Alternative forms of care for children without adequate family support: sharing good practices and positive experiences. The proceedings of the ChildONEurope Seminar on out-of-home children (Florence, Istituto degli Innocenti, 4 October 2012)

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ChildONEurope Series 7

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Alternative forms of care for children without adequate family support: sharing good practices and positive experiences

The proceedings of the ChildONEurope Seminar
on out-of-home children

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Table of contents

Part 1
The international context

Part 2
Working Groups

Introduction

The European interinstitutional network ChildONEurope organizes seminars in order to endorse and support the discussion over sensitive issues in the framework of child social policy. ChildONEurope has been proactive in the social policy sectors since its inception, in particular because the issues to be addressed by the ChildONEurope annual seminar are indicated by its General Assembly, the decision making body of the network which is composed of both national Ministries competent on social policy addressed to children and adolescents and national observatories monitoring the condition of the youngest generation. Therefore, the thematic focus of each ChildONEurope annual seminar is related to the needs of children and adolescents as intercepted at national level by policy makers and monitoring institutions.

This seventh volume of the ChildONEurope Series contains the collection of papers related to the European Seminar on *Alternative forms of care for children without adequate family support: sharing good practices and positive experiences* held at the ChildONEurope headquarters in Florence, on the 4th October 2012. This ninth ChildONEurope seminar aimed at sharing good practices and positive experiences at European level among policy makers, practitioners and scholars. Therefore it was attended by representatives of the Ministries of family, social policies and childhood along with academic experts, representatives of the social sector, NGOs and practitioners operating in the field.

On the basis of a decision of the ChildONEurope General Assembly of April 2012, the partners of the inter-institutional network decided to focus on the issue of out of home children. This subject became a priority concern in recent years for policy makers in different countries of the European Union, in particular as a result of the process of de-institutionalization and the increasing importance devoted to the centrality of the person and his/her specific needs and rights on the part of services providers and policy makers.

The seminar was opened by Nigel Cantwell, Independent Consultant on Child Protection, who highlighted two issues as the main focus of the international and national discussion on the condition of children deprived of their family environment: (1) the ‘necessity principle’, namely the attempt to reduce the need of alternative forms of care for children, and (2) the ‘suitability principle’, namely the search for a suitable solution for every single child who needs care. At present, NGOs as well as governments are increasingly involved in the drafting of the guidelines aimed at developing strategies in the prevention of family breakdown. Notwithstanding the efforts undertaken in this direction, the need to recur to forms of care external to the family context is still evident. As a result, the suitability of the care offered requires the inclusion of the perspectives of children in the planning of the intervention and in its evaluation. The interventions by Mona Sandbæk (Head of Department of Social Work, Child Welfare and Social Policy in Oslo and Akershus University College of Applied Sciences) and Valerio Belotti (Sociology Professor at the University of Padua, Italy) focused in particular on these aspects. Also the interventions by Michela Costa from Eurochild and Samantha Tedesco from SOS Children’s Villages contributed to the debate on these key subjects. In particular the first intervention provided a comparative European analysis of national experiences of children in alternative care, while the second focused on the meaning of “quality care” to children.

Finally, three working groups addressed specific aspects related to the organization of out of home care for children. The first was devoted to the issue of the “empowerment and participation of children and young people in care” and was coordinated by Valerio Belotti. The second working group addressed the issue of “family foster care: children living with non-relative adults who have been trained, assessed, and licensed or certified to provide shelter and care” and was facilitated by Vincent Ramon, Project officer for ANPF French fostering network. The third working group focused on the topic of residential/group care and was coordinated by Jean-Louis Nouvel, PhD psychiatrist, President of Riafet French treatment foster care network.

Part 1
The international context

UN Guidelines on alternative care for children. The challenges of out-of-home care: is it the only solution?

Nigel Cantwell

The focus of this presentation is the potential preventive role of the G*uidelines for the alternative care of children*: seeing how we can find solutions for children who are without parental care - or are at risk of being so - without having recourse to alternative care as such. Although these Guidelines logically deal more especially with questions of the quality of care, the emphasis first of all is on prevention. Indeed, as the drafting process advanced, not only NGOs but also governments involved were increasingly adamant that preventive efforts at all levels - primary, secondary and tertiary - be highlighted, in other words: tackling general conditions that enhance the risk of family breakdown, working with individual families to avoid that outcome, and securing a child's return to parental care under appropriate conditions wherever possible.

It is important to bear three things in mind. First, the Guidelines are precisely that: they create neither new rights nor binding obligations, but are intended as suggestions for policy orientation agreed on the basis of current knowledge and grounded in the Convention on the Rights of the Child. They are a key document, but they are not necessarily definitive, any more than the Convention itself is the "final" document for all time. Second, the Guidelines are by no means directed solely at governments but to all services, organisations and professionals involved with alternative care issues, including in an indirect manner such as those who deal with the broader context of social policy. The third point is that the Guidelines seek above all to promote individualised responses tailored to the situation and needs of each child who has been, or risks being, placed in out-of-home care, and that are consonant with his/her human rights.

Respect for two fundamental principles underlies the approach: 1) the 'necessity principle', to ensure that placement in an alternative care setting is limited to cases where it is genuinely warranted, and 2) the 'suitability principle' whereby, if such alternative care is indeed deemed to be necessary, the solution is constructive and appropriate for each child concerned.

1. Determining the need for alternative care

The Guidelines set out a wide range of measures - from the global to the individual - that should be brought into play when seeking to apply the 'necessity principle' by discouraging recourse to alternative care options, including:

- addressing negative societal factors (discrimination, marginalization, stigmatization of certain groups etc.);
- improving family support and the reintegration system in order to ensure that families are empowered and motivated to take care of their children on their own;
- consultation and counselling services with the child and his/her parents and the wider family and every person that the child feels important for his/her life. Throughout the Guidelines, the need for consultation with the child in particular,

and making sure that his/her views are taken into account, is constantly highlighted, as is the active involvement of the parents and others concerned;

- ensuring that parents in difficulty are offered options that will preclude their felt-need to relinquish their child, so that initiatives to do so are reduced to a minimum;
- stopping unwarranted removal and arbitrary decisions that separate the child from his/her family. The Guidelines contain a very important policy principle: if material circumstances - poverty - are at the heart of a family's problems, neither that situation nor its direct or indirect consequences can serve alone to justify the removal of a child from parental care. A report by ATD Quart-Monde demonstrated that children in industrialised and developing countries alike were still being removed from their families on the sole grounds of the latters' poverty;
- having in place an effective gate-keeping mechanism to assess each child's needs and situation, with an adequate range of options available to guarantee that children who could be cared for in other ways do not come into the formal care system.
- prohibiting the 'recruitment' or retention of children in residential care facilities as a means of maximising funding when the latter is based on the number of children in their care, and discarding forms of financing that encourage unnecessary placements. This still happens in some parts of Europe.

In parallel with these actions to implement the 'necessity principle' by preventing the unwarranted placement of children in alternative care are those to ensure adherence to the equally vital 'suitability principle'.

2. Determining the suitability of an alternative care option

There are two facets of the suitability principle. The first is to ensure that every alternative care setting, in all its aspects, conforms to a set of minimum standards and to the requirements of the human rights of children. The second is that that setting in which a child is cared for must match the individual needs of each child.

As a result, the Guidelines emphasize the need for a wide range of care settings to be available, so that the setting that is likely to respond best to an individual child's specific needs and circumstances at a given time can be selected. Appropriate residential care settings (so not "institutions") figure within this range, since they are an important resource to have available for some children at certain times - but they must be used only for positive and constructive reasons for a particular child and not because nothing else is available. The care options must be placed in the context of a full care plan aimed at ensuring stability for the child in the longer term, including as a priority where possible reintegration in his/her family.

3. The preventive approach

The necessity principle is implemented through prevention at three levels, so ensuring a fully-fledged programme designed to prevent recourse to alternative care is a complex exercise.

The primary level is grounded in laws, policies and initiatives that promote social justice, access to services, non-discrimination and the elimination or reduction of poverty, etc. These are generalised prevention measures targeting society as a whole, and are the same for tackling a wide range of issues, from non-attendance at school and poor health indicators to juvenile offending.

Secondary-level prevention consists essentially of a safety net, with services catering to those for whom primary prevention has failed, in particular affordable and effective individualised support to children and families who are either identified or have self-declared as being in difficulty and at risk. At this stage too, parents need to be informed about the alternatives available to them that will avoid placement of the child in formal alternative care.

The tertiary level comes into play when both primary and secondary prevention have failed and the child has been relinquished by or removed from the family. Its aim is to secure sustainable family reintegration, and thus to prevent both long-term alternative care and a return to care following unsuccessful family reunion. Again, individualised responses are required, consulting with the child and, notably, setting in place a multi-dimensional programme to prepare the family (including siblings) for the child's return and to support all involved once that takes place.

Family strengthening is the core thrust of all levels of prevention - thus, even when the child's separation from the family has become inevitable.

4. Ensuring that poverty alone does not result in an out-of-home placement

The major task in ensuring that "out-of-home care is not the only solution" lies in securing coherent, active and comprehensive inputs at all three prevention levels, by the wide variety of governmental and non-governmental agencies concerned. Over and above coordination and resource allocation for the initiatives and services involved, a key challenge in that regard relates to the special concern that children never be deprived of parental care purely because of poverty.

Clearly, many countries do not have the means to grant adequate material support for financially-disadvantaged families. Where there is no provision for a viable, minimum income or ad hoc emergency allowance, the dilemma is manifest: how can we stick to the principle that poverty alone is no justification for family separation unless that poverty can be alleviated and the child(ren) concerned not be faced with a potentially life-threatening situation? How can we expect social workers, care providers, gatekeeping mechanisms - or indeed the parents themselves - to reach decisions in line with the Guidelines when basic material needs cannot be met?

Undoubtedly in such circumstances we will have to be particularly innovative and pro-active. More reflective work with social workers and others with responsibilities in the sphere must be undertaken. The role and attitude of the courts needs to be reviewed - perhaps even test cases brought - to avoid them being complicit, by commission or omission, in actions that run counter to key elements of the Guidelines. Investigating how to secure support for families at risk rather than focusing on when and how to provide alternative care for their children will bring to light judicial and other paths to follow that could have significant impact on how these questions are approached.

All these issues are of special importance for children with disabilities, who are vastly overrepresented in residential care settings in many countries. In this regard, not only do we need effective family support, day-care and respite care, sound gate-keeping and trustworthy referral services, but also the assurance that private care providers are covered by the gatekeeping function. This is far from always being the case, especially in those countries where the private sector is a significant actor in the care sector.

5. The role of informal care arrangements

Finally, the Guidelines cover not only formal alternative care placements but also informal arrangements - and that is where most children unable to live with their parents are in fact looked after. As well as ensuring care provision as such, informal arrangements within the extended family or with trusted friends can play a vital role in preventing entry into the formal care system, and may be more responsive to changes in the nuclear family's circumstances. Supportive supervision of these arrangements must be promoted. In addition, during the drafting of the Guidelines, delegates from several industrialised countries emphasised the need to respect traditional mechanisms put in place in our multicultural societies, instead of trying to impose a 'one system fits all' and to formalise processes that can be dealt with within communities under certain conditions. The Guidelines indeed reflect that stance.

In conclusion, the more the principles of the Guidelines are reflected in national legislation, professional codes of ethics and training for all involved in confronting family breakdown at grassroots level, the more likely it is that the preventive principles for policy orientation they contain will be respected. And that will mean that alternative care will be reserved exclusively for those children who genuinely cannot live with their families.

Children and young people in care: children's empowerment and participation

Mona Sandbæk

My presentation on how to facilitate empowerment and participation of children in care is based on relevant Council of Europe's instruments in this field. I will in particular highlight Rec 2005 (5) on the rights of children living in residential institutions, Rec 2006 (19) on positive parenting and Rec 2012 (2) on the participation of children and young people.[1] I will start by addressing how we can understand empowerment and why children's participation is important in addition to being a right.

1. Empowerment and reasons for children's participation

Empowerment can be defined as enhancing the evolving capacities of the child and its increasing sense of autonomy (UNCRC Art 12, Council of Europe Rec (2012) 2). What I favor using this this definition is that it forces adults to really "see" the child; the evolving capacities of each individual child cannot be revealed or identified without "seeing" the particular child.

This may challenge adults' tendency to consider children and young people being more similar than would be expected of adults. Children are not a homogenous group. They have different opinions and perspectives and do not always speak with a politically correct voice.

The UNCRC has granted children the right to participate in matters that affect them and to a certain degree also in the public sphere. But is it evident for us as adults what the value is of letting children and young people participate? A simple answer is that children - like all people - have information about themselves that no one else has. The only way we can obtain their knowledge and their experiences is by interacting with them. So simple, yet, too often we ignore it. Inviting children to participate is one way of making them share their unique knowledge - that is if we invite them to participate on their own terms.

2. The rights of children living in public care

Recommendation Rec 2005 (5) is based on two reports: "Children in institutions: prevention and alternative care" and "Rights of children at Risk and in Care". The work underlines that decisions should be based on the best interests of the child and the child's rights and dignity should be protected and safeguarded. I would also like to mention some of the other basic principles such as:

- The family is the child's natural environment. Consequently, prevention should be provided and placement should not be motivated by material circumstances or disability alone. Further, children in care have the right to maintain family and social ties and if possible should keep regular contact with their family. Siblings should be

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[1] Council of Europe, *Recommendation Rec(2005)5 on the rights of children living in residential institutions*; *Recommendation Rec(2006)19 of the Committee of Ministers to member states on policy to support positive parenting*; *Recommendation Rec(2012)2 on the participation of children and young people.*

placed together. Placement remains the exception and should be regarded as temporary, with periodic reviews and support for and involvement of the family.

- Children in care have the right to identity, dignity and privacy.
- Children in care are entitled to an individual care plan, including how to maintain contacts with the outside world and how children's rights to be heard will be safeguarded.
- Children in care have the right to equal opportunities with regard to health care and education.
- Control and discipline should be according to public regulation and approved standards and there should be supervision from outside.
- Children and young people in care should be offered after care support; which should be well prepared, ensuring continuity and support outside the institution.
- According to the Council of Europe's instruments small family-style living unit or a family close to the child's home should be given priority. The internal organization of the placement should secure stability and a sufficient number of qualified staff with high professional standards and adequate salaries.

It is worth taking noting of how these principles address children's rights at each stage of the process of placement; before, during and after staying in care. The work also highlights the importance of the child's family at each of these stages. Prevention should be provided to try to avoid separation from the family. If placement is necessary, children's contact with their family should be facilitated and maintained. This emphasis on the importance of the family makes the Council of Europe's approach on "Positive parenting" relevant also for children at risk of being placed or already placed outside the home.

3. Council of Europe's work on positive parenting

At the UN Celebration of the rights of the Child in Geneva 2009, one of the subthemes was: "Children's voices in the family: overcoming resistance". The title indicated that there is often resistance inside the family to the recognition of the rights of the child. But is it resistance or rather hesitation due to lack of information? As pointed out by the Danish researcher Kampmann (2004: 18) "We cannot think of children in new ways without also altering our understanding of what it is to be a parent". We must therefore interact with parents to explore what it means to be a parent according to the UN Convention on the Rights of the Child. The Council of Europe's Recommendation (2006) 19 on policy to support positive parenting is based on the reports "Parenting in Contemporary Europe, a positive approach" (Council of Europe 2007 a) and "Views on positive parenting and non-violent up-bringing (Council of Europe 2007 b).

The work on positive parenting explores three major concerns:

1) The first relates directly to the question of what it means to parent in light of the UNCRC and contemporary research and knowledge about parenting. In a very concrete way the work explores how to create good relationships, structures and routines, and attitudes and values that will respect children's rights and enhance a positive communication between parents and children (Pećnik, 2007).
2) The second major concern is that children have the right to a nonviolent upbringing. The recommendation gives examples on how guidelines and boundaries can be

exercised in a firm, but nonviolent way (Janson, 2007).

3) The third part of this important work addresses what kind of support parents need in order to take care of their children in the way we expect today: their rights to material support through public transfers and taxation, the need for public measures to reconcile work and family life, and finally giving parents access to diverse services, which should be non-judgmental and non-stigmatizing, respecting children and parents as partners (Sandbæk 2007).

The positive parenting approach contributes to making the UNCRC a tool for creating good relationships between parents and children and aims to avoid unnecessary conflicts and contradictions between them. Children who are familiar with practicing their rights at home will also be more confident practicing them in the public sphere. Moreover, the approach is a contribution to empowering children. But it also addresses what kind of policies and support parents need in order to safe guard the child's evolving capacities and the expected standards of today's society. The approach may therefore also contribute to prevent children from being placed out of home.

4. Recommendation (2012)2 on the participation of children and young people

One of the strategic objectives of Council of Europe's Strategy for the Rights of the child (2012-2015) is to promote children's participation. How to achieve this is explored in Recommendation (2012)2 on the participation of children and young people.

The recommendation emphasises how children must be able to exercise their rights to be heard and how their views should be given due weight. It is an adult responsibility to affirm and nurture children's participation, including providing children with information and offering a dialogue as an ongoing process. Legal instruments and practices must be reviewed in order to facilitate such a practice. Professional capacity to create space for participation must also be enhanced.

I will explore a bit further one of the topics mentioned in the recommendation, namely providing children with information about their rights. When we talk about implementing and mainstreaming children's rights to participation, the right to information about their rights is a necessary first step. The school plays a key role here. Even though schools do not reach all children, no other institution reaches as many children. It would be a huge step forward to mainstream information about children's rights in school. Some schools in Sweden dedicate one week a year to educate children about their rights, an example that should be followed by more schools in more countries.

As part of Norway's fourth report to the UN on the convention on the rights of the child, more than 1200 children from 8 municipalities shared their views on the UNCRC. The results are presented in the report: *Children and young people report to the UN on their rights* (Sandbæk & Einarsson, 2008). The pupils' answers showed that many teachers are doing a good job in facilitating tuition in and practicing children's rights, but the pupils' answers also indicated that chance or the individual teacher's personal motivation played too great a part. Even though Norway actually takes comprehensive initiatives to implement children's rights, information about their rights does not reach all children because there is no institutional guarantee to ensure that this happens. This demonstrates the necessity of making UNCRC a compulsory subject in the schools as well as in the education of preschool- and generalist teachers and in their further training.

In this report to the UN, children and young people also shared their wish to have a greater say in decision-making in school. The children wanted to contribute and had many ideas on how to stop discrimination and harassment, but felt that whether their proposals were taken seriously and whether democracy was practiced, depended on the individual teacher.

Evidently, we must make an effort to enable schools not only to teach, but also to practice children's rights. The UN Convention constitutes a global tendency with regard to a new approach to children. But in order to implement this approach it is necessary to make concretely rooted and situated analyses in order to identify children in particular need of protection, to identify measures to support them and assess how their rights can be practiced. The Council of Europe makes a tremendous effort here (Council of Europe, 2006, 2007a, 2007b; Sandbæk, 2008).

Analysis conducted in Norway, in the report referred to earlier (Sandbæk & Einarsson, 2008), identified refugee and asylum seeking children, ethnic minorities in school, and children in the child welfare and protection system as vulnerable groups. Particular attention must be paid to how to practice their rights. There is reason to argue that information about the rights of children in care should be mainstreamed and be part of school curriculum and general information. Such an approach will have several advantages. It can reach children who themselves are in care or have friends or relatives in care and may thus also contribute to take away stigma about children in care.

5. Concluding remarks

Finally it is important to remind us that participation is not a duty but a right. Children's rights to participation must be practiced in accordance with their rights to dignity and to privacy, to remind silent and in accordance with other relevant articles in the UNCRC.

A comparative European analysis of national experiences of children in alternative care

Michela Costa

Eurochild is a network of organisations and individuals working in and across Europe to improve the quality of life of children and young people. We envisage a Europe where every child grows up happy, healthy and confident, and respected as an individual in his/her own right. Our work is underpinned by the principles enshrined in the United Nations Convention on the Rights of the Child. At present Eurochild has 113 full and 34 associate members in 35 European countries.

Exploring the linkages between poverty and social exclusion and children who are in, at risk of going into, or leaving alternative care is priority area of Eurochild's work. Since 2009, our member-driven Working Group on Children in Alternative Care has looked into the synergies between child protection policies and social inclusion strategies, promoting exchange and dissemination of good practices.

This article sets out an overview of alternative care systems in Europe. It explores the scope and limitations of the current framework for data collection, highlighting some common features emerging from a comparative analysis. Finally, it presents recommendations for enhancing the quality of care provision, with a particular focus on the transition from institutional to family- and community-based care and the role of the European Union.

1. International data sources on children in alternative care

A significant obstacle to the development of a comparative analysis of care systems in Europe is the lack of consistent and comparable data on children in alternative care. To address this issue, Eurochild carried out a survey throughout its membership in 2009 collecting information on the numbers of children in alternative care - including residential, community- and family-based care; the profiles of children in care; the outcomes for children in care; the institutional framework and availability of data; and the existence of standards and support for children's participation (Eurochild, 2010).

The survey was not intended as a scientifically rigorous research exercise, but rather aimed at identifying the information already available and outlining common trends across Europe.

A few general observations could be drawn from the inquiry. First of all, the responses collected across 30 European countries (including the 4 nations of the UK and Moldova) confirmed that great disparities still remain both in the definition of alternative care settings (e.g. residential, family- and community-based care) and in data collection methodologies. With this caveat, Eurochild made a rough estimate of 1 million children growing up in public care across the EU, representing approximately 1% of the child population.

Other data sources - notably, the UNICEF MONEE database - allow estimating numbers of children in alternative care in the region of Central and Eastern Europe, the Baltics and the Commonwealth of Independent States, outlining some historical trends. According to the UNICEF report *At Home or in a Home?* (2010) approximately 1.3 million children lived in various types of public care arrangements in the region in 2007, out of which 600.000 in residential care.

Further initiatives were undertaken by Eurochild member organisations to enhance the evidence-base at national level. In 2012 Hope and Homes for Children and Absolute Return for Kids (ARK) carried out an audit on the situation of children in alternative care in Romania. This thorough radiography included both quantitative data on existing placements and qualitative data based on the interviews conducted with children and staff. The audit report offered a complex evaluation of the child protection system in the country, including a set of strategic recommendations to promote national reforms.

SOS Children's Villages International elaborated a tool to assess implementation of the UN *Guidelines for the alternative care of children*[1] at national level (SOS Children's Villages International, 2012). The tool's main focus is to measure a State's obligations under the UNCRC in providing quality care arrangements for children without parental care as well as targeted support for families at risk of separation. The assessment provides an in-depth analysis of mechanisms to support families and of gate-keeping arrangements to ensure that alternative care is only used when absolutely necessary. Furthermore, it examines the range of care options available within a country and outlines duty-bearers' responsibilities in terms of staffing, child protection, financial arrangements and standards of care.

Eurochild strongly supports these initiatives that will play a crucial role to inform policy and practice. Nonetheless, the collection of consistent and comparable data remains unquestionably a responsibility of the State, rather than civil society. National governments should identify data collection as a political priority, while the European Union should refine its statistical instruments and develop indicators on children in vulnerable situations. The existing set of EU social indicators, in fact, relies on data collected through the European Union Statistics on Income and Living Conditions (EU-SILC) and therefore leaves out of the picture children growing up outside of traditional households, such as children in alternative care.

This position was reflected in the Social Protection Committee's *Advisory Report to the European Commission 'Tackling and Preventing Child Poverty, Promoting Child Well-Being'*. The Committee confirmed that "The current EU-wide surveys (specifically EU-SILC), which are the basis for the commonly agreed EU indicators, do not satisfactorily capture the situation of the most vulnerable children. These major EU data sources would therefore need to be complemented with information related to […] children outside of traditional households (e.g. in institutions)" (Social Protection Committee, 2012: 69). It is to be hoped that these guidelines will be reflected in the upcoming European Commission Recommendation on Child Poverty and Wellbeing, expected to be issued in early 2013.

2. Alternative care in Europe: common trends

A few key findings came out strongly from the Eurochild survey.

Despite recent progress, large numbers of children across Europe continue being placed in segregating residential care facilities, also known as 'institutions', in a type of environment that is highly inappropriate for their growth and development. In the absence

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[1] Resolution adopted by the General Assembly 64/142, *Guidelines for the alternative care of children*, June 2009 (hereinafter UN Guidelines).

of a universally accepted definition, Eurochild describes institutional care as "care taking place in (often large) residential settings that are not built around the needs of the child nor close to a family or small-group situation, and display the characteristics typical of institutional culture (depersonalisation, rigidity of routine, block treatment, social distance, dependence, lack of accountability, etc.)" (Eurochild, 2012a: 6). Institutions tend to be particularly predominant in European countries with a legacy of the Soviet system.

Placement of very young children (0-3 years old) in institutions still occurs in several Member States,[2] despite growing evidence from neuroscience of its severe effects on children's physical and cognitive development.

Children with disabilities are particularly at risk of child relinquishment. This can be related to the 'medical approach' to disability, still predominant in several Member States, but also to structural deficiencies in the provision of community-based services. Other groups statistically over-represented in alternative care include children belonging to ethnic minorities (e.g. Roma) and children facing poverty and social exclusion. Some of these vulnerability factors can potentially overlap, exposing children to a risk of multiple discrimination.

Although most European States officially exclude poverty and material deprivation as reasons for the placement of a child, these are often underlying causes for family separation. The current gaps in evidence and research are likely to be obscuring how poverty and social exclusion concretely feature in the decisions leading to the entry of children into the system of alternative care.

3. Enhancing the quality of alternative care solutions

3.1 Prevention and family support

According to Eurochild's members, the separation of children from their family environment is normally not related to a single issue but to a combination of factors such as material poverty, inadequate housing, single parenthood, lack of gynecological coverage and family planning (resulting in unwanted/unmonitored pregnancies), lack of parenting skills, lack of access to welfare, lack of support from the extended family, unemployment, lack of access to day-care and specialised services for children with disabilities, health conditions of children or parents, substances misuse, stigma and discrimination. If these factors are not properly addressed, the situation in the family can escalate and lead to neglect, abuse and violence (Eurochild, 2012a: 12-13).

Eurochild is persuaded that prevention is the key to reforms. States should ensure that no child is taken into care as a direct or indirect consequence of poverty, disability and discrimination. Comprehensive inclusion strategies, coupled with targeted support services, can be extremely effective in strengthening parental responsibility and empowering families most at-risk.

As pointed out by a recent research on *Child Abandonment and its Prevention in Europe*, preventative measures are strategic also to stop the 'entry flow' of children in the institutional care system (University of Nottingham, UK *et al.*, 2012: 2-3).

Important obstacles for the prevention of child abandonment still remain in place, due to cultural traditions and a persistent tendency to stigmatise vulnerable families. Anecdotal evidence shows that prejudices can be widespread among professionals in touch with

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[2] See also UNICEF, 2010: 24 -26 and UNICEF, 2011.

vulnerable parents, including child protection personnel, social workers and medical staff. It is not uncommon that teenage or single mothers, parents belonging to ethnic minorities and parents of children with disabilities are not supported to keep their new-borns, or even explicitly encouraged to place them in institutions.

3.2 Eradicating institutional care, ensuring quality alternatives

It may be true that nowadays most children living in institutional care in Europe are not deprived in a *material* sense. But children need much more than decent material conditions: even institutions with the best possible facilities are not a replacement for a family environment. The 2006 *World Report on violence against children* notes that the impact of institutionalization on children can include "poor physical health, severe developmental delays, disability and potentially irreversible psychological damage" (para. 112). To complicate matters, the effects are likely to continue after the child reaches eighteen years old, triggering a range of problems in adulthood and affecting the youngster's adaptation to related environments, such as the educational system, and later on to social and professional life.

A number of European countries are progressively dismantling their institutional care systems, moving towards prevention and a variety of alternatives. In EU documents, this is often referred to as the 'transition from institutional to family- and community-based care' (de-institutionalisation). The UN Guidelines include clear recommendations in this regard: "where large residential care facilities (institutions) remain, alternatives should be developed in the context of an overall deinstitutionalization strategy, with precise goals and objectives, which will allow for their progressive elimination" (para. 22).

According to the principle of *appropriateness* enshrined in the UN Guidelines, all decisions about whether to place children in care should be made on an individual, case-by-case basis. There is no 'one size fits all' solution to decide where the children should go. Every child has individual needs and wishes, along with a unique personal history. In-depth evaluation and consultation with all actors involved are critical to success. In some cases children might be able to move back with their biological parents, while in others they might be cared for by relatives or close friends, in a foster family or a family-like placement.

High quality, small group residential care facilities or supervised independent living could be also appropriate alternatives, always depending on the child's need, age and circumstances.

However, in light of attachment theories and evidence from neuroscience, Eurochild is persuaded that family-based care should be the only option for babies and young children (age group 0-3, possibly 0-5). Standards ensuring the highest possible quality should be applied independently from the care solution identified (Eurochild, 2012b). Measures ensuring preparation and support for young people leaving the care system are also extremely important to facilitate transition towards independence and increase the chances of social inclusion.

3.3 De-institutionalisation reforms across Europe

De-institutionalisation is a far more articulated process than the mere closure of institutions. Eurochild defines it as a comprehensive transformation of child welfare systems, starting with the reinforcement of all kinds of family support services and continuing with the progressive closure of institutions in parallel with the provision of high quality alternatives.

While many positive developments have taken place in recent years, a few recurring issues still represent a cause for concern. To name a few, children with disabilities, mental health problems or challenging behaviours are often left aside from de-institutionalisation processes or automatically shifted towards smaller residential units. Preventative measures are largely insufficient to match the needs of large numbers of children and families, and so is the availability of family-based care. Finally, child welfare reforms tend to be disconnected from the situation of adult services, with the risk that children with higher support needs will experience re-institutionalisation as soon as they reach the age of majority.

4. Reforming systems: the role of the European Union

A growing bulk of evidence shows that prevention and family- and community-based care are often less expensive and certainly more effective solutions than institutions, particularly from the perspective of long-term investment in social inclusion. Nevertheless, States can be very reticent to initiate reforms due to the additional costs arising during the phase of transformation of their care systems. These include physical infrastructure costs, but also expenses related to recruitment and re-training of social workers, development of prevention strategies, provision of community-based services, etc. During the transition phase, mobilization of additional resources is often indispensable.

The European Union can play a crucial role to promote comprehensive reforms. The EU Structural Funds (and, by analogy, the Instrument for Pre-Accession Assistance) can offer States major incentives to dismantle their obsolete care systems while at the same time preventing new placements. The European Social Fund (ESF), for instance, can be used to support anti-poverty strategies and thus tackle vulnerability factors such as material deprivation, discrimination and social exclusion. Simultaneously, the European Regional Development Fund (ERDF) can finance the physical and social infrastructure needed to support reforms.

In recent years, the EU Structural Funds have been used at times to support the institutional care system (for instance, by renovating old buildings) instead of promoting family- and community-based care. In 2009 these circumstances triggered the mobilization of a number of NGOs representing the groups most affected by institutionalisation - including children, persons with disabilities of all ages, persons with mental health problems and older people. A group of independent experts convened by the former Commissioner for Employment and Social Affairs, Mr. Vladimir Spidla, produced a Report to address the issue of institutional care reforms in its complexity and issue recommendations towards the EU and its Member States.

The group further strengthened its scope and representativeness in recent years and continued to work under the denomination of ‘European Expert Group on the Transition from Institutional to Community-Based Care’ (EEG). In 2012 the group’s members engaged in a joint project to draft a manual of *Common European guidelines on the transition from institutional to community-based care* and a *Toolkit on the use of structural funds*, gathering good practice and expertise from across Europe. These texts provide a formidable repository of practical advice about how to implement sustainable reforms that can be used by policy and decision makers to inform future plans and actions.

In this context, on-going negotiations on the new EU multiannual budget create a window of opportunity to promote long-lasting change. Unlike the current Structural Funds Regulations (2007-2013), which do not contain an explicit legal basis for de-institutionalisation, the European Commission's proposals for the new programming period (2014-2020) include several references to the transition from institutional to community based care. According to the texts, partners such as civil society organisations should be actively involved throughout the programming cycle of the Structural Funds and EU support should focus on a number of priorities areas aligned with the Europe 2020 Strategy, including its objectives for the reduction of poverty and social exclusion. Equally crucial, the upcoming *European Commission Recommendation on child poverty and wellbeing* creates a unique occasion to address the linkages between poverty, social exclusion and children in alternative care.

Experience shows that de-institutionalisation is possible and States can achieve profound transformations of their child care systems. The right decisions and concerted political will at this critical time can have an impact on hundreds of thousands of children across Europe. Eurochild and its members will continue advocating for a renewed political engagement - coupled with the smart investment of European and national resources - to prevent separation of children from their families, to reform alternative care systems and to offer every child a better start in life.

Because we are brothers and sisters: research project on siblings in alternative care

Samantha Tedesco

SOS Children's Villages is convinced that brothers and sisters should be able to stay together, unless it is not what is best for them. Keeping siblings together is one of the crucial principles of our work. Our common aim is that all children are able to grow up protected, loved and safe within a family environment, either with their biological family or, in cases where this is not possible, through an appropriate alternative. In accordance with the UN *Guidelines for the alternative care of children* (hereinafter UN Guidelines), SOS Children's Villages believes that siblings with existing bonds should in principle not be separated by placements in alternative care. Separation of siblings can only be regarded as acceptable when there are compelling grounds to show that keeping them together would be against their best interest.

In 2007, SOS France started research activities on the topic of sibling relationships in alternative care and invited other SOS associations in Western Europe and North America to join. SOS France has a long experience in providing care for siblings. Since the beginning of SOS Children's Villages France (1956), the children villages have accommodated only sibling groups.[1] It represents a real specificity in the French child youth welfare field.

Based on this call for a joint cooperation, SOS Italy, SOS Austria and SOS Germany decided to start one or several national research projects on sibling relationships. Main objectives of the European cooperation in this field were sharing and compiling theoretical and practical knowledge on the importance of sibling relationships in alternative care and supporting and developing the educational practice with siblings in alternative care (admission and assistance of sibling groups) by developing recommendations.

Proposed joint cooperation attracted also two SOS associations from Eastern Europe (SOS Poland, SOS Bulgaria) and two external child care organisations (IFCO and Child, Youth, Family Association, Hungary) that joined the group. In November 2009, Daphne sent a negative answer. The partner associations from Eastern Europe and the external partners had to leave the project because of lack of funds. SOS Children's Villages Italy, Austria, France and Germany decided to continue their national projects. SOS France, SOS Italy, SOS Austria, and SOS Germany decided to continue their national projects. Later, SOS Spain (having mainly advocacy activities on the siblings topic) joined the research group.

Proposed cooperation on siblings in alternative care was meant to focus on following topics:

- Siblinghood through history and research (how siblinghood has been understood and researched);
- Sibling relations in challenging family constellations;
- Understanding sibling relationships in alternative care;
- Risks and resources of sibling relations in alternative care;

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[1] As of 31 December 2010 one in three children lived in the Children's Village France with at least 3 siblings and only around 7% of children no longer have brothers or sisters in the children's village (departures primarily due to coming of age or transitions).

- The educational challenges of caring for siblings;
- What professionals need to support children in forming healthy sibling relationships.

It was decided already in the very beginning, that the research will focus on qualitative aspects of taking care of siblings in alternative care and not quantitative, although it was clear, that it would be much more difficult to do such research. One of the problems that all national associations faced to was a lack of detailed official data on siblings in alternative care. Mostly, just summarizing figures are available, but information regarding the family situation and siblings relationships or how to support professionals taking care of siblings is almost unavailable.

More than 15 research studies were done by the national associations of SOS Children's Villages in these countries in cooperation with external experts and universities.

The first part of the research had a main objective: develop a knowledge pool compiling theoretical and practical knowledge. The second part was focused on analysis of sibling situations and tools testing. International publication presents the main outcomes of all the stages of this project and recommendations mainly for:

- Better taking into account the needs of sibling at each stage of the care process;
- Adapting the educational support to permit the development of positive sibling relationships;
- Assuring the visibility of this topic in the child protection services.

1. Outcomes of the research

Each national association taking part in the project did its own desk researches and surveys, mostly in cooperation with universities or independent experts on alternative care. In several cases, more countries worked together. Results were presented at different conferences and workshops. It strongly supported the position of these SOS associations as experts in providing alternative care with a deep understanding of such specific aspect as taking care of siblings.

The research outcomes strongly support an idea of a child participation in the whole decision-making process on out-of-home care and protection and support to siblings' relationships. Children and young people have to be informed accordingly and involved in the care process. Opinions of children and young people have to be heard and respected. Siblings' relationships have to be protected, even in the situation when siblings are separated from each other.

Major outcomes of the whole research project were compiled in the publication *Because we are sisters and brothers*.[2] The most important part of the publication represents a set of recommendations, defined and agreed by all members of the project group. These recommendations represent a joint opinion of the group, how the alternative care for siblings should be organized. The recommendations can be clustered into four groups:

1) The needs and demands of siblings are considered systematically;
2) Educational support enhances the development of sibling relationships;

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[2] The publication comes also with facts & figures and children's voices which makes this publication a valuable source for everyone working with or communicating about this topic. It can be downloaded in five languages (English, French, German, Spanish, Italian) from the SOS Global Internet site at http://www.sos-childrensvillages.org/What-we-do/Research/Pages/Sibling-relations-in-alternative-care.aspx.

3) Service providers offer structures to foster sibling relationships;
4) Child and youth welfare provides an adequate framework.

2. Recommendations

1) The needs and demands of siblings are considered systematically

The research outcomes strongly support the idea of child participation in the whole decision-making process when children come to alternative care. Children and young people have to be informed accordingly, their opinions have to be heard and respected. Siblings' relationships have to be protected and supported, even in the situation when siblings are separated from each other.

- *Children and adolescents with siblings are able to understand the circumstances of their lives in alternative care. They all are informed about their rights and options especially regarding their situations as siblings*
- *Public authorities and facilities involved in child protection are sensitive to the needs of siblings. Systematic attention is paid to the sibling perspective, from the moment when it comes to a decision on alternative care to the time when children or adolescents are leaving care. Careful scrutiny and priority are given to the possibility of joint placement in each individual case.*
- *Separated siblings as well have the right to experience their siblinghood. They are in direct contact with each other and can, where appropriate, continue to foster and develop their relationships independently from their parents. Their contact is not exclusively linked to the parent-child contact.*
- *Siblings are important for handling life experiences and life issues. In order to experience themselves as siblings, children need time and space, also without adult caregivers.*
- *Sibling relationships are endorsed especially during biographical breaks and crises and during periods of transition, such as from the family of origin to alternative care, from alternative care back to the biological family or to independent living, and when changing placement arrangements.*
- *The opinion of all brothers and sisters is heard, respected and carefully considered.*

2) Educational support enhances the development of sibling relationships

Caregivers need to understand the siblings' relationships. It is crucial to understand that ties between siblings need to be strengthened. Caregivers must respect the needs and experiences of children. Special attention needs to be paid to all changes that may happen within the care process. Children also cannot be forced into any kind of relationships with their siblings; they need to have a possibility to find their own way.

- *Caregivers provide an 'understanding approach' in order to deal with the complexity of sibling relationships and to assess the relevance of each relationship. They try to comprehend the history of the siblings and the associated biological family, and assist the children in doing the same. Sibling relations are seen within the contexts of biological family, youth welfare and alternative care.*
- *A participative attitude when working with siblings is fundamental. In order to tie in with the needs and experiences of children, the participation of siblings is strengthened, especially in processes of changes, separation and reunification.*
- *Caregivers support siblings to cope with their experiences and to develop their relationships taking into account the individual child and the sibling group as a whole*

- *Children are supported in finding out which relation they want to have with their siblings and to renegotiate his or her place in the sibling group.*

3) Service providers offer structures to foster sibling relationships

Taking care of siblings needs to have a proper structure and services in place. It means that a general framework for work with siblings is developed and necessary financial and human resources are in place. Staff involved in a care process is trained and equipped with skills and competences for dealing with challenging situation of siblings in alternative care.

- *Assessing and supporting sibling relationships are anchored conceptually. Caregivers view and support siblings in a systematic manner.*
- *Framework conditions and resources are designed to facilitate the admission of siblings, the work with sibling relations and with their dynamics. Consequently this means the adequate provision of financial and human resources.*
- *Alternative care staff is equipped with skills and competences to deal with sibling dynamics. The peer factor is taken into account, as is the systemic view; group work is standard practice.*
- *The subject of sibling relations is covered in basic and advanced training for pedagogical staff. Appropriate knowledge is also passed on to other professions involved in making decisions about the placement.*

4) Child and youth welfare provides an adequate framework

The situation of siblings in alternative care cannot be hidden, it has to be discussed openly and necessary solutions and improvements need to be found. Special attention needs to be paid to the question of placing siblings together and services provided to siblings in alternative care.

- *The situation of siblings in alternative care is made visible, particularly the question of joint or separate accommodation. Sibling placement is an integral part of child and youth welfare statistics of every country.*
- *Consideration is given to the needs of siblings in service planning. Support for siblings is firmly rooted in service concepts, educational guidelines and the care planning process.*
  Every country offers a range of alternative care services that cater for joint placement of siblings. There are sufficient and flexible provisions to allow siblings to be placed together.

Part 2
Working Groups

The collective voice of children and young people in the context of care and protection

Valerio Belotti

1. Two questions that emerge in the context of care: participatory logic and the role of peers

To include the perspectives of children and young people in scheduling processes, the realisation and evaluation of policies and the related services helps to achieve three different objectives. The first is connected to tackling one of the forms of the social exclusion of children and young people. Meeting those objectives will make the services more attentive to the rights of the young generation and resist further effects of social marginalisation. The second objective is to encourage those who are heard to take shared responsibility for the re-definition of their plans for the future. So it helps to develop a greater capacity to negotiate and to pursue independent pathways that will enable them to break the spiral of poverty and social marginalisation that poor and marginalised parents often pass on to their children, as if it were hereditary.[1] Lastly, the third objective is to ensure that care procedures become more suited and customised to the needs of children and their families. That objective becomes particularly significant if it also forms part of a recognition of those taken into care as active citizens able to express their own opinions about the spaces related to environmental spaces but also to relationships in which they act out their daily lives.[2]

There has been a growing awareness in studies and research of the need to record, manifest and analyse the point of view of look after children. In fact, in English-speaking countries (especially Great Britain) there has been a significant increase in publications over the last decade. Among the more recent publications, we may mention that from Holland (2009). It is a work which does not pay attention to just the substantial results emanating from the various research studies but also the coherence in such works between the theoretical perspectives that were assumed and the variety of research methods used to reveal the "voice" of those in care. That is a frequently critical relationship which, according to some, has been described at excessive length,[3] but Holland approaches the problem in a positive way, highlighting the steps forward that have been taken. In particular, the author mentions and examines 44 articles published in scientific magazines between 2003 and 2008 and for which the main research objective was to analyse the accounts and the points of view of those in care. According to the author, just six of those research studies were conducted with a participatory logic, in which part of the investigative working tools or part of the actual project are developed with the children and young people themselves. For example, in Mason's study (2008), children in care were involved in defining the interview questions put to other children, while others produced a synthetic communications product from the results of the research directed at their peers. The study co-ordinated by Renold *et*

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[1] In this connection, see the good practices gathered and commented on in Schuurman (ed.), 2010.

[2] Cf. Ridge, Millar, 2000: 60-75; Davidson-Arad, Dekel, Wozner, 2004: 77-89; Fernandes in Schuurman (ed.), 2010: 60-61.

[3] Cf. Stein, 2006: 422-434.

al. (2008) involved a small group of children and looked at the meaning of the questions and the negotiations for the so-called "informed consent" associated with the participatory practices of the children and young people involved in the research.

As suggested earlier, participatory inclusion in the research processes for children and young people in care situations does not take into account certain difficulties and delays. Murray (2005), based on a different recognition of research published on that topic, gives a description of the different strategies adopted by researchers to encourage participation by young people in care in awareness measures involving them. The author also shows some of the main obstacles to research conducted in a participatory way are the persons in charge and the operators of the residential structures, whose way of working/thinking continue to be distinguished by the sole, specific needs derived from processes of protection and care.[4] However, they do not acknowledge how their work can be advantageous if conducted and accompanied by the active participation of those taken into care.

Alongside the growing attention to the inclusion of a participatory logic during the course of care, is emerging the question of the role played by the group of look after children and young people during the project of care. The educational and therapeutic attention of the operators involved in the processes is almost always geared to the development of individual relationships between the child in care and the educator or social operator. The discussions to verify (with the psychologist or social worker) the state of progress of the customised educational projects (when they occur even after obtaining the opinion or point of view of the child in care) are almost invariably conducted individually. Nevertheless, the children and young people, in communities and residential home structures, are faced by new relationships and everyday realities made up of adults they do not know, as well as other peers who must play some part in the process of formation and implementation of the care process. The same happens in everyday life beyond the care contexts.[5]

In that connection, some studies, whether qualitative or quantitative in nature, have argued that the dynamic relationships between peers in foster care[6] or, more likely, within the residential communities represent a sphere that has a significant impact on the outcome of the course of the protection and is a chance for those in care that can help them to tackle the asymmetric relationships with the educators.[7]

The very limits to the field of opportunities for relationships that necessarily follow an enforced inclusion in a new, protected environment mean that the space for interaction between peers in the host community takes on pressing significance in the construction of the biography and the self-definition of each child in care. At the beginning, each child taken into care and placed in a residential community or in a foster family is a "stranger": new companions, new adults and new rules, rituals and routines test how much he/she knows about him/herself and pose implicit and explicit challenges to change in and the formation of new ideas and representations of reality. In the host community, the search for a dynamic positioning with the new group of peers is often one of the main goals that those taken into care find they have to meet and takes priority over the more therapeutic

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[4] On the growing difficulty in conducting research and in-depth analysis with children and young people involved in care contexts, it is worthwhile reading, from Australia, Gilbertson, Gilbertson, 2002: 253-258, regarding the results of their research and their proposals to emerge from what seems to be a deadlock.

[5] See Corsaro, 1997; Mayall, 2002.

[6] Cf. Fernandez, 2007; Chapman, Wall, Barth, 2004.

[7] Cf. Stokholm, 2009; Emond, 2003, 2004; Törrönen, 2006; Mason, 2008.

positioning allocated to the operators and educators.[8] Sometimes the importance of this specific aspect in the care process is not sufficiently recognised. Attention is often given to the relationship, often regarded as exclusive and excluding, between the operator and the child: an individualised "educative" fascination that adults are unable to resist.[9]

In Italy, although attention on "good" policies for taking in care children from families that are in serious difficulties has increased over the years. The production of reflections and studies geared directly to gathering the perspectives and points of view of the children and young people in care has been particularly limited. Children and their rights are always closer to the heart of the measures but, at the same time, their point of view, their representations of their experiences are not often collected. The experiences of the service operators, of carers and educators (and sometimes also of the natural parents) are almost invariably at the centre. Clinical observations are often reserved for the children. That applies both to those in foster care or in residential communities (children's homes).

Up to now, two main methods are followed to ensure that the children's voices are gathered and considered during the care procedure: a) with individual listening by social or judicial operators; b) through the advocacy service ensured by third parties.

Now it seems necessary to add (or maintain) a third dimension, which has been scarcely developed in social practices, and which could help substantially towards the listening and the involvement of the children in the decisions that affect them. That is to say encouragement to the collective dimension of the listening. In other words, the encouragement and realisation of experiences of meetings, exchanges, relationships, play and reflection between peers who have the same experience of temporary remoteness from their natural family. The objective is to create the best conditions to bring to light stories and experiences of those in care, revealing their points of view and their observations of the care system in which they are involved. That also serves to develop the specific processes for the empowerment of children and young people in care.

In Italy, the Daphne funded "Involved by right" project focused on highlighting and developing collective listening to the voices of those in care.

2. Purpose and objectives of the project

There are three main purposes to the intervention project supported by "Involved by right":

a) Create new forms and occasions for the collective listening of children and young people involved in the course of the cure;
b) Support the creation and maintenance of stable forms of meeting and representation of the "interests" among the children/young people in care to encourage debate with the social service operators on the best ways of ensuring information to and the involvement and participation of the children and young people in care;
c) Encourage occasions for training and reflection on the implementation of children's rights (especially whether they are in care) among the public and private social service operators in Veneto Region.

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[8] Cf. Stokholm, 2009.

[9] Berridge, 1997.

In particular, efforts were made to:

a) Encourage occasions, in a playful atmosphere, for peers to debate and reflect on and share life experiences and develop awareness useful to tackle forms of self-stigmatisation and social exclusion;
b) Conduct forms of debate with the operators, managed by the children and young people themselves, on the nature and forms of implementation by the social services of the procedures for care and protection;
c) Understand the representations and opinions that the children and young people have about the care and protection system in which they are involved;
d) Respect the standards of participation fixed by the *Interagency working group on children's participation* (2006), and any subsequent re-elaborations and reviews of it, based on specific experience gained in this field by the Italian co-ordinator unit of associations that focuses on the rights of younger citizens (Pidida 2009).

The population involved in the project is made up of all children and young people aged between 11 and 16[10] in foster care and in communities(whether in residential or day care) in the municipalities that belong to the territorial spheres covered by Ulss no. 3 in Bassano del Grappa, Ulss no. 8 in Asolo, Castelfranco and Montebelluna and Ulss no. 15 Alta Padovana.

When the intervention and research project started, the overall reference population (updated in July 2011) that could be involved in the planned actions came to 149 children and young people.

3. The questions, perspectives, methods and research instruments

During the course of the work, it was always thought that the interventions in the field and the research initiatives were strongly connected and related one to each other. For this reason, the research associated with the project should not be seen as just an evaluation of the outcomes of the actual project but as a research - action designed to produce an awareness and understanding of the course of the protection (in this case, according to the perspectives of the children and young people involved) and to introduce into the social services a new listening practice that focuses not just on the individual dimension but also the collective one.

Consequently, the task was not limited to studying and then describing what the children and young people think about their situation and daily lives. Instead, specific actions were encouraged to generate spaces for debate which would favour, the emergence among the protagonists of a clear awareness of their own living conditions which would lead to recommendations, suggestions and indications to improve the practices put into effect by the services. In this case, the research was geared to identifying the nature and forms of changes that occurred during the course of the intervention by the project and analysing the implications they could have to make the service more attentive to the children's rights and needs.

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[10] The European project envisaged the possibility of involving children and children and young people from a wider age range: from 7 to 16 years. However, to implement the project in the territory it was felt necessary to reduce the target to 11-16 year-olds. It was left to the discretion of the individual territories to also include children and young people aged from 16 to 18.

The research questions took into account three main areas of interest: the nature of the relations and the space for debate that adolescents of both genders construct, once they have been accompanied in a laboratory work and group project; the identification and analysis of sensitive and critical dimensions concerning the welcoming processes that involved them and implications for social work; the evaluation of the effects associated with the furthered actions, according to the results obtained and the opinions of the social protagonists involved for various reasons in the project.

The research process focused on the following aspects:

a) Defining the methods and constructing the instruments useful for gaining access to the field, to the management of the spaces for debate and for exchanges between the protagonists (outlines for running the groups, diaries of observations and periodic moments of reflection);
b) Organise moments of reflection between the researchers and operators involved in the project that facilitate the monitoring and procedural evaluation of the project and its outcomes;
c) Define and construct the final evaluation methods of the interventions (outlines for the interview, standard questionnaire and outlines for running focus groups);
d) Analyse the various observational, visual and textual materials collected;
e) Communicate the research results in different ways.

As for point c), in the evaluation of the outcome of the project in the each territory, 12 individual interviews (four per territory) were conducted to gather the point of view of the children and young people. Focus groups in each of the three spheres were organised to obtain an evaluation by the various adult figures who work in close contact with the children and adolescents involved in the project.

A focus group (one for each of the three territories) involved the foster parents of the children and young people who took part in the project. Another involved the persons in charge / educators of the host communities (day care and residential), with the objective of collecting anecdotes, stories and situations that would recover the perception that the children and young people had of the meetings and activities carried out, together with a more thorough evaluation of the aspects of the results and the weak points that characterised the experience. To those six focus groups (two per territory) another was added. This last focus group involved the children and young people in charge of the protection and fostering services of the three territories. In addition, during the joint territorial meeting between children and young people in foster care and in communities, was proposed to fill in a standard questionnaire to evaluate the project.

The course of the project proposed in each of the three territorial spheres had an articulated and complex structure, made up of five distinct phases involving mainly children and children and young people aged between 11 and 16 in care in various structures (or with different types of welcoming) and originating from different but bordering territorial spheres.

There are several data and results collected during the project. In particular, those related to the different dimensions of meaning that boys and girls attribute to their path and their situation of boys welcomed; assessments of the design experience carried out; assessments of the same experience by foster families and social workers involved in the project, the advice and recommendations to the operators of social services, always welcomed, they wanted to make. In this contribution we will give their own of this aspect of the so-called “advice to operators”.

4. Advice from the children and young people to the operators of the social services and the adults

During the various meetings, the children and young people identified advice and suggestions to give to the adults, in various capacities who look after them. That involved a series of observations on the daily lives of those in care (rules, punishments, freedoms, etc.), the relationships between the children and young people and the operators of the public and private social services (social workers, psychologists, educators, etc.). With a clear reference to the trasparency of the information, the coherence of conduct, listening and the taking into account of the points of view of the youngest in care. In many cases, the representatives also chose the specific figures to whom to direct their advice.

In line with the modes used by the delegates, a complete list of the "advice" is given below, arranged according to the recipients: educators, psychologists, social workers, foster families and all adults in general.

4.1 Advice to the educators

- *Do not speak with sharp tongues with the children and young people and with social workers*
- *Speak to us directly and not behind our back*
- *Try to be clear about what you say to young people*
- *We would appreciate it if any conflict betweenus and an educator, the others did not become angry too*
- *We would like to you to treat the young people, if you were not too severe and rigid and if you would allow more freedom instead of giving us so many rules, and this applies to the day care communities too*

Related to the educators, the children and young people feel a need to emphasise the importance of being informed both directly and transparently ("*without mealy-mouthed dialogue*", they explained, at one of the public occasions at which they presented the advice) about their situation and the changes that could occur. As much as possible, they sought a reciprocal discussion about the choices and decisions to take. They looked for a discussion "between equals", especially during occasions of conflict and lack of understanding.

As for living in a community, they complained about the rigidity of the rules that governed life: they are too rigid and not fitting for the current times: "*we were born in the age of technology*".

4.2 Advice to the psychologists

- *We would appreciate if instead of writing so much you had more eye contact with us in order to understand us better*
- *The psychologists should address their views with us to resolve the problems instead of writing them down*
- *Don't express things too directly*

The young people unanimously emphasised that the psychologists should play a more active listening role. More personal and less impersonal: "They are always writing and never have eye contact with us". They also ask to be kept informed about the progress in their personal situations and about what is reported and written at each meeting.

4.3 Advice to social workers

- *We would like you to be more available and more understanding*
- *If we decide together that you should do something for us, it would be good if you could do it soon, without letting months or even years pass by*

The theme of understanding and relations of empathy between the adult and young people returns here in relation to those interlocutors. It is a relationship that puts the adult in a situation where he / she needs to sense intuitively (or fully comprehend) the difficulties experienced by many young people when they sit down to confide emotions and suffering that are part of their condition.

On a practical level, the children and young people mention the time taken over requests and decisions, which to them seem too long and inappropriate, especially when not accompanied by an explanation.

4.4 Advice to foster families

- *Reflect carefully before becoming a foster family in order to avoid causing more suffering (to children and young people taken into care)*

Apart from reflecting on the need for a gradual inclusion in the foster family or in the welcoming community, families willing to provide a foster home are asked to carry out a more thorough reflection and assessment, involving possibly all the members of the foster family (the foster parents and their children), in order to avoid by as much as possible re-thinking or unpleasant situations in the presence of those in care.

4.5 Advice to all

- *They should find time for children and young people who ask for advice, help him/her to reflect on their mistakes and not urge him/her to hurry up*
- *They should let us give our opinions without criticising us*
- *The should be willing to discuss some aspects of their behaviour, and in that way gain more trust from children and young people*
- *Don't teach us to do the right thing and then be the first to not do it yourself*
- *They should demonstrate to children and young people that they deserve their trust*
- *They should stop to listen more*
- *They should put their heart into their work, especially the people that help children and young people*
- *They should allow the children and young people, the foster families, the educators of the community to meet more than once before the definitive transfer, the purpose of that is to get to know us better and enable us, as*
- *They should allow children and young people, the foster families/educators of the community to meet more than once before the definitive transfer. The purpose of that is to get to know us better and enable us, as young people in care, to start to feel confident about the new environment and the new family/community unit*
- *Not hide things from us*
- *A reproach can be useful at times but, if repeated too often, can be extremely destructive*
- *Learn to put yourselves in our shoes*
- *Not treat us differently from others, don't make us feel different and just remember that we have had a difficult life so far*
- *Now we children and young people would just like to tell you one thing: You really need to put into practice the advice we have given to you*

The above entreaties were directed to all the adults involved in various ways in the care and protection procedure.

5. Some final consideration

As you can see by scrolling through the various “advice” offered by the girls and guys, just reported, emerge some recurrences.

One concerns the need to be informed on the assessments and decisions that concern them; without discounts, no small or big lies, so that the transparency of what is happening can be understood and accepted, even in cases of contested decisions, in which there is no agreement with the operators.

Another repetition has to do with the request to adults for recognition of their own subjectivity, their own personal and family history, the fragile situation where you are lived and where you live. A request that calls attention to the little things of everyday life, the recognition of the need to open up a little at a time, and then to feel accepted for who they are, available to grow and change, but with the appropriate time, with the flexibility needed to understand the transition environmental, relational, emotional and affective, as boys welcomed, are obliged to manage.

A third recurrence is in the request for support on the affective and emotional level beyond the professional duties and working commitments of each operator. Another dimension concerns the issue of recognition as those who have something to say about their own history, which have their own views, beliefs and opinions about the experiences they live. For this reason they deem necessary to their involvement in decisions affecting them, feel indispensable hear them and their being taken seriously.

Finally, another recurrence refers to the issue of trust and coherence. They require operators confidence in their skills and abilities, coherence between the principles and behaviours put in place. They require stable and consistent reference figures, who care about their well-being and their desire to escape from a condition of isolation that has left its mark in spite of them.

Recommendations such that it is difficult to find in institutional documents drawn up by adults for other adults.

The French model for the professionalization of foster carers[*]

Vincent Ramon

1. Introduction

Family foster care is the major part of alternative care (as the majority of out-of-home children are in foster families), and also the most complex. In June 2005, France chose to fully professionalize foster carers, nationwide.

While other European countries sometimes pay salaries to some foster carers, most of them rely on volunteer foster carers, usually supported by refunds for the living expenses related to the child in care. To date, France appears to be the country most advanced in the process of professionalization of foster carers, now known as “family assistants”.

In order to understand how France transformed foster care into a fully recognized profession, we’ll study the context of this shift towards professionalization, then we’ll review the main aspects of the new professional status, consider its consequences on the dynamics of family placement, and end up by underlining the benefits and possible pitfalls of such process.

2. The French context

In the French child protection system, family foster care is the most important form of alternative care, with about 69000 children in care (Dec. 2010), representing 53% of the children in alternative care. The vast majority of these placements are under Court order (80%), a constant figure since 2007. The remaining 20% are known as “administrative placements”, where the birth parents agree with the protective measure decided by the Child Protection Services (Aide Sociale à l’Enfance).

Family placement has a long history and results from a lasting tradition, its professions are inscribed in the legal framework of child protection.[1]

To make a long story short, as early as 17th century, Saint Vincent de Paul created foster placements for children, controlled and paid for. Children were placed in breast nannies’ home in the countryside, in order to tackle the very high rate of infant mortality amongst abandoned children.

After an era of charity, came a secular vision of child protection, born after the revolutionary turmoil and Napoleonic influence. Family placement was then meant to assist children at risk (abandoned, orphaned, neglected or from indigent families). In the late 19th, an emerging social awareness on the destiny of children at risk led to the organization of a public support system. It slowly started to take into account the needs of the children, and to work for their social integration.

Countryside family placement was primarily used as a way to prevent tuberculosis; second came placements for social motives (poverty of the parents, ‘morality’ motives, parental alcoholism). Such placements, far away from the birth families, were not respectful of family

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[*] Text translated by Frederique Lucet (APFEL).

[1] Cf. Oui, 2008, chapter 1.

bonds, and were mostly governed by a medical preventative model.

After World War II, France saw a shift towards Juvenile Justice, with educative measures prevailing over repressive measures. Specific juvenile institutions were created, and in 1958 "educative assistance" was launched as a way to protect children at risk. The number of abandoned children decreased in the 60s, as did the number of orphans, whereas the number of children placed for social motives increased dramatically until 1980.

Such trends led to a reinforcement of preventative policies towards families, including the development of family support and assistance, in order to lower the number of placements. It also initiated a major change: the ending of "substitutive placements", where birth parents were playing any part in the placement process, and where they were neither invited nor supported to improve their situation or their skills. Another vision of family placement was emerging, under the banner "supplementing parenting": no longer about replacing failing parents, but rather about organizing care taking into account the parents, their implication, their capacities, and reconsidering foster care as a global process in association with the birth parents.

As a matter of fact, such evolutions in Family Foster care are grounded in key clinical and theoretical works: the post-world war II research, highlighting the consequences of deprivation of maternal care, attachment disorders (Spitz, Bowlby) and disorders linked to mother-child bonding. In France, we have to pay tribute to Myriam David (1990), child psychiatrist, for most of the core theoretical corpus on family placement, such as:

- the important findings about the fact that placement of a child in a "more favorable environment" is not enough not solve attachment disorders;
- the notion that attachment disorders and other troubles will remain when the child is in care, and could lead to a repetition of rejection/abandonment already experienced with the birth family and result in a placement breakdown;
- the awareness of the traumatic effects of separation itself, hence the vital need to support parent-child relationships by supervised meetings, preventing idealization of birth parents and family and defense mechanisms such as splitting, which could hinder the psychological dynamic of placement;
- the need to understand the loyalty conflict in family placement, and work on this issue so that, in favorable cases, it can lead to a double sense of belonging.

Thanks to Myriam David, we could reconsider family placement as a therapeutic measure, mixing psychological, relational, educative care, relying on the permanency of stable and significant figures, supported by a multi-disciplinary team.

Quoting Anne Oui (2012), French family placement, after and inspired by Myriam David, "is no longer a place to live in, or a way to integrate the child into a new family. It's an intervention that you may call 'specialized' and designed to work on the dysfunctional relationships between the child and his/her parents".

The same approach inspired our definition of a new profession: family assistant, placing the foster carer as part of a team, acting collectively and supporting the relationships between birth parents, children and foster families.

When you compare French family placement with practices from other European countries, it is clear that the French system, putting emphasis in parental rights, remains family-focused: placement is a "last resort" that occurs only when all possible family support measure has failed.

Once in care, the objective of family reunification stills prevails, in practice, supported by the ideological framework stating that a child cannot (should not) grow up out of HIS family environment.[2]

Deprivation of parental rights is an exception, usually, full parental authority remains during the placement process, so as to stimulate and secure parents' commitment.[3]

Since 1965, France has created 14 new professions in Social Work. In the meantime, foster care remained a marginalized, non-qualified, non-recognized and at the end of the day discredited work. Under the pressure of unions, aspirations for more recognition, the need for more theoretical knowledge and for more information about the children in care (foster carers were not informed by the professionals), the need to address the sense of isolation when confronted with the difficulties of the job; all factors combined led to a step-by-step definition of a new professional status. 3 major steps can be identified:

- 1977: creation of the status of "maternal assistant": day care, wage varies according to the number of children in day care, compulsory training of a minimum of 60 hours.
- 1992: the monthly wage is no longer linked only to the presence of the child; day care (families with working parents) and family foster care (child protection) are differentiated. On-going training climbs up to 120h, the concept of multidisciplinary team support emerges. Men become eligible for the job.
- June 2005: completion of the status of "family assistant": new title, inclusion as one of the professions of social work, compulsory 300 hours training over the first 3 years of activity, validated by a state diploma, wage becomes partly independent of the presence and number of children in care, inclusion of the family assistant as a member of the multidisciplinary team.

These are some of the characteristics of the French context, which played a role in the evolution of the profession as a fully recognized social work job. Now, we'll analyze in more detail this new status, born after the Law of June 2005, professionalizing and specializing this activity of family fostering of children in need.

3. The new status of family assistant

Since 2005, the profession of family assistant has joined the social works professions. Along with such recognition, appeared the compulsory 300 hours training, is validated by a specific diploma (not compulsory to work as such).

The first 60 hours training[4] are delivered under the responsibility of the employer. They

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[2] In some cases when the child is no longer in contact with his birth parents for more than a year, the guardianship is given to the foster care service or General Council.

[3] The spirit of French legislation is to maintain full responsibility to parents. This can work if parents are or can turn into partners of co-parenting role and are ready to move forward. It doesn't work if neglect and abuse is long lasting, despite efforts to manage it better, or when parents are no longer in relation with their child (vagrancy, mental illness, perversion, relinquishment).The continuous determination to maintain parental role (without any outcome over time) can cultivate the child's unreasonable hope and maintain him/her into the illusion of reunification. As a consequence, the child is left deep feelings of neglect, even when surrounded and supported with love in his/her foster family.

[4] The first 60 hours (discovering the job) proves to be essential before starting to foster. Foster carers need to feel and experience this kind of personal and professional involvement, understand the need for strong support and monitoring, as to make his/her way through since the very start.

are meant to inform the new recruit, before his/her first placement of a child, on the main aspects of the job: the organization of the agency, his/her mission, rights and duties, the role of the professionals in the multi-disciplinary team, the participation in the meetings and the team work, the expectations of the Court and Child Protection Services, and the care plan.

3.1 Training

The compulsory training lasts 240 hours and takes place after the start of the activity as family assistant[5] and during the first 3 years after the first placement. Its topics, centered on the children's needs, include child development, disorders including attachment disorders, causes and consequences of separation, educative support and the dynamic of family placement.

Training is split into 3 competency domains:

- 140 hours on the care and integration of the child in the foster family (physical and psychological needs, primary care, capacity to voice out the carer's feelings and experience, towards the professional team.
- 60 hours on the educative support of the child (general development, social and professional inclusion).
- 40 hours on professional communication.

3.2 Accreditation

Accreditation is meant to make sure the foster care requirements are met by both the applicant and his/her family. (The administrative staff has 4 months to carry out the inquiry and assessment).

The local service for Child and Mother Protection (of the Local Council) is in charge of the accreditation process.

Criteria for accreditation are: the assessment of the capacity of the applicant to ensure the security, health and development of the child, and the assessment of the housing conditions. The applicant and each adult in the household must have no criminal record.

The family assistant (and family) are then accredited for the placement of 1, 2 or 3 children (the maximum is 4 children, for siblings only), for a period of 5 years. After the family assistant gets the Diploma, the accreditation no longer needs to be reviewed (the employer nonetheless has the responsibility to review the placement conditions regularly).

3.3 The working contract

Accreditation is a condition to work as a family assistant. Yet, accreditation does not automatically lead to a job contract: the applicant still has to apply to the Local Agency (state) or private fostering agencies.

They must feel more confident in their relationships with key workers, and experience that there is someone to talk to and someone who can listen to them and to the child in care. This is what we call the *institutional third part* necessary to build the care plan and balance the tensions and crisis that will appear in the (healing) process of fostering. The key worker remains a strong figure to get along with in this scenario. Thus the first time without any child at home can bring a basis of knowledge of guidelines and help in seeking a trust-based relationship in the future around the child and his/her birth family.

[5] You will notice that training isn't required before starting fostering. This point was heavily discussed when preparing the law, considering that training can't be academic and must be designed so as to progress from practice to theory and evidence-based scheme. It is meant as a way to develop and promote the expression of feelings and emotional resources, rather than bluntly favoring rote academics as the only way to cope with the reality of daily work: living and taking care of a child who grows within your family and who keeps his/her own ties with his/her birth family.

3.4 Working conditions

The family assistant signs the working contract: first a fixed term contract of 3 months automatically changed into a permanent contract unless the family assistant is fired.

The family assistant receives a salary depending on the number of children in care, plus reimbursement for the living expenses (food, clothing, school, leisure).[6]

By law, family assistants have the right to take 21 days paid holiday per year, if this is possible considering the age and situation of the child(ren) in care; if the multidisciplinary team thinks that the child is capable to cope with such separation. The family assistant's employer then has the obligation to provide for interim placement of the child. In case of short term absence of the family assistant, another adult member of the family can replace him/her temporarily.

3.5 Role and commitment of the family assistant within the multidisciplinary team

The family assistant has to provide daily care to the child. By law, he is a member of the multidisciplinary team, and as such he takes part in the design of the child's care plan: he/she is informed on the child's situation and issues; he/she is supported by the social worker (social assistant or educator) in charge of the child. He is asked to participate in the team meetings and share his/her observations and reflections, orally and via written reports. He has a legal obligation to disclose any information on violence or abuse.

3.6 Support

In theory, when team work is satisfactory, the family assistant should not feel isolated and lacking support. Many agencies have initiated peer support groups and thematic training for the support of their family assistants. By law, each family assistant must have access to a 24/7 helpline, and to professional intervention if needed.

4. Major strengths of professionalization and possible pitfalls

We just reviewed the historical and cultural trends which, in the French context and over the past 30 years, led to a step-by-step professionalization, not of the foster family, but as the foster carer referred to as "family assistant".

Most of the French family placement system relies on concepts inherited from the clinicians and theoreticians who highlighted the developmental needs of the children, the relationship disorders, the need for attachment and continuity, along with the importance of "emotional and affective nourishment" in order to provide the child with a sense of self-esteem and confidence.

The concept of *parental supplementation* addresses the need for the acknowledgement of the birth family identity, and avoids antagonisms such as good versus bad family; it helps to prevent placement breakups: unprepared separations, which are detrimental to the child as

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[6] Monthly wage in 2012:

1st child 120hx legal minimal wage /child (1128 € after tax)

2nd child 120h+70hx minimal wage /child (1786€ after tax)

3rd child (120h+70h+50h) (2444€ after tax)

Private sector: seniority impacts favorably the monthly wage

Allowances for each child in care (on top of the wage): Upbringing (30days x14€) + Clothing, Pocket money, Education

Extra allowance for children with "challenging situation" or special needs (130€).

they add wounds to his/her sense of identity and self-esteem. The issue of separation has been enriched by a growing awareness of the complexity of the primary relationships, the impact of parental inabilities, traumas and early deprivation. Family placement became more and more a measure designed to support the child in/and his family, now evolving towards a yet-to-be-defined form of co-education…

The missions of the family assistant take part in a framework of multi-intervention care, within multi-disciplinary teams, in each local council. It calls for the cooperation and conciliation around the child and his/her family.

We can consider the professionalization of foster carers as beneficial, insofar as it recognizes and defines the work of the family foster care, taking the child into his/her household and family, and inserts the activity into the social team work.

This step opens the way to the definition of a collective identity, and social visibility; even more so as the job is now opened to men (prone to socially promote their professional activity). Our culture, until now, considered the foster care job as a "naturally feminine" activity, requiring no other competency than the will to take in other people's children as if they were one's own. From now on, fostering requires specific competences.

Professionalization has been challenging and questioning existing teams, and it has an impact on their hierarchical structure in terms of knowledge and power. The motivation and interest for training and learning, displayed by maternal assistants, has been widely praised by their trainers. Family assistant show curiosity and a willingness to understand situations thanks to the exchange of knowledge - until now, a monopoly of social workers and psychologists. New forms of cooperation between professionals are needed, showing more respect for the Family Assistants and their work.[7] Professionalization appears to be revealing about what is "work" shedding light on the very essence of care. It means that professionalization reveals something like the concept of "work" and tend to identify his essence. It raises the social perception of foster care as a career discipline, rather than merely volunteerism.

Such recognition of fostering as a job calls for the evolution and reattribution of roles and places in the system.

On one hand, Family assistants have to emphatically voice out what they experience on a daily basis, without fear of sanction or judgment, as the "human factor" cannot be limited to the arbitrary use of notions such as competencies or in-competencies.

On the other hand, regarding the other professionals in the multidisciplinary team, more awareness of the reality of care should help develop more committed and cooperative practices, more empathy and openness to the emotional impact, and should lead to further professionalism and sense of belonging to the working team, based on shared values, goals and desires, ending with the construction of a common culture.

Even further, professionalization of foster carers is related to a model of multi-agent care, its references and theoretical background.

I'd like to illustrate this, focusing on the current French debates over attachment theory. Contrary to what's happening in the UK, attachment theory has had a very limited impact

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[7] In an article published in April 2012 in the ARC review, Christine Salvat described the "working posture" of the family assistant as such: "Family assistants are the ones who cannot 'not' … Family assistants have to do all that is necessary, whatever what, whatever when, whatever where, they cannot 'not'. Their work is to dedicate their attention to the child, adjust to his/her pace, test themselves when confronted to the resistance of symptoms and conducts, here lies the commitment required by foster care. The family assistant is sought for her capacity to let the child affect them, in the experience of their own vulnerability".

on practices, to date, in France. Foster carer's bonding with the child in care has been considered a threat to birth parents' attachment ties. Such vision of attachment as a threat induced social workers to advice foster carers "not to attach". Nevertheless, welcoming a child to one's home naturally comes with an affective bond, related to the very act of care-giving. The very core of fostering relies in such daily affective commitment, opening to identification of and appropriate answers to the child's needs. This paradox now appears in full day light, as the daily tasks and challenges of foster carers are shared with the professional team, and resonate with theoretical background such as attachment theory.

Finally, professionalization of foster carers underlines the need to professionalize the whole system for family placement. This calls for the definition of a clear collective framework for action, reflection on practices and dialogue between practices and theories so as to create a common culture, and invites questions such as the meaning of our actions and the commitment to step out of the shadow.

Yet, professionalization might have to avoid several pitfalls. According to the European partners of APFEL, training is crucial to quality foster care, whether volunteer or professional. In France, the training defines the framework to support the understanding of the issues and needs of the child in care. It acknowledges the profession of family assistant as a specific profession in Child Protection. According to the French National Association for Family Placement (ANPF), training, as important as it may be, to develop and strengthen the family assistant's competencies, might not be sufficient to remodel family placement and child support. This could again lead to further isolation of family assistants, this time considered skilled enough to cope with their new competences.

Instead of focusing on improving the competences, viewed as a new myth according to Serge Escots, "priority should focus on improving the quality of communication within the system".[8] Another pitfall would be to deliver academic training, far removed from daily concerns and experience, and to focus on educative practices, at the expense of the emotional dimension of care… Indeed, this strange profession, anchored in personal commitment, cannot be fully hosted by a professional framework: it has too much to do with privacy and intimacy. In this respect, the resonance and the quality of the encounter with the child in care, holding a different family history, may be one of the key factors of a successful placement, as unpredictable as it may be.

There is still much to do, in order to integrate family assistants into the professional team work. We need to recognize care as an essential aspect of child protection, to value the knowledge derived from the experience of care, to design common training for carers and other social professionals, to professionalize the totality of the system, and to improve communication among us.[9]

We'd like to conclude, once again, to remember that care is not only a matter of work, but that at the source; its engine remains to be parental and emotional commitment. Training has to support the carer's individual capacity, and the agency's collective capacity, to keep creative in the face of complex and specific situations, and remain humble to acknowledge the fact that each one of us remains a mystery for the others.

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[8] Escots, in ANPF, 2010.

[9] Finally, I see professionalization of foster care and foster carers as an opportunity to get rid of our fantasy (more or less concealed) of "super repairing parent" to give room to the "real" parent (as said in the conclusion of Golse, 2009). This would decrease the narcissistic component of our involvement, and help us move towards more cooperative team work and, hopefully, a more "child-centered approach".

Accompaniment of children and issues of bonding in foster family placements

Jean-Louis Nouvel

Since 1992, in line with the approaches set in motion by the French psychoanalyst Myriam David (2004), "Therapeutic Foster Care units" have been set up in France, characterised by their links with child psychiatric departments. These units have a mandate in the areas of prevention and care. They place children in foster families when they have been separated from their parents as a result of major, chronic, parenting disorders. The separation is most often the result of a legal decision. It may occur in very early infancy, or later in childhood. The parents generally present a mental pathology, which may or may not have been diagnosed. They may therefore not be receiving care from adult psychiatry departments.

These units are also cater for research-action, studying the consequences of this type of parental malfunction on the psychic development of the children concerned, the needs of the separated child, and the dynamics of family foster placements.

Our aim is first to show the consequences of inappropriate or traumatic interactions on the psychic development of the baby or child. We will describe the notion of bonding pathologies and early relational trauma. We will then consider the dynamics of foster family placements, and finally we will present the patterns of care that we have developed to address bonding pathologies by way of "therapeutic" accompaniment.

1. Bonding pathologies and early relational trauma

A baby has emotions and physical sensations that are extremely intense in relation to his own abilities to relieve them. To develop internal security, he therefore needs the persons catering for his needs to be attentive to and in tune with him. Responses need to be adapted in form and appropriately timed. These responses, and the way the world is organised around the baby and later the child, enable the establishment of the main psychic functions required to process experiences, so that the child is not overwhelmed by the emotions generated by them.

The children we encounter in the setting of family foster placements have spent their infancy and early childhood in a chaotic and unpredictable environment. They have repeatedly experienced the trauma of inappropriate parental responses. These can form an environment that is unpredictable, with irregular routines, failure to respond to their attachment needs, neglect and educational inconsistencies, or violence, either experienced directly or witnessed in violent scenes within the close family circle.

These experiences of the outside world reverberate with the child's emotions (despair, dread, anger, fear, hatred, fear of death). As they have no resource-person to turn to, these children learn to cope on their own with these emotions that overwhelm their psychic abilities. The mental trauma is caused both by this overwhelming and by a profound feeling of isolation and loneliness. These experiences occur at a time when the brain is being shaped by the outside world and the child's particular experiences. Repeated shortfalls and failures in early interactions, and the repeated experience of stressful events or situations that are not followed up by experiences of comfort and relief, have consequences on the formation of neuronal connections, which may fail to develop or self-destruct. In this way the brain functions relating to the recognition of bodily perceptions, to the management of emotion and to impulsiveness may be affected.

These repeated trauma thus lead to an adaptive psychic construction which is linked to serious disorders affecting the intelligence, the management of the emotions, behaviours, and relational skills. There is a common tendency to view these children in terms of "mere" affective deprival or lack of stimulation. But these children do not develop in mere reaction to their environment. They develop mental abilities in a different mode so as to be able to face up to their emotional states on their own and survive mentally.

This essential adaptive construction is a handicap for their social lives, and a source of distress on account of the mismatch of their responses in interaction. These children are often described as tyrannical and despotic in their attachment relationships. They need to feel that they are in control of their relationships, so as to avoid being confronted with the distress of loss. They are also subject to emotional re-experiencing, kinds of hallucinations of previously experienced emotional states linked to traumatic scenes. These phenomena can be observed immediately in the wake of a triggering event, or in delayed manner, which make the reactions more difficult to understand.

In addition, these children understand the present only through the distorting filter of past trauma. Thus well-meaning relational modes (smile, look, gesture) are interpreted and understood according to a previously experienced mode drawn from their early pathogenic interactions, and they are often perceived as aggression or evil intent. The encounter with another triggers a defensive warning system that is at once distressing and uncontrollable. In a relationship, the response echoes a situation experienced in traumatic mode in the past. It is often unsuited to the situation experienced at the present moment. This hiatus in the response generates incomprehension in the adult faced with it. This in turn generates an interaction spiral which leads the adult to reiterate the pathogenic parental interaction mode.

These interactions are grounded in basic representations which form at a very early age. They are deeply rooted in the child's psyche, and cannot readily be reshaped. Bringing these representations to change requires a lot of time. It requires repeated experiences in daily life of different relational modes that show the child that adults can have characteristics other than those experienced in the past with their parents. It is thus clear that for the child to progress, separation from the parents is required, but not sufficient. Providing care for bonding pathologies requires team follow-up of foster family placements, and cannot rely solely on the receiving family environment.

2. Dynamics in foster family placements

Working in the setting of foster family placements entails questions as to our representations concerning two major issues. The first is separation: envisaging the development of a child away from his or her birth parents is not a readily acceptable notion in our society. This has not always been the case, but today the ideology of biological ties is very present. It often prevents situations of this sort from being considered calmly, giving priority to ensuring the most harmonious development possible for the child. The second issue is that of major, chronic parenting disorders, at odds with the private, internal representations on which we construct our own selves. Our own links with parenthood are called into question, links that are built on our experience as children of our parents, on our present manner of sustaining these links, and on our own experience as parents. In addition, transgression by parents of the symbolic laws that govern our societies deprives us of our usual points of reference (Lamour, 2003).

Bonding pathologies systematically occur in children who have had to be removed from their parents because of the stalemate in the parent-child relationship (Rottman, 2001). The symptoms that express this state of affairs vary, ranging from early relational trauma (Bonneville, 2008) to less obvious symptoms. The underlying psychopathology, if it is not taken into account, always leads on to a major risk of repetition of the bonding pathology in the foster care setting, and hampers the development of the child despite the separation.

This separation also involves its own pathogenicity. Children separated from their parents lose the familiar environment and mode of functioning that begins to form in utero. This environment, on the basis of which the child constructs him/herself, is here made up of chaotic, unpredictable elements. It also entails moments of strong fusional relations that the child will have difficulty relinquishing, such as pleasure given to the parents at the time of certain interactions, frequently pathogenic or violent. For the parents, the separation is a loss that revives painful memories of their own chaotic histories. It is often the loss of a child-object that has been envisaged as a form of therapy.

However separation in itself is not care. The care system is confronted with a child in a state of unspeakable distress. The child taken into care needs first of all to retrieve a will to live, and to revive his or her psychic faculties so as to escape from the extreme isolation with which he/she has been faced. At the start, care is often characterised by an almost idyllic match between the demands of the child and the expectations of the foster family in terms of the care they are to provide. However the child, in spite of himself, carries with him the forces of the parental psychic disorganisation, and will reproduce in his own terms his own particular relational mode within the foster family's private sphere. When faced with this strangeness, the foster family has to cope with losing its own reference markers, and is liable to offer responses that are increasingly ill-suited. This forms an interaction spiral that jeopardises the placement, and entails a serious risk of breakdown. Yet it is continuity that the child needs (Gauthier, Fortin, Jeliug, 2004). The shared history of the encounter between the child and the foster family is an essential element in the treatment of bonding pathologies. The foster family is offering the child an affective living space that is predictable, within which the child plays out scenes experienced previously. If humanising responses are tirelessly provided, they will gradually enable him to escape from the pathological dimension of his primary parental relationship.

For this continuity to establish itself and be lasting, the child, the foster family and the parents all need to be accompanied.

3. Accompaniment and care in foster family placements

Care provision for the bonding pathology presented by the child requires an accompaniment. It is "being with" the child that heals, an accompaniment that enables the child to be no longer alone. The accompaniment occurs in significant areas in the placement, such as the encounters with the parents, relations with the foster family, judicial hearings, and in the child's everyday life (for instance in school). It also means providing for times of just "being together". To make sense, this accompaniment needs to encompass the child's life as a whole, and it also needs to last over time.

3.1 Accompaniment of the child

The reference is the person materialising the child's accompaniment. This person establishes links between the different facets presented by the child placed in a foster family. Thus the child, because of this shared experience, can feel that the reference-person is with him in his anxiety and distress, and also in his moments of happiness and pleasure. He is no longer alone. The reference-person "lends" the child his or her psychic construction. He/she puts names on feelings, expresses thoughts, and establishes links among the different experiences and feelings. He/she becomes a sort of auxiliary ego. In "mediated" encounters[1] (Berger, Rigaux, 2001) the child's reference-person and the mediator are the people who can defuse any aggressiveness.

The team backs up the reference-person's function by providing an institutional setting for exchange and reflection. In addition, the team also provides other relay functions towards the foster family, the parents, the social services and judicial sphere. To illustrate this, the following clinical case can be considered.

Nathalie was taken into a foster family at the age of about three months. Both her parents presented a severe mental pathology. The home was in a state of indescribable neglect. No housework was ever done, there were layers of dirt on all the surfaces (tables, fridge, floor). Bin bags had accumulated inside the house, and the furniture was in very poor condition. There was similar neglect for the parents' personal hygiene and their clothes. Even so, the encounters took place in the home. The parents, whom we will call Mr and Mrs E, exhibited such a degree of social phobia that all attempts to organise encounters elsewhere failed.

Nathalie, at the age of about nine, is preparing for a visit to her parents' home. In the department car, she opens a book and hides behind it. She makes no response to verbal prompts, but she is listening closely to the conversation. In the course of the encounter, she exhibits a state of excitement, thus signalling her internal struggle and her defensive mechanisms towards this situation.

Following the encounter, she says nothing, but she is anxious to get back to her foster parent.[2]

Nathalie does not confide anything on the subject of the encounter. But in the institution, her word is relayed in the debriefing meeting by her reference-person. Thus what cannot be shared is nevertheless present in the meetings, with its load of tensions and rifts. In these meetings, when the situation is discussed, the reference-person has a clear impression that she is misunderstood. She feels isolated within the team, just as she did at the end of the encounter.

Because of the increasing rift within the institution, we offer the parents a consultation in their home. We thus discover that what is unbearable is not merely the material environment, but above all the experience of having to strive against the pervasiveness of the parental deficits, figured by the state of neglect, a pervasiveness that takes over our senses. This struggle falls short of words, it invades the body: trying to breathe evenly so as not to retch at the stink, searching for a way to sit so as to feel the sticky contact with the chair as little as possible, the noise of our shoes sticking to the dirty floor, and the sound of Mrs E grinding her teeth, and the visual apprehension of indescribable, unacceptable,

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[1] These are encounters attended by both the reference-person and a second "mediator".

[2] In the French placement system, one person in the receiving family (generally the mother) is registered and salaried by the social services, and the partner enters into a contractual agreement with her and the social services. We will hereafter refer to the "foster parent/mother".

pervasive filth in a house that is nevertheless a home and lived in. The feelings that arise from this shared experience enable the team to overcome the rift and also to gain a better representation of the child's experience.

Our accompaniment made it possible for Nathalie not to experience these encounters as repeated trauma. She constructed and interiorised parental representations that were more acceptable and more humanising.

We will now consider the period roughly extending from the age of six to Nathalie's majority. Mr and Mrs E do have parenting skills. They cooperate in all matters of parental authority. They can envisage their child even when she is not present, and they establish links between visits.

In the first period from the age of six to pre-puberty, Nathalie exhibits the desire to provide care for her parents. She thus wavers at length between the idea of becoming a nurse to take care of them or being a cook to feed them. She appeals to us for any help we might provide for them. Despite numerous procedures towards the adult psychiatry facility, the GP and the legal representation, we fail to get the situation moving.

In school, Nathalie's exercise books reflect the encounters with her parents. In the weeks when they occur, the pages are crumpled and dirty.

The framework of the encounters is arranged so as to avoid confronting the child with episodes of excessive alcohol consumption in her father. At the same time, Nathalie shows the need to see her parents. She presents depressive symptoms when visits are cancelled for several months because of somatic decompensation linked to her father's addiction.

In the course of the encounters, the parents make references to their family history. In this way Nathalie discovers the existence of a half-sister who died in infancy. The mother exhibits considerable distress on the subject of this loss. Since this raises questions from Nathalie, we suggest joint consultation with Nathalie and her mother and the department psychologist on the subject of this loss so as to put words on the grieving. This leads us to the grave of the deceased half-sister.

When she enters secondary school, Nathalie's desire to care for her parents no longer takes the form of her professional future. There is a first sign of distancing. She gives them presents - perfume for her mother, dried sausage (a French speciality) for her father. She enters a phase of resignation that will last several years. She realises the irreversible nature of her parents' pathologies. She accepts this reality and relinquishes the idea of having a duty to care for them. This renouncement is backed up among other things by reorganisation of the frequency of visits. The decisions in this area do not involve the teenager, so as to avoid hampering the process of individuation in which she is engaged.

Today Nathalie is a young adult who narrates her history encompassing both her birth family and her affiliation to her foster family (Cadoret, 1995; Catry, 1998). She intends to study landscaping so as to work in parks and gardens.

The accompaniment of the child in his or her encounters with the parents is an extremely important moment in the care process. Encounters in presence of a mediator are the most suitable form of organisation for these visits. This is all the more so because the actual presence of the child can be perceived as a form of persecution by the parents.

Mrs P, prior to the encounter, talks of her son Paul as her sunshine, her joy. She has been thinking of nothing else for several days. They understand each other. Mrs P enters the mediated encounter room. Paul, aged 5 months, is lying on his back. There is a little dribble from the corner of his mouth. Mrs P notices it at once, and reacts: "You're doing that on purpose, you're dribbling! You know I don't like it, it's disgusting". And bearing out her words she takes a paper tissue and wipes his mouth and chin so hard that it reddens his face. Paul has not moved, he has gone floppy.

3.2 Accompanying the foster family

Treating bonding disorders also involves the foster family. This family has an essential place in the placement system. Since the foster family is in charge of the child's daily life, it offers a reassuring frame of reference. The foster parent (i.e. the parent registered with the social services) takes the child into family life, thus mingling the professional and the private spheres. It is this combination that gives the care process its wide scope.

The accompaniment of the foster parent by the team is intended to sustain the orientation, provide external markers, and open up to other educational ideas and other ways of understanding the experiences of the foster family with the child. The child that they hope to restore may well not meet their expectations, and fall short of their fantasised healing mission. The foster parents are frequently challenged, and may have feelings of shame, and great difficulty sharing experiences if a relationship of trust is not established with the accompanying team from the start of the placement.

Jacques was 5 years old when he arrived in his foster family. Prior to that he lived for two years in a nursery. The first few weeks in the foster family go quite well. But Mrs G is distressed by the increasingly difficult behaviours on the part of the child, to which she responds in the form of increasingly strict educational requirements. She has difficulty confiding her difficulties in us. She is wary of our judgements. She somatises her fatigue and anxiety in the form of violent bouts of migraine. This continues until Jacques pushes her to the limit, and Mrs G actually hits the child. The violence that overtook her causes her extreme distress. She seeks help from the placement team. In her description of the violent scene she omits one very important element. After hitting the child, Mrs G had the impression that the child experienced great relief, and she even felt that Jacques derived pleasure from being hit. This element, which she relegates to second position, fascinates her. Mrs G is gradually overtaken in her relationship with Jacques, and third parties are progressively excluded.

This clinical vignette illustrates at once the encroachment of the past family history on the foster family, and the effect of fascination and excitation of this history on the psyche of the foster parent in charge of the placement. The role of the team as the third party regulating direct access between foster family and birth family is extremely important. This filter protects the fostering environment from the destructive impact of family histories where the fundamental symbolic laws are violated. The space afforded the child who is protected in this manner is a space that structures, maintains the child in his right position, and provides the necessary affection. This differentiation of spaces needs to be envisaged in the practices and the daily life of the fostering environment. In this way the child is spared the confrontation with two attachment figures that are often at complete odds. When this differentiation is ignored, the effects can be immediate.

We receive a postcard for Louis aged 3 from his father. Generally the reference-person reads it to him in an affectively neutral environment, and he then takes it away with him and has pleasure showing it to the foster family. On this particular day, for practical reasons, the reference-person fails to differentiate the spaces. Louis comes upon the postcard in the foster family home. The content is adapted as usual. But this time Louis exhibits major behavioural disorders for two weeks.

The presence of a fostered child also reshapes ties within the foster family.

A new balance needs to be found among the different members, and at the same time the foster parent/mother is less available, and cares for the fostered child with the same gestures as those she has for her own children, and in front of her own children. It is important for the placement team, by their actual presence, and by way of encounters and consultations, to signify and re-signify the particular place of the foster mother.

The accompaniment of the foster family is intended to gain an understanding of events, and to give meaning to them, so that the experience of fostering becomes manageable. The challenge is to sustain the placement and avoid breakdown. Paradoxically, the fostered child is constantly seeking reassurance regarding this sustainability, and constantly challenging it. We can quote Emmanuel Dirat (2010) in this respect, formerly a fostered child: "I still have this strong tendency, which is disagreeable for those around me, to test the attachment and the ties by hurting them - a sort of proof of love by hurting. This interplay brought to bear by the majority of fostered children causes distress to those who seek to commit themselves to helping, but is meant to test the strength of the ties".

3.3 Accompaniment of the parents

Accompanying the parents requires an assessment of any genuine ties existing between parent and child (Rottman, 1999). We do indeed often note inconsistency between parental discourse and the direct observation of interaction. The representations of the child entertained by the parental psyche do not match the child as he or she really is.

Mrs P talks of her son Paul as a student in commercial college. "He needs a watch. I'm going to buy him one. On his next visit I'll teach him to tell the time". Paul is 7 months old.

In interactions the real child gives way to a "surface" onto which the parental imaginary child is projected. In this system of interactions the mother does not seek an affective tuning between herself and her child, but between herself and an imagined child, in other words between her and herself. The real child then disappoints. Despite all his efforts he is confronted with solitude and loneliness, even when the parent is physically close.

Paul is one year old, sitting on the floor with his mother in front of him. They are playing with a three-sided toy with activities on each side. The mother asks her son to do the same as she does. But he is prevented from doing so because she is operating the side that is turned towards her. She reiterates her demand. Paul is attentive, but he cannot respond to her demand. She is then disappointed and turns to us to call our notice: "You can see he doesn't want to play with me". She does not heed our remarks, and cannot identify with the child.

Paul, in the course of our discussion, turns the toy around and does what his mother was asking. She however takes no further interest. She turns to a toy where the interaction is immediate, which she particularly likes. Paul's expression shows devastation. He seeks to attract his mother's gaze, in vain, and finally turns to the adult present at the encounter.

This clinical vignette underlines the importance of encounters in presence of a mediator. A permanent presence is required to gain a relevant reading of the events observed. In addition, the child will, at particular moments that occur without forewarning, need the support of a "benevolent" adult paying attention to him.

These parents need to be contained in reality. Mr and Mrs S are set on claims for the strict application of the judicial decision. They demand "to have Jacques for a whole day a week, like the judge said was their right". When we return at the end of the afternoon to fetch Jacques, Mr and Mrs S are exhausted. The day has been fraught with conflict. Every week we fear the possibility of violent action by the parents on account of the relational atmosphere. It takes several months of work with the parents to instate a climate of trust and to change from full-day to half-day visits, and then to two hours in their home and finally to an encounter accompanied by a mediator on our premises. Mr and Mrs S then develop new relational modes with their son.

The organisation of parent-child encounters needs to be carefully planned and suited to each particular situation. The main risk is a repetition of ill treatment in spite of the separation, or conversely withdrawal and flight on the part of the parents. The absence that then ensues is just as damaging. It leads to massive abandonment distress in the child. In this situation, in the long term an idealisation of the parents becomes established, which can often compromise the ties with the foster family, and this endangers the continuity of the placement.

The accompaniment of the parents is a task that frequently confronts us with disillusionment as to their scope for progress. We are faced with a pathology of knowing how to *be*, not of knowing how to *do*. It is a pathology that relates to knowing how to be with others, and it is merely the consequence of difficulties knowing how to be with oneself. This is well beyond mere educational needs, defined in terms of learning how to nurture, play, and so forth. Nevertheless, the attention paid by the team to the parents is fundamentally important. Despite the need to contain their desires, it is essential to also make use of the healthier aspects of their parenthood. This attention makes it possible to relieve the child of the burden he feels of having to be the child-therapist for his parents, by diffraction of that same burden towards the care team. This humanising work with the parents gives us access to the parental history, and enables us to construct a representation of it. Parental accompaniment overall is essential to generate and give life to the symbolic ties with the child, helping to keep the ties alive should the parents leave us to cope with long periods of absence.

The accompaniment of the parental function by the placement team is thus essential to maintain a meaningful parent-child link over time, its symbolisation and its elaboration. This attention to the parent-child relationship starts from the separation, which then translates into a quest for the right distance in the frequency of encounters. Only the clinical profile and progress of the child can enable its definition. Overwhelming and loss are the main pitfalls. Finding this distance is also the determining condition for the child to return to his position as a child and as a subject.

3.4 To conclude

The confrontation of a baby, and later the child, with major, chronic parental malfunction has very serious consequences for the child’s neurological and psychic development. The earlier the separation from the parents occurs, the more accessible are these developmental disorders to care (Mouhot, 2003). Placement in a foster family is not a simple relay function. It has a complex dynamic, punctuated by processes of reiteration of the primary bonding pathology. To care for this pathology and avoid the repetition, placement in a foster family requires accompaniment by a team focusing on the particular clinical profile of the child, and accompanying the different protagonists in the placement.

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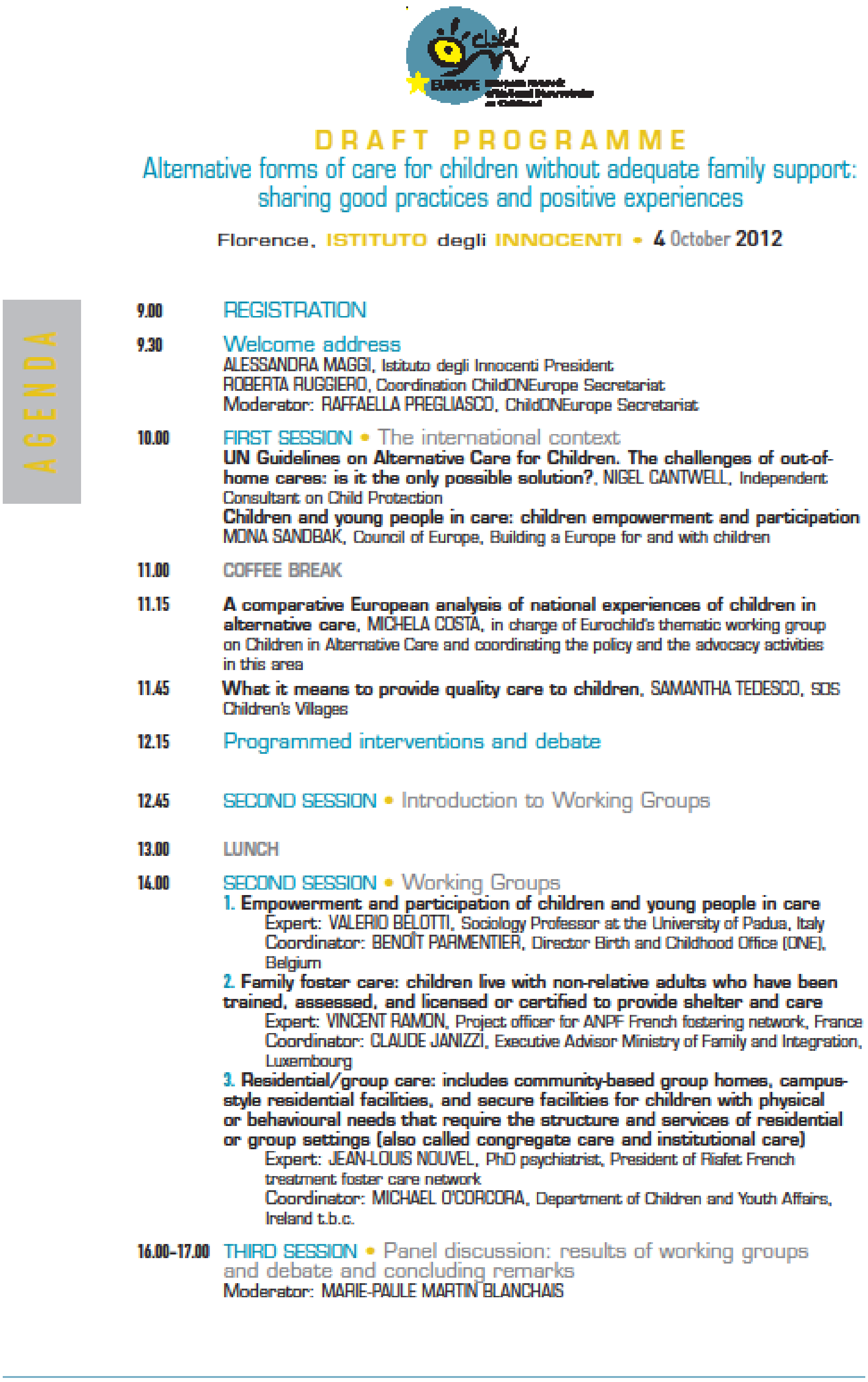
Programme of the Seminar



ChildONEurope European network of National Observatories on Childhood

DRAFT PROGRAMME

Alternative forms of care for children without adequate family support: sharing good practices and positive experiences

Florence, ISTITUTO degli INNOCENTI • 4 October 2012

AGENDA

9.00 REGISTRATION

9.30 Welcome address
ALESSANDRA MAGGI, Istituto degli Innocenti President
ROBERTA RUGGIERO, Coordination ChildONEurope Secretariat
Moderator: RAFFAELLA PREGLIASCO, ChildONEurope Secretariat

10.00 FIRST SESSION • The international context
UN Guidelines on Alternative Care for Children. The challenges of out-of-home cares: is it the only possible solution?, NIGEL CANTWELL, Independent Consultant on Child Protection
Children and young people in care: children empowerment and participation
MONA SANDBAK, Council of Europe, Building a Europe for and with children

11.00 COFFEE BREAK

11.15 **A comparative European analysis of national experiences of children in alternative care**, MICHELA COSTA, in charge of Eurochild's thematic working group on Children in Alternative Care and coordinating the policy and the advocacy activities in this area

11.45 **What it means to provide quality care to children**, SAMANTHA TEDESCO, SOS Children's Villages

12.15 Programmed interventions and debate

12.45 SECOND SESSION • Introduction to Working Groups

13.00 LUNCH

14.00 SECOND SESSION • Working Groups
1. **Empowerment and participation of children and young people in care**
   Expert: VALERIO BELOTTI, Sociology Professor at the University of Padua, Italy
   Coordinator: BENOÎT PARMENTIER, Director Birth and Childhood Office (ONE), Belgium
2. **Family foster care: children live with non-relative adults who have been trained, assessed, and licensed or certified to provide shelter and care**
   Expert: VINCENT RAMON, Project officer for ANPF French fostering network, France
   Coordinator: CLAUDE JANIZZI, Executive Advisor Ministry of Family and Integration, Luxembourg
3. **Residential/group care: includes community-based group homes, campus-style residential facilities, and secure facilities for children with physical or behavioural needs that require the structure and services of residential or group settings (also called congregate care and institutional care)**
   Expert: JEAN-LOUIS NOUVEL, PhD psychiatrist, President of Riafet French treatment foster care network
   Coordinator: MICHAEL O'CORCORA, Department of Children and Youth Affairs, Ireland t.b.c.

16.00-17.00 THIRD SESSION • Panel discussion: results of working groups and debate and concluding remarks
Moderator: MARIE-PAULE MARTIN BLANCHAIS

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