (payments)	Family environment	Volunteers
Screening	X			X			X									
Initial assessment of needs and competencies	X				X											
Comprehensive assessment	X			X			X					X		X	X	
Establishing individual care plan	X		X	X	X											
Implementation of individual care plan (plan of social support)	X	X			X	X	X		X		X	X	X	X	X	X
Reassessment of needs and competencies	X			X			X					X		X	X	
Youth club activities, training workshops excursions, camps	X	X			X	X			X			X	X			X
Individual accompanying of young people	X					X										
Accompaniment of biological family and family environment	X			X		X	X		X	X						
Search for temporary secure accommodation	X		X			X	X	X								X
Involving local communities	X						X	X	X	X	X				X	X
Educational and professional orientation, job search and employment	X				X	X					X		X			

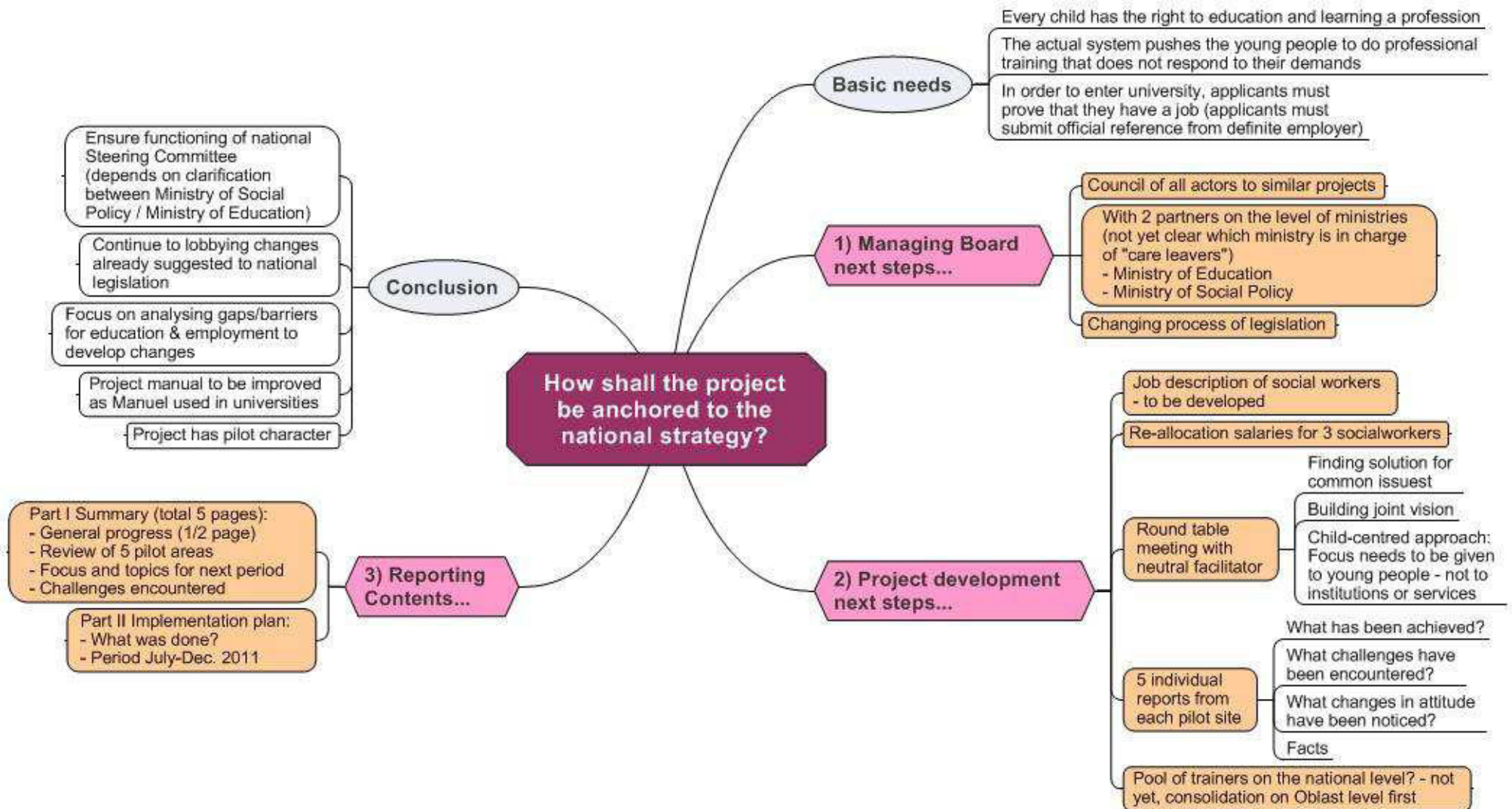
## 8) Project development



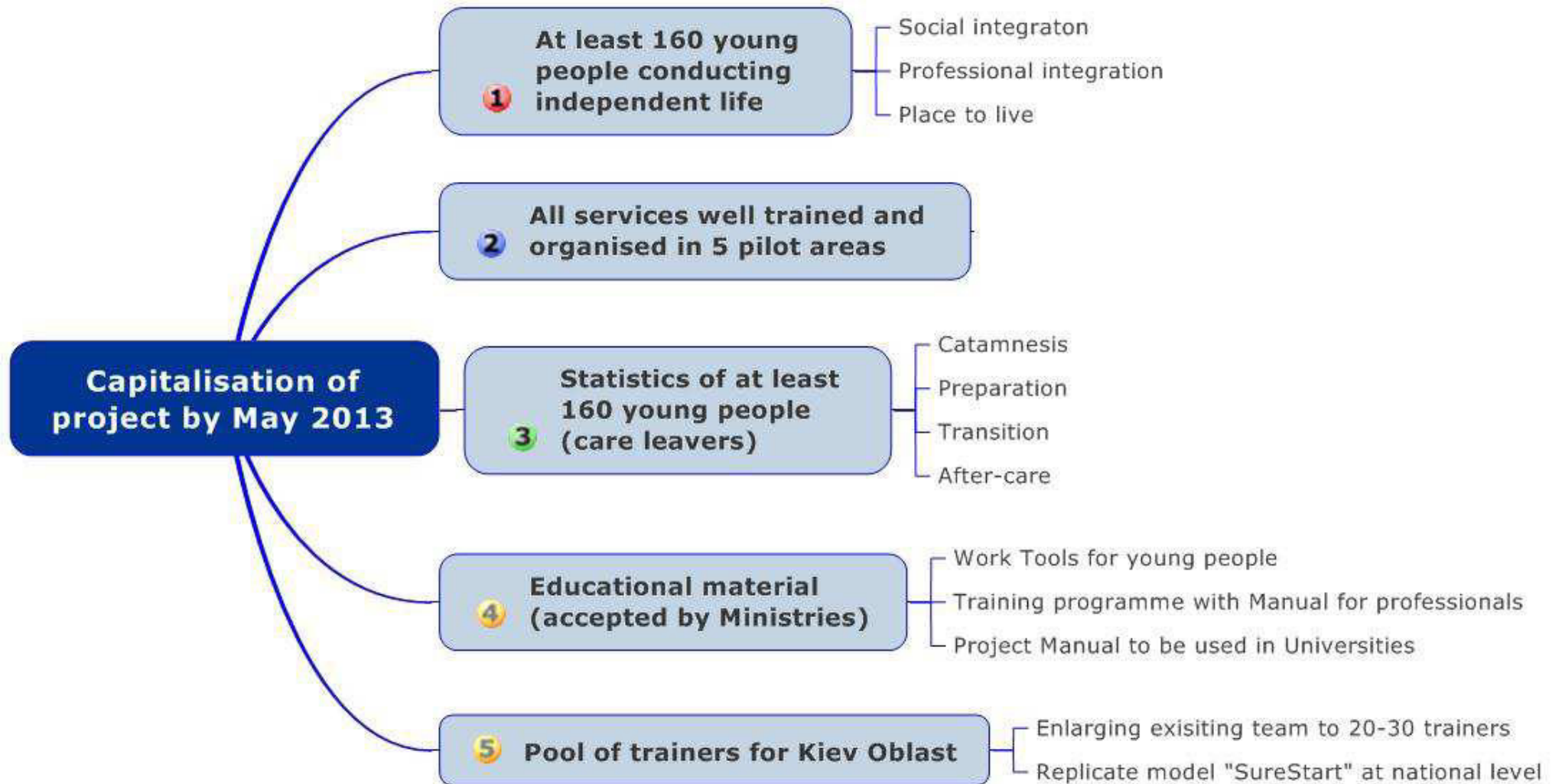
# 9) Networking



# 10) Project to be anchored in national strategy

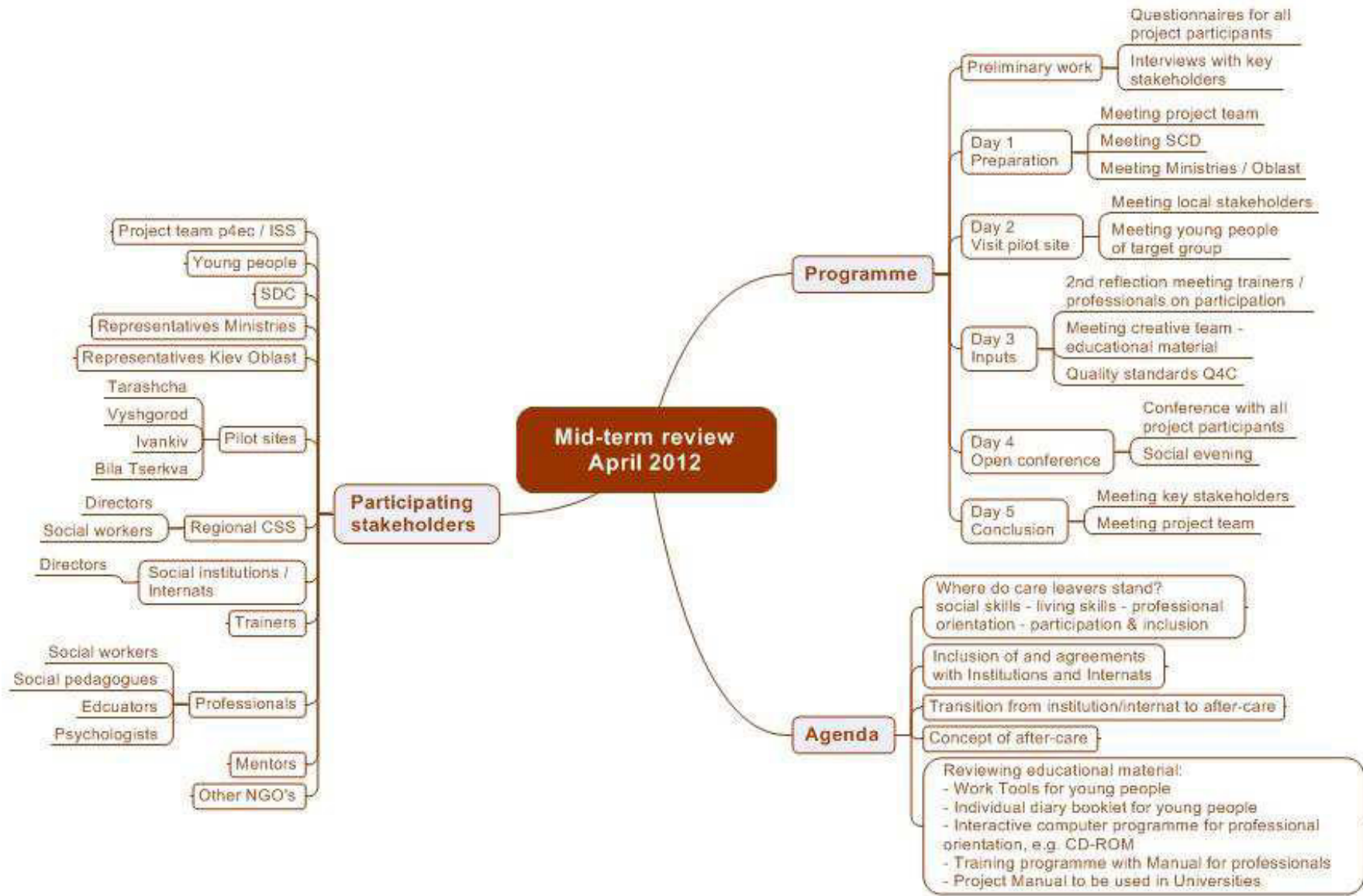


# 11) Capitalisation





# 12) Mid-Term Review



## **Background information about Israeli society. (Iris Zilka)**

Israeli society comprises several sub-groups. The main division is between the Jewish and Arab sectors.

The Arab sector: (this refers to a group of Arabs who are citizens of Israel, not to the Palestinian population in the occupied territories) This population is largely Muslim (around 85%), with a Christian minority of around 12%. The Arabs are under-represented in foster care families/ residential care centers due to low consumption of services, the lack of appropriate services and cultural differences in the structure of the family.

The Jewish sector: This sector represents 80% of Israel's citizens. The main internal division of the Jewish sector is based on the level of the religion: 10% are ultra-orthodox, 21% are religious, while the remaining 69% are traditional or secular. Each one of the sub-sectors has different school system and a different system of residential care centers.

Israel is an immigrant society: 70% of the Jewish population were born in Israel, 22% were born in Europe and America, and 8% were born in Asia / Africa. In the last two decades much of the immigration is from former Soviet Union countries and from Ethiopia. Immigrants and children of immigrants are over-represented in boarding schools.

### Out of home care system:

There are three main solutions in the out of home care system for children aged 0-18:

1. "Educational" boarding schools: These cater to children aged 12-18 and are the most common form of out of home care. Social, cultural and historical reasons made Boarding Schools a legitimate and available way of education in large parts of the Israeli society, especially in ultra-orthodox and religious Jewish sub-sector. Unlike the model that exists in Europe, these boarding schools are not an "Elite" residential care centers, but mostly a way to get better education for immigrants, families with a lot of children or children from the periphery. Statistics shows that from a lot of aspects, these children come from a similar background to children from the "welfare" residential care centers described below. 3.8% of the children in the education system in

Israel learn in educational boarding schools, 69% of them are from orthodox or religious families.

2. Welfare residential care centers: These cater to children aged 0-18 that the welfare services decided can no longer stay in their families, and are therefore sent to residential care centers. In 2012, 72% of the children at risk who were placed in out of home care by the welfare system were placed in residential care centers.

3. Foster families: In 2012 28% of the children at risk who placed in out of home care by the welfare system were placed in foster families.

### Leaving out of home care

At age 18, all Israelis Jews have to enlist to military service: 3 years for boys, 2 years for girls. Arabs, orthodox Jews, and religious girls are discharged from military service, but can volunteer for national service. Around 60% of boys and 40% of girls from the general population, as well as care leavers, do military service. During military service young people who do not have any family support get some additional financial support from the army, a small sum that is usually not enough. They have the opportunity to work for several hours a week and they get a place to live due to their military service.

Israel has no legal or other reference to the rights of young graduates of boarding school / foster families after the age of 18.

In the last eight years some NGOs collaborated with government agencies trying to find a solution to the population of young adult leaving care who have no family: orphans, children that immigrated to Israel without their families, children that are not or cannot be in contact with their families.

There are also some sporadic individual initiatives of residential care centers and foster families that continue to accompany the children even though they do not receive any financial support from the government.

Scholarships and vocational training - these are directed primarily to the population completing full military service.