carINg

Empowering Child Care Systems and
Supporting Leaving Care from Inside

Good Practices Resource Guide

GOOD PRACTICES RESOURCE GUIDE

Index

Introduction

CarINg is a EU-funded project[1] run by the bilateral consortium (SPA - ITA) involving two municipal actors[2], one provincial institution[3] and ARCO, a university-based research centre[4]. CarINg's objective is to contribute towards the **development of regional/local government strategic and professional capacities to understand and integrate a child-based approach in social work**, improve the quality of support for and protect the rights of children living or at risk of living in alternative care.

Throughout all the phases, CarINg project promotes **capacity building adopting a participatory approach**, engaging key beneficiaries (including children) and supporting the exchange of good practices and methodologies.

This Good Practices Resource Guide is a training tool designed to help practitioners, policy makers and service managers to improve the quality of support for children living or at risk of living in alternative care. This guide has been elaborated by ARCO research centre with the collaboration of other partners of the Consortium.

Good practices have been identified following the results of the situation analysis report (ARCO, 2019), the consultations with stakeholders and desk review. Practices have been classified according to whether they fall into one or more of the following typologies of intervention:

1. Interventions for prevention of alternative care
2. Alternative care practices
3. Actions for careleavers
4. Pre-Post assessment, monitoring and evaluation

Good practices have been selected based on international recognized standards and guidelines, and based on a set of criteria and characteristics that will be explained in the following section. By presenting practices promoted across different countries (European and non-European), this guide aims to give a broad view and to raise awareness about good policies for vulnerable families and children living or at risk of living in alternative care.

The Guide is structured as follows: the first part illustrates the methodology to identify good practices; the second section presents 10 good practice interventions across the 4 typologies mentioned above; the report concludes by highlighting the main findings and recommendations for CarINg future activities.

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[1] Under the call REC: Right, Equality and Citizenship - REC-RCHI-PROF-AG-2018
[2] Ajuntament de L'Hospitalet del Llobregat (leading partner) and the Municipality of Florence
[3] Barcelona Province Council
[4] ARCO research centre/PIN: http://arcolab.org

Relevance and methodology of the guide

This Good Practices Resource Guide is informed by the situation analysis carried out in March-June 2019 (ARCO, 2019) as well as by the consultations with stakeholders and desk review (May-Sept 2019). Good practices have been identified based on a set of criteria and characteristics and based on international recognized alternative care standards and guidelines.

The working definition of **"good practice**" used in this report departs from the following one:

> *Good practice is a process or methodology that has been shown to be effective in one part of the organization and might be effective in another too. A good practice is defined as anything that has been tried and shown to work in some way—whether fully or in part but with at least some evidence of effectiveness —and that may have implications for practice at any level elsewhere.*

<div align="right">

[Serrat, O. 2017]

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However, our definition is not limited to "effectiveness" as it includes other criteria. A set of "*Core criteria*[5]" have been used to understand if the practice can be considered as a good practice:

1. **Relevance for CarINg**: relevance of the practice or intervention for CarINg project and for its future activities
2. **Detailed description of intervention characteristics**: established objectives are achieved through a set of activities that are described and detailed
3. **Evidence and theory based:** the practice is based on a sound theoretical approach
4. **Effectiveness**: the degree to which the intervention is successful in producing a desired result in an optimal way
5. **Participation**: the inclusion and participation of stakeholders is guaranteed throughout the whole life cycle of the process
6. **Intersectoral Coordination:** the program fosters collaboration among the different sectors (E.g. social and health services; public and private sector)

Finally, 2 "*Qualifier criteria*" have been added:

1. **Equity**: the practice considers the needs of the particularly disadvantaged population, such as children with disabilities or children from ethnic minorities
2. **Transferability**: the implementation results should be systematized and documented, making it possible to transfer it to other contexts/settings/countries or to scale it up to a broader target population/geographic context.

While the above-mentioned criteria can be applied to any practices regardless of the sector, It is important to identify some common features, standards and key elements that allow us to consider
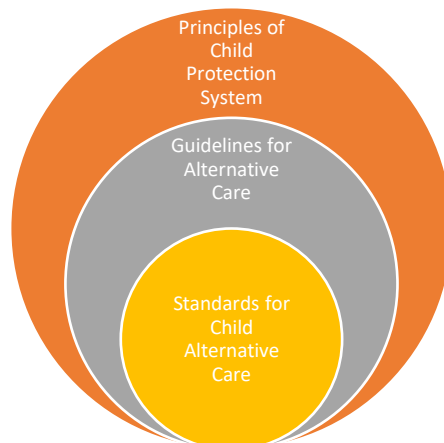
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[5] Criteria to select best practices in health promotion and chronic disease prevention and management in europe - European Commission Directorate-general for health and food safety

a practice as good based on its capacity to improve the well-being of children living or at risk of living in alternative care.

The European Commission, the United Nations, and a partnership of three international organizations, developed a set of **international recognized alternative care principles, standards and guidelines** which should inform the evaluation and monitoring of interventions for vulnerable children and their families at local, regional and national level:

1. **The 10 principles for integrated child protection systems** (Annex 1), presented at *the 9th European forum on the rights of the child (2015),* represent a contribution to ensuring that national child protection systems form a protective environment around all children in all settings and give an overall overview of how to foster cooperation and collaboration with and among stakeholders;

2. **UN Guidelines for the Alternative Care of Children,** adopted in 2010 by the General Assembly of the United Nations, set out desirable orientations for policy and practice and are intended to enhance the implementation of the Convention on the Rights of the Child and of relevant provisions of other international instruments regarding the protection and well-being of children who are in alternative care;

3. **The Quality4Children Standards** (Annex 2), developed by three international organisations, FICE[6] (Fédération Internationale des Communautés Educatives), IFCO[7] (International Foster Care Organisation) and SOS Children's Villages[8], provide concrete quality standards in the field of alternative childcare.

Figure 1 - Key Principles

As far as the national child protection system is concerned, the European Commission states that the primary responsibility of each Member State is to establish **comprehensive and integrated child protection systems** as the way in which all duty-bearers (namely the state authorities represented by law enforcement, judicial authorities, immigration authorities, social services, child protection agencies, etc.) and system components (e.g. laws, policies, resources, procedures, processes, sub-systems) work together across sectors and agencies sharing responsibilities to form a protective and empowering environment for all children. In an integrated child protection system,

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[6] https://www.ficeinter.net/ [Retrieved 29/10/19]
[7] https://www.ifco.info/ [Retrieved 29/10/19]
[8] https://www.sos-childrensvillages.org/ [Retrieved 29/10/19]

components and services are **multi-disciplinary, cross-sectorial and inter-agency, and they work together in a coherent manner.** Strengthening and integrating child protection systems was the main topic of the 9th European forum on the rights of the child (2015). The aim of the Forum was to bring together stakeholders working on rights of the child and child protection, to promote more effective coordination and cooperation in integrated child protection systems. **Ten principles for integrated child protection systems** were discussed at the meeting. The ten Principles are based on a child-rights approach and fully recognise children as rights-holders, placing emphasis on enhancing children's resilience and capacity to claim their rights, with due regard to the cross-cutting principles: the best interests of the child, non-discrimination, child participation and the right to life, survival and development.

All the selected good practices are coherent with the 10 Principles and promote cooperation among stakeholders as basic principles to build a protective and empowering environment for all children.

The **UN Guidelines for the Alternative Care of Children**[9] are the benchmark for identifying standards and provisions for children living or at risk of living in alternative care. The purpose of the Guidelines is to enhance the implementation of the Convention on the Rights of the Child[10] and of relevant provisions of other international instruments regarding the protection and well-being of children who are deprived of parental care or who are at risk of being so. They are designed for wide dissemination among all sectors directly or indirectly concerned with issues relating to alternative care, and seek in particular to guide policies, decisions and activities of all concerned with social protection and child welfare in both the public and the private sectors, including civil society.

UN Guidelines (particularly child's participation to decision making, promoting parental care, preventing family separation and determination of the most appropriate form of care.) represent key elements of the practices that have been selected.

Working in the best interest of children without parental care is the common driving force of the three international organisations, FICE (Fédération Internationale des Communautés Educatives), IFCO (International Foster Care Organisation) and SOS Children's Villages. Through Quality4Children (Q4C), this partnership seeks to improve the situation of children without parental care and support their development by means of alternative care quality standards. The **Quality4Children Standards** (Q4C) represent the resulting work of the cooperation of three organisations in building a participatory approach in developing quality standards in the field of alternative child care. The Q4C Standards consist of a set of 18 standards, which are organised according to the 3 care phases:

1) **Decision making and admission process**: this process has two phases, the assessment of the child's situation in order to decide on the best possible solution, and the steps leading to the integration of the child into his/her future living situation. Quality standards include: (i) *the child and his/her family of origin receive support during the decision-making process*; (ii) *the alternative care process is guided by an individual care plan*.

2) **Care-taking process**: it is the period between the admission process and the leaving-care process. It embraces the actual care and support from the caregiver. Quality standards include: (i)

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9 Resolution 64/142: Guidelines for the Alternative Care of Children (UN General Assembly, 2010)
10 Convention on the Rights of the Child. Adopted and opened for signature, ratification, and accession by UN General Assembly Resolution 44/25 of 20 November 1989. Entry into force 2 September 1990, following article 49.

the child is empowered to actively participate in making decisions that directly affect his/her life; (ii) *the child/young adult is continuously prepared for independent living*.

3) **Leaving-care process:** it is the process through which the child/young adult becomes independent, returns to his/her family of origin or moves to another placement. It includes the further support he/she gets from the (by then) former caregiver. Quality standards include: *the leaving-care process is thoroughly planned and implemented.*

In identifying the good practices, we considered the standards as a starting point for the selection albeit information were not always available for assessing whether all the standards were respected.

After the selection, good practices have been classified according to whether they belong to one or more of the different categories:

☐ Interventions for prevention of alternative care
☐ Alternative care practices
☐ Actions for careleavers
☐ Pre-Post assessment, monitoring and evaluation

For each practice, the report provides a specific sheet with the following information:

Typology	☐Interventions for prevention of alternative care
	☐Alternative care practices
	☐Actions for careleavers
	☐Pre-Post assessment, monitoring and evaluation
Title	Name of the project
Status of the project	☐ On going
	☐ Terminated
Country	Country in which the practice is developed
Promoted by	Organization, institution, local/regional authority
Objective	Main objective of the project
Target	Target of the project (direct and indirect beneficiaries)
Intersectoral coordination and stakeholders involved	Which are the stakeholders involved? Does the project promote intersectoral coordination?
Activities	Description of the main activities and steps of the project
Relevance for CarINg	Why and what is relevant for CarINg project?
Evidence and Theory-Based (ETB)	Which is the theoretical and normative framework of the project? Is the project evidence-based?
Effectiveness	Has the project produced the expected outcomes?
Equity	Does the project include targeted actions for children in particularly disadvantaged conditions? (e.g. children with disability, children from ethnic minorities)
Transferability	Has the project been implemented in other countries/contexts? Is it possible to transfer the project to other contexts/settings/countries or to scale it up to a broader target population/geographic context?
Participation	Which is the degree of participation of children, families and social worker in the process?
Contacts, link and info	More information about the project

Good Practice 1: ABC Behavioural Training

Typology	☑ Interventions for prevention of alternative care ☑ Alternative care practices
Title	ABC Behavioural training (Attachment and Biobehavioural Catch-up for Toddlers (ABC-T) and Infants (ABC-I))
Status of the project	Ongoing
Country	USA
Promoted by	University of Delaware
Objective	The objective is to help parents behave in sensitive and nurturing ways in order to develop a sense of secure attachment and support in children undergoing an age of physiological and behavioural regulation.
Target	The ABC intervention is available for infants between 6 and 24 months of age (ABC-Infant), and for toddlers between 24 and 48 months (ABC-Toddler) that are living in an at-risk environment or in foster care.
Intersectoral coordination and stakeholders' involvement	The program is endorsed by the MIECHV (The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program) -Home Visiting Coalition, The California Evidence-Based Clearing House for Child Welfare, and SAMHSA's National Registry of Evidence-based Programs and Practices.
Activities	The ABC consists of 10 sessions with parents and infants and is implemented in the families' homes. Sessions include manual-guided discussion of intervention content, review of parent homework, activities allowing parents to practice targeted behaviour, and video feedback.
Relevance for CarINg	It is a scientific-based early intervention that can be applied to both birth parents and foster parent. Its focus, early attachment, has major consequences in the child future wellbeing and cortisol regulation. It is an early intervention with great catalyst potential with implication for both foster care prevention and improvement.
ETB	The theoretical foundation of this intervention are attachment theory and stress neurobiology. According to attachment theory, infants and young children develop attachments to parents or other caregivers such that children seek proximity to attachment figures under conditions of threat. According to stress neurobiology, adversity is associated with disruptions in the daily pattern of cortisol production. An attachment theory-based intervention aims at avoiding this disruption in children in foster care and children with high risk parents.
Effectiveness	The ABC program's effectiveness has been proven by randomized clinical trials with both foster parents and birth parents involved in Child Protective Services. It was demonstrated that ABC-I is efficacious in improving theoretically and clinically important outcomes, including parents' sensitive caregiving, children's attachment security, diurnal cortisol levels [11], and negative emotion expression[12] .
Equity	ABC training does not provide specific actions for children in particularly disadvantaged conditions (e.g. children with disability, children from ethnic minorities…)
Transferability	In this intervention the university is in charge of conducting research & training to social workers. Thus, a condition of transferability lies in the presence of a University organization in the municipality.
Participation	Parents and children are actively engaged during the training session. However, as session are standardized, this can lower the degree of participation.
Contacts, link and info	- Contacts: icp@psych.udel.edu ;croben@psych.udel.edu - Link: http://www.abcintervention.org/

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[11] Bernard, K., Dozier, M., Bick, J., & Gordon, M. K. (2015). Intervening to enhance cortisol regulation among children at risk for neglect: Results of a randomized clinical trial. Development and Psychopathology, 27(3), 829-841.
[12] Lind, T., Bernard, K., Ross, E., & Dozier, M. (2014). Intervention effects on negative affect of CPS-referred children: Results of a randomized clinical trial. Child abuse & neglect, 38(9), 1459-1467.

Good Practice 2: Big Brother – Big Sister International

Typology	☑ Interventions for prevention of alternative care ☑ Alternative care practices
Title	Big Brother - Big Sister
Status of the project	Ongoing
Country	International
Promoted by	Big Brother Big Sister International
Objective	The objective of Big brother Big Sister International is to help children around the world through professionally supported one-to-one mentoring relationships to reach their potential.
Target	At risk children aged between 6 and 18. It can also be applied to children in alternative care.
Intersectoral coordination and stakeholders' involvement	Trained staff oversee the engagement of volunteers and the process of making matches. The staff continue to provide support to volunteers, children and their families throughout the life of the match.
Activities	Big Brother Big Sister International consists in a community-based mentoring program for at risk youth aged between 6 and 18. It provides boys/girls and young men/women with a role model to talk to and share their experiences. The activities consist in regular outings (two regularly scheduled outings per month) in which the mentor and the mentee develops a supporting relationship, with the help of experienced caseworkers. The program requires a minimum of a one-year commitment.
Relevance for CarINg	This program stresses the importance of peer to peer intervention in dealing with kids at risk. Its methodology can inform CarINg activities.
ETB	This program is grounded on theories that empathize the instrumental role of mentorship model as well as peer to peer relations.
Effectiveness	This program has been evaluated since 1998. There is scientific agreement on the effectiveness of mentorship programs for at risk youth and careleavers.
Equity	The project does not provide specific actions for children in particularly disadvantaged conditions (e.g. children with disability, children from ethnic minorities…) .
Transferability	It is an international network. The Big Brothers Big Sisters Learning Centre (LC) web-based application is available via Agency Connection and allows affiliates to browse, register for training, manage the education and training of staff, and track professional growth. Through Agency Connection, constant guidance and education is available online: materials are available on topics such as financial resources, strategic leadership, evaluation of board performance, etc
Participation	In this kind of peer to peer program, participation is crucial. Both time and resources are spent in order to provide the kids with a "matching" mentor, someone who is suitable for their characteristics and needs.
Contacts, link and info	Contacts: info@bbbsi.org Link: http://www.bbbsi.org/contacts/

Good Practice 3: P.I.P.P.I.

Typology	☑ Interventions for prevention of alternative care
Title	Programme of Intervention for Prevention of Institutionalization (PIPPI)
Status of the project	Ongoing
Country	Italy
Promoted by	Italian Ministry of Welfare, in association with the University of Padua
Objective	P.I.P.P.I. aims to prevent out-of-home placement and to respond to problems linked to child neglect in view of all children's right to quality care. In the P.I.P.P.I., child neglect is defined as a significant deficiency or a failure to respond to the needs of a child recognized as fundamental on the grounds of current scientific knowledge (Dubowitz et al, 2005[13].; Lacharité, Ethier, & Nolin, 2006[14]).
Target	Children aged 0-11 from vulnerable families. The programme is targeted at families with multiple issues, in which childcare and education are so neglected that they are considered at serious risk of being separated from their under-age children.
Intersectoral coordination and stakeholders' involvement	The Ministry of Labour and Social Policies holds the responsibility of the overall governance of the PIPPI while the Scientific Committee provides the working materials and guarantees the transfer of the methods and tools provided for the intervention and evaluation plan. The two actors both work at the national level. Each region and autonomous province appoint a Regional responsible and create a Regional coordination table. The Social territorial area is the level at which executive actions are taken: each Social territorial area has a Programme coordinator, a Territorial reference group, a Coach and a Multidisciplinary team. • The Territorial reference group is a group of both public and private stakeholders, in charge of guarantying continuity and the presence of all the relevant stakeholders. It organizes the monitoring and evaluation of the programme's activities. • The Programme Coordinator is in charge of keeping the communication effective among all the actors involved. • The Coach is in charge of the acquisition by the social services of the methodologies of the programme while favouring the process of appropriation of the programme by the services, adapting the model to the reality in which it is implemented, accompanying the social services in the implementation of the programme, responding to the professional and organizational problems that emerge during the work. • The Multidisciplinary team is one of the main resources of the programme: it includes the social worker of the Municipality, the psychologist, the domiciliary educator, the support family, the teacher, the paediatrician (when possible) and any other potentially relevant professional.
Activities	P.I.P.P.I. addresses positive parenting and the full, well-rounded development of the child by proposing new ways to respond to problems connected to poor parenting which can lead to child neglect. P.I.P.P.I. carries out specific activities aiming to address the collective action to respond to child neglect: → Home-care intervention: carried out by home-care workers in collaboration with parents and children, this in-home activity takes place in the family's home as part of a shared care plan. → Parents Groups: parents are involved in group activities with other parents, both in connection with the P.I.P.P.I. programme or to the ordinary services provided by the local Social Services.→ Family helpers: each family is provided with a support family or a family helper whose aim is to offer support in concrete aspects of daily life.

[13] Dubowitz, H., Pitts, S. C., Litrownik, A. J., Cox, C. E., Runyand, D., & Black, M. M. (2005). Defining Child neglect based on child protective services data. Child Abuse & Neglect, 29, 493-511.
[14] Lacharité, C., Ethier, L., & Nolin, P. (2006). Vers une théorie écosystémique de la négligence envers les enfants. Bulletin de psychologie, 59(4), 381-394.

	→ Cooperation between schools/families and social services: the school (kindergarten, nursery, or primary school) that each child attends is invited to be a full member of the multidisciplinary team working with the family and to be responsible for its own intervention.[15] The different activities are part of an integrated and shared assessment and care plan. The child's and family's needs are assessed to determine which activities are relevant to their situation.
Relevance for CarINg	PIPPI is relevant for CarINg because the Municipality of Florence is one of the most experienced Italian territories in the implementation of the project. PIPPI focuses on prevention strategies for vulnerable families and child at risk of alternative care which is one of the main topics of CarINg. Furthermore, educators and social workers working within PIPPI implement an operational approach in line with the European guidelines whose validity has been amply demonstrated.
ETB	P.I.P.P.I. is based on the bio-ecology model to human (Bronfenbrenner 1979, 2015). This model emphasizes the complex and complementary relationship between the individual (specifically, the child) and the environment in which s/he lives. The resiliency model is the other theoretical starting point for the interventions of the P.I.P.P.I. programme. Resilience is a concept that can be defined in different ways. P.I.P.P.I. considers resilience as "the ability to activate processes of positive reorganization of one's own life and act in a socially acceptable way, despite critical experiences that could have led to negative outcomes". In the context of the bioecology model, resilience is intended as the result of an ecological process of interactions between people and their environment, in which the individual characteristics have a role as well as the social determinants of this process, such as availability and accessibility of formal and informal services and social policies.
Effectiveness	Effectiveness of the project is demonstrated by qualitative and quantitative evaluation studies (Serbati et al. 2016, Serbati et al, 2017) showing that the project decreases the likelihood that the children are separated from their family thanks to holistic and integrated approach. Degree of effectiveness varies across contexts and typologies of intervention.
Equity	P.I.P.P.I. does not provide specific actions for children in particularly disadvantaged conditions (children with disability, children from ethnic minorities…)
Transferability	The first and the second stage of the P.I.P.P.I. programme were carried out on two-year period each (2011-2012; 2012- 2013) in 10 Italian cities. Moreover, in 2014-2015 and 2015-2016 the first and the second steps of scaling up have begun, where 82 new territories and approximately 1000 children are involved. Then they run the 5th (2016-2017) and 6th (2017-2018) steps with 68 new territories. PIPPI 7 (2018-2020) is running in 19 regions and is involving 3.000 families. It means that the program has already shown that it can be replicated and transferred to other territorial contexts. Furthermore, several reports and guidelines are available both for social workers' training and for the understanding of tools and methods (Quaderno di PIPPI, Fumetto di PIPPI.).
Participation	P.I.P.P.I. is strongly child and family focused, giving children and their parents a voice both in the processing phase of the activities and in the pre and post assessment phase. P.I.P.P.I. considers parents as key-actors in the education process of their children. For this reason, every parent, together with professionals, takes part in the elaboration of decisions and strategies regarding themselves and their children. For parents, participating in P.I.P.P.I. means: - identifying, together with professionals, their children's needs and the actions - to be put in place in order to satisfy them; - participating in meetings and activities with professionals;

[15] Serbati, S., Ius, M., & Milani, P. (2016). PIPPI Programme of Intervention for Prevention ofInstitutionalization. Capturing the Evidence of an Innovative Programme of FamilySupport. Revista de cercetare si interventie sociala
[16] Ibid.
[17] Serbati, S., Santello, F., Colombini, S., & Milani, P. (2016b). Challenges for the Evaluation of the PIPPI-Programme of Intervention for Prevention of Institutionalisation: between Participative and Experimental Pathways. Interdisciplinary Journal of Family Studies, 21(2), 1-24.

	- respecting the agreed commitments; - using specific tools to better understand family's strengths/difficulties and to transform them.
Contacts, link and info	Contacts: Scientific Coordinator of the programme, Professor Paola Milani (pippi.fisppa@unipd.it) Link: https://www.labrief-unipd.it/home-english/p-i-p-p-i/

Good Practice 4: Early and Coordinated Support for Children and Youth

Typology	☑ Preventing Alternative Care
Title	Early and Coordinated Support for Children and Youth
Status of the project	Ongoing
Country	Sweden
Promoted by	National Board of Health and Welfare (Socialstyrelsen)
Objective	Promote integrated prevention measures for vulnerable children encouraging knowledge sharing between different local projects and by providing educational opportunities to staff in the local projects.
Target	Professionals working in local projects that emphasise integrated approaches for children aged 0-18
Intersectoral coordination and stakeholders' involvement	Staff from the Swedish National Agency for Education and Socialstyrelsen managed the Project and worked in a collaborative approach with the National Board of Health and Welfare, and Socialstyrelsen. Each local project is managed by representatives from health, education and social services. This means fostering bottom-up approaches with coordination at national level. At the meso level the project focuses on coordination between different organisations (health, education, and social services) with the involvement of national organisations to steer the work.
Activities	The project was launched by the Swedish government to promote early-intervention and integrated approaches for supporting children at local level, enabling a more preventative approach which can **avoid situations where children are taken into care**. The government project is led jointly by the Swedish National Agency for Education and the National Board of Health and Welfare (Socialstyrelsen). The project started with an initial study, before identifying relevant projects already being implemented at local level if they met the criteria of involving three agencies (social, health and education services). There were 40 eligible projects identified. They are supported by the setting-up of five networks across Sweden for establishing connections between the local projects, enabling the professionals involved in the projects to meet in regional conferences to share their knowledge and experiences. Other support was provided, including a digital platform for sharing knowledge between the different projects.
Relevance for CarINg	The project contributes to the CarINg project, mainly, by inspiring educational activities for professionals that enable them to learn and discuss factors that can improve more integrated and preventative approaches in support of children and young people without parental care or at risk of losing it.
ETB	The importance of integrated care and support for preventing alternative care is rooted in several evidence that confirms that the coordination of support between different sectors (social, education, health, police, employment,

	housing etc) provides a more integrated response to children and families and, therefore, contributes improving the efficiency of services aimed to avoid situations where children are taken into care.
	There are different ways in which this can be achieved in practice and it would include multi-agency teams, involving professionals from different agencies working together on a day-to-day basis. The described practice clearly connects with this framework as long as involves the identification of projects at local level where social, health and educational support is being provided in an integrated way to children and families. These projects then receive support through the creation of regional networks for sharing knowledge between the projects, and extra training for staff involved in the projects.
	Up until now, the project has been welcomed by local authorities who recognise the value of more preventative and integrated approaches to overcome silos and improve outcomes for children.
Effectiveness	External consultants will be contacted to conduct the evaluation at the end of 2020. In addition, Socialstyrelsen and the National Agency for Education will support all of the 40 local projects to set measurable goals for recording results. Representatives of children and families will be involved in the evaluation of the project in 2020, whilst the local projects often emphasise a child-centred approach, where their perspective is made the priority.
Equity	The project does not provide specific actions for young people in particularly disadvantaged conditions (e.g. children with disability, children from ethnic minorities…)
Transferability	The methodology of the practice could be transferred elsewhere, as could the digital platform developed for knowledge sharing.
Participation	Each local project is managed by representatives from health, education and social services, which in practice represents fostering bottom-up approaches with coordination at national level.
	Beyond that, it is important to emphasize that representatives of children and families will be involved in the evaluation of the project in 2020, whilst the local projects often emphasise a child-centred approach, where their perspective is made the priority.
	Finally, participation will be also considered by running a digital platform to encourage discussions between the people involved in the projects all over the area of influence of the project
Contacts, link and info	Contacts: Kjerstin Bergmen, Project Leader, Kjerstin.Bergman@socialstyrelsen.se
	Link: https://www.esn-eu.org/hu/node/2739

Good practice 5: Newborns

Topic	☑ Alternative care practices
Title	Newborns (Neonati)
Status of the project	Ongoing
Country	Italy
Promoted by	Municipality of Turin
Objective	The Project, a particular form of short term foster care for children from 0 to 24 months is configured as a service that has the primary objective of guaranteeing the child a suitable environment to receive, immediately, privileged care and

	attention as fundamental elements for his/her future psycho-physical balance. This objective is strongly shared by all the stakeholders of the projects
Target	Children, 0 - 24 months, who are in a situation of very high uncertainty about their future and stable placement. Target children are children for whom the Court has decided that they must be temporarily removed from the birth family and placed in foster care.
Intersectoral coordination and stakeholders' involvement	The main stakeholders involved are: - Local Social Services - Juvenile Court - Child psychologists and psychiatrists, - Social workers (including educators), - Foster families' associations. Collaboration between different actors is systematized through procedures of intervention which apply group work as a privileged system of management, coordination, monitoring and evaluation. Detailed procedures, areas and phases of intervention, specific and shared functions and tasks, requirements, criteria, rights and responsibilities of key subjects are all clearly identified.
Activities	It is a short-term foster care (possibly no longer than one year) for children from 0 to 24 months. The foster family welcomes the child and carries out parental functions supporting him/her in the transition to a more stable placement ("Bridge" function). Together with the provision of the Juvenile Court, the social services provide an evaluation of the resilience and the recoverability of parenting skills that allows the definition of the child's future in a short time. The social services, also through the observation of the meetings between child and birth parents that take place in a neutral place with the supervision of educators, are committed to: - supporting the parenting skills, - assessing the opportunity to start a recovery path, - keeping it in time so as to provide the judiciary with all the elements so that he/she can decide about the future of that child (return with the parents, placement with the extended family, long-term care, opening to foster care).
Relevance for CarINg	The project is relevant because it deals with two aspects: on the one hand, social services work on the recovery of the parental functions of the birth family, on the other hand the child lives the first months of life in a stable affective situation which can positively affect his/her future happiness. Both the right of vulnerable parents to have time to recover their role and the best interest of the child are respected.
Evidence and Theory Based	The theoretical and scientific assumption of the project is the attachment theory which holds that it is possible to build a secure identity, a strong personality that will be able to create satisfactory bonds, only thanks to the presence, alongside the children, of stable nursing figures from the first months of life. These nursing figures: - know how to respond adequately to the needs of newborns, - know how to be there in a balanced and stable way, - know how to keep them close to themselves, - know how to establish an emotional contact, - are able to separate from children when necessary In terms of the collaboration between different subjects and the networking process, it should be noted that the methodology of intersubjectivity and co-construction was rigorously adopted, both with institutional organizations and with associations and families.
Effectiveness	An evaluation has been conducted showing that about 35% of target children do return to live with their parents who have regained their parenting skills and are able to take care of the child. In the other cases, results show that children are better off, although they are channelled into the adoption system. For these reasons the project has often been presented as good practice to several conferences (e.g. "Experiences and good practices of family custody in Italy", promoted by the National Coordination of foster Services, 24th of October 2019).
Equity	As it is more difficult to find foster families for children with disabilities, this project envisages an additional effort to work with associations that deal with people with disabilities.

Transferability	The project is potentially trasferable in other contexts with some assumptions, in particular the construction of a constant collaboration (protocol) among all the stakeholders involved, including the juvenile court and all other subjects (social services, associations, foster families, psychologists, social educators, etc.)
Participation	The project promotes the participation and active involvement of all the actors in different ways. For foster families there is a support group so that they understand the meaning of the process and make it as natural as possible. For birth families, there is a path to recovery of parenting functions and they can meet their child in a neutral place at least once a week. Educators are the bridge between the two families who do not know each other until the judge takes a final decision about the child. The foster family is encouraged to support that of origin so that the child can return to live with them. Moreover children, through playing, have the opportunity to express their feelings and emotions.
Contacts, link and info	Contacts: Patrizia Gamba, Social Worker and project supervisor patrizia.gamba@comune.torino.it Link: http://www.comune.torino.it/sfep/sfep/documentazione/progetti/neonati.shtml

Good Practice 6: SOS family home

Typology	☑ **Alternative Care**
Title	SOS family home
Status of the project	Ongoing
Country	International, 136 countries
Promoted by	SOS children's village
Objective	SOS family home objective is to provide a safe and caring environment for each child in need. The aim is to provide the most family-like setting a child in foster care can experience.
Target	Children who have lost parental care and cannot live in their families of origin.
Intersectoral coordination and stakeholders' involvement	With the help of sponsors, donors and community partners, SOS families share experiences and assist each other. They form a network of mutual support in order to create a caring and supportive environment. SOS works in tandem with communities' leaders, public schools and other local organizations.
Activities	The program provides quality alternative family-based care services. More in detail, SOS families provide individualised care and promote the development, education and health of the child. Girls and boys of different ages live together. Every effort is made to keep biological siblings together. SOS families are headed by SOS parents who are professionally trained caregiver, who creates emotionally stable and resilient relationships. An SOS parent's duties include working with children's biological families and community members to ensure the rights of all children are respected. SOS families are headed by an SOS mother/parent who is directly responsible for the care and development of each child. The location is usually a home setting rather than an institutional one. Great importance is given to the cohabitation of siblings and each child's birthday is celebrated.
Relevance for CarINg	SOS family homes are an interesting case of high-quality alternative care provision. They represent a middle ground between institutionalization and family-based care. Furthermore, they can be inscribed in the wider trend of foster parenting professionalization**.**
Evidence and Theory Based	The theoretical base for the work of the whole organization (although not explicit) is the capability approach. Using the capability approach (CA) as a theoretical foundation for understanding children as subjects of human development means considering children not simply as recipients of freedoms, but as active social

	actors and agents in their communities with their own priorities, strategies and aspirations.[18]
Effectiveness	SOS family homes have been widely evaluated all over the world during the last 70 years. In the occasion of the 70th anniversary of SOS children's village, a comprehensive report on its impact and return to investment was published. Effectiveness and social impact are measured according to an established methodology.
Equity	SOS family does not provide specific actions for children in particularly disadvantaged conditions (children with disability, children from ethnic minorities…)
Transferability	The level of transferability is high as shown by the fact that the project is already implemented in 136 countries. In fact, its structure is adaptable to different cultural contexts.
Participation	Children are constantly involved in SOS families. They are informed and consulted in decision-making processes affecting their lives, keeping in consideration their age, maturity and abilities.
Contacts, link and info	Link: https://www.sos-childrensvillages.org/

Good Practice 7: Agevolando

Typology	☑ Actions for careleavers
Title	Agevolando
Status of the project	Ongoing
Country	Italy
Promoted by	Agevolando, careleavers' association
Objective	The objective is to foster active participation of children leaving alternative care by building relational, living and working opportunities. This is done by creating and supporting the network of actors and organizations. Furthermore, the project carries out awareness-raising activities on the situation of careleavers and their needs, in order to be able to act and lobby at political, regulatory and cultural level.
Target	Careleavers
Intersectoral coordination and stakeholders' involvement	The project includes a variety of partners ranging from associations, Municipality's employment centres, social services, housing organisations.

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[18] Ballet J., Biggeri M., Comim F. (2011) Children's Agency and the Capability Approach: A Conceptual Framework. In: Biggeri M., Ballet J., Comim F. (eds) Children and the Capability Approach. Palgrave Macmillan, London

	The project is divided in many sub-projects conducted by different actors. Here below the most relevant activities. **-Casa dolce casa** (Home sweet home): it is a project that the Agevolando Association promotes to foster the autonomous living, working and personal life of young adults coming from alternative care experiences. Through the "Casa dolce casa" project the association offers housing opportunities at reduced costs, in the logic of social housing. **-Careleavers' offices**: these services are designed specifically for young people leaving care and who can rely on the offices for information and support. The objective of the offices is to support young people in achieving autonomy. In the various cities where they are based the offices offer careleavers several opportunities including information, training opportunities and laboratory activities, orientation, listening and emotional support, possibility to meet and to organize events. The offices do not intend to replace the services already present in the territory, but to act in a complementary way, favouring the network between the various subjects that can facilitate youth in their access to more traditional services (Employment Centre, Informa Giovani, Sportello Sociale, etc ...). **-BenEssere (WellBeing**): started in 2017, it is a first response to the emotional and relational needs of young adult leaving care. It offers them the "Knowing myself- Knowing ourselves" Laboratory on specific topic such as communication and emotions, and the "I am excited" laboratory, attended by minors and young adults former guests of educational communities. Sessions of psychotherapy were also provided. **-It's good**: the objective of the project is to create ice-cream production workshops and sales points run by careleavers. **-LeaveCare- LiveLife**: it is aimed at creating a space for the participation and active citizenship of careleavers (the European Care Leavers Network), so that they become actors of exchange and reflection activities and propose suggestions and ideas to improve policies related to alternative care and the actions to be taken to support young people during the delicate phase of "exit" from reception systems. The goal is to give young care leavers more tools to better face independent future life. **-Vivo.con:** the initiative aims at promoting temporary cohabitations between young adults who have lived part of their lives in alternative care and individuals, couples and families who have a space available and the desire to get involved to host them. **-Cittadini affianco:** (Citizens side by side) it intends to build and develop a network of families and / or single persons that can act "side by side" of the everyday life of careleavers who experience for the first time the housing autonomy. The objective is to offer the opportunity to these young people to be able to count on someone who can give them support in facing all the everyday situations that they are still unable to master.
Relevance for CarINg	This programme comprises the adoption of multiple tools and interventions aimed to enhance and promote careleavers empowerment and sense of belonging. As CarINg needs to develop tools tailored on carleavers' needs, Agevolando can provide illustrative examples as well as contacts.
ETB	The approach relies on the importance of creating a network of stakeholders with the aim of providing the space for community participation and sense of belonging. This stress on community and participation can be related to the Capability Approach elaborated by Amartya Sen[19].
Effectiveness	The project cannot count on an external independent evaluation certifying the positive impact of its activities, however the evidences gathered show that the all the activities are implemented, and the beneficiaries are better off in terms of social inclusion.
Equity	Agevolando does not provide specific actions for children in particularly disadvantaged conditions (children with disability, children from ethnic minorities…)
Transferability	The association provides technical assistance to those who want to open new branches and provides **ad hoc guides for services aimed at young adults.**
Participation	One of the main features of the Agevolando association is the high level of participation by the young people involved in the design of the activities. The association aim at acting as a "megaphone" for the voice and needs of careleavers.
Contacts, link and info	Contacts: info@agevolando.org

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[19] Sen, A. (1999). Commodities and capabilities. OUP Catalogue

	Link: http://www.agevolando.org/contattaci/

Good practice 8: Prepare for Leaving Care

Typology	☑Actions for careleavers
Title	'Prepare for Leaving Care – A Child Protection System that Works for Professionals and Young People'
Status of the project	Terminated
Country	Croatia, Italy, Latvia, Lithuania, Spain
Promoted by	SOS Children's Villages, CELCIS and Eurochild
Objective	Prepare for Leaving Care is a two-years project co-funded by the Rights, Equality and Citizenship (REC) Programme of the European Union (2017-2018), aimed to ensure that the rights of young people in alternative care are respected and that they are prepared for an independent life. The overall objective of the project is to embed a child rights-based culture amongst care professionals to improve outcomes for children and young people, in particular in the preparation for leaving alternative care.
Target	Care leavers, those who are moving out of a formal care placement when they attain the legal age.
Intersectoral coordination and stakeholders' involvement	The project is being implemented in five EU countries, involving 35 national partners including ministries, 10 public authorities, ombudspersons, child and youth-focused organisations, as well as over 50 young people.
Activities	This project was set up to develop and implement a state-of-the-art training programme for care professionals who work directly with careleavers in order to equip them with the skills, knowledge and tools. To achieve this goal, the voices of young people with care experience from five project countries (Croatia, Italy, Latvia, Lithuania and Spain) were listened. Through peer-to-peer interviews, these young people have shared what worked for them during the leaving care process, what should remain the same and what should change, as well as what skills, knowledge and experience people who work with care leavers need to have. The project builds on the experience of the project partners to develop and deliver a training programme that enables care professionals to learn how to integrate a child rights-based approach into their work and how to best prepare children and young people for leaving care.
Relevance for CarINg	Five guiding principles emerged out of the scoping undertaken at the start of the project "Prepare for Leaving Care": - peer-to peer, - building sustained relationships of care and respect, - aiming for high levels of participation, - promoting and protecting all human rights of children and young people the need for an inter-sectoral approach. All these principles are relevant for CarINg, which also includes training sessions for social workers among its activities. This project can therefore be useful for the CarINg training component.

ETB	The UN Guidelines for the Alternative Care of Children provide a valuable framework for the development of quality childcare services. Within the Guidelines are clear recommendations to States to develop a range of policies and services for children and young people who must leave their care placement when they reach the legal age this becomes necessary – when they age out of care. The Guidelines also call for support to care leavers that allows them to 'assume self-reliance and to integrate fully in the community, notably through the acquisition of social and life skills'. Supporting the rights of children and young people who have been in the care system is a priority for the UN, EU and Council of Europe. The Council of Europe Children's Rights Division has demonstrated ongoing commitment to this topic, firstly through its 2005 Recommendation on the rights of children living in residential institutions, and then its 2011 Recommendation on children's rights and social services friendly to children and families. Specifically, the training of care professionals working with children in alternative care is underlined as a key priority in its current Strategy for the Rights of the Child (2016-2021). The project "Prepare for Leaving Care" is based on these principles.
Effectiveness	The project and its outputs were presented in workshops and posters at the European Social Services Conference in Seville (April 2018), the ISPCAN International Congress on Child Abuse and Neglect in Prague (September 2018) and the Eurochild Conference in Opatija, Croatia (October 2018). Furthermore, National policy recommendations for an improved leaving care framework in the five project countries were developed and sustainability road maps were developed in the five project countries in collaboration with key national stakeholders.
Equity	'Prepare for Leaving Care' project does not provide specific actions for young people in particularly disadvantaged conditions (e.g. children with disability, children from ethnic minorities…)
Transferability	It is a cross-country project and more than 400 care professionals across the five countries countries have completed the *Prepare for Leaving Care* training and 10 master trainers from the five project countries were trained, so the project showed its potential transferability. Furthermore 2 main toolkits are available: the practical guidance and the training manual. The practical guidance promote improvement in practice, it stimulates reflection and it provides material. The training manual raises awareness of the content of the Practice Guidance, it builds knowledge and skills to support young people through the process of leaving care and it can help trainees to understand and develop some of the tools which are helpful in the leaving care process. The training component of CarINg can get ideas and suggestions provided by this project.
Participation	Prepare for Leaving Care is a project that has given the youngsters the opportunity to be the owners of their lives and break all this acquired stigma that being in alternative care automatically implies. For that reason, the participation of the young experts from the five countries has been a key element in this project. The impact of the participation of young people with care experience as co-trainers is clear from the training evaluation: the majority of the trainees stated that they had gained a better understanding of the situation of care leavers and that they now know how to support them better.
Contacts, link and info	- Contacts: Project Manager Ms. Florence Treyvaud Nemtzov (train4childrights@sos-kd.org)- Link: https://www.sos-childrensvillages.org/prepare-for-leaving-care

Good practice 9: Nexus

Typology	☑ Care Leavers
	☑ Assessment, Monitoring and Evaluation
Title	NEXUS
Status of the project	Ongoing
Country	Spain
Promoted by	L'Hospitalet del Llobregat. Equipment for Specialized Attention to Childhood and Youngsters from L'Hospitalet del Llobregat (EAIA)
Objective	To address relational difficulties between youngsters who are living in an alternative care centre and their parents
Target	Children, youngsters and parents
Intersectoral coordination and stakeholders' involvement	The practice is leaded by the EAIA. The involvement of other partners depends on each case. Social workers have a pivotal role in setting the plan for the child.
Activities	Nexus's activities include: **Observation for diagnosis** - Assessment of parental skills and skills. - Identification of critical elements of the families - Ensuring that biological visits will be positive and beneficial for the child / youngster. - Identification of the priority needs of each child and planning accordingly. **Personal support to the relationship** - Support to develop nurturing and healthy affection bonds - Ensure that biological visits will be positive and beneficial for the child / youngsters and allow parents to feel recognized as such. **Protection** - Protect the child / youngsters from the possible negative impact that may arise from the visit. **Preservation of the conflictive contacts between relatives** - Preserve the child / youngster of possible conflicts that may arise before or after visits between their relatives and / or co-hosts.
Relevance for CarINg	The project aims to empower the youngsters and work on the development on parents' skills to assure that they can return to their birth families after the measure of protection finishes.
ETB	The project is based on a capabilities approach and systemic theory. As Nussbaum (2011) refers to *combined capabilities*, the internal capabilities of parents have to be fostered in a context that may help them to improve and the familiar relationship become functional for caring of their children. Following this approach, the EAIA promotes the context to support the development of internal capabilities and *creates environments that facilitate opportunities for people to function in accordance with these capabilities* (Gupta, Featherstone and White, 2014). These capabilities require the involvement of the family system striving to self-regulate and fostering the parental capabilities, rather than a linear process working only with one individual (Dallos and Draper, 2000). The combination of both approaches (CA and systemic) have been effective in the social work with families with protection measures involved in Nexus project. Nexus was validated for being part of the good practice's repository from the foundation Sunyer[20].
Effectiveness	The participants involved in the project improved their relationships and learned alternative ways of being together and restore the emotional bonds.
Equity	The focus is on vulnerable children and youngsters that are currently living a protection measure and how to improve their relationship with their parents. The project aims to foster the equal opportunities established in the law of childhood

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[20] https://inlab.fib.upc.edu/en/information-system-carles-pi-i-sunyer-foundation

	"Llei 14/2010 dels Drets i Oportunitats de la Infància i l'Adolescència" and work on the possibility of returning of the children to their homes.
Transferability	The activities can easly be implemented in other contexts conditional on the willingness of social services who shall have a leading role in this context.
Participation	Children's participation is guaranteed throughout all the phases of the project.
Contacts, link and info	Contacts: Head of the service, Carme Fernández Ayerbe , EAIA de l'Hospitalet de Llobregat, (+34)934036220 - mcfernandez@l-h.cat

Good practice 10: Assessing children's functionings and capabilities through PAR

Topic	☑ Assessment, Monitoring and Evaluation
Title	Assessing children's functionings and capabilities: Setting up an evaluation model with a Participatory Action Research (PAR)
Status of the project	Ongoing
Country	SPAIN
Promoted by	Hospitalet del Llobregat Municipality and Diputació de Barcelona
Objective	To set up an evaluation model for social workers to assess their work with children in care by using the Capability approach (CA) framework within a Participatory Action Research (PAR)
Target	Social educators, social workers and physiologists working with children in care in Hospitalet del Llobregat. Young people in care or careleavers Children and adolescents who are in temporary care or in long-term residential care in Hospitalet del Llobregat
Intersectoral coordination and stakeholders' involvement	The PAR is co-funded by the Municipality of l'Hospitalet del Llobregat and the Diputació de Barcelona. "Primary Social Care" and "Childhood" divisions of the municipality worked together under the direct competence of the Welfare and Social Services directorate (including the local basic primary social care teams and the specific unit for intensive action on childhood and adolescence -UBAI-).
Activities	-Systematizing the professional practice with children in care in the municipality of the l'Hospitalet del Llobregat. It implies revealing the narrative that sustains interventions with children in care and generating knowledge enough to communicate it. -Designing a set of indicators considered to be useful in finding out whether or not professional practice with children in care achieve the expected results: both, intermediate changes (related to conversion factors) and final changes (related to functionalities achieved by children in care). -Designing different methodological tools to provide professionals with some specific references for interacting with children and their family to explore and measure their achieved functionalities and capabilities.
Relevance for CarINg	The described PAR has contributed to advance the debate on the theoretical frameworks, procedures, designs and methods to assess the impact of complex development programs within a capability approach perspective. In particular, the PAR focuses its attention on establishing a comprehensive conceptual framework based on the capability approach, to advance an integrated mixed methods

	procedure proposal and to present innovative tools for assessing the work with children in care.
	Its main contribution for CarINg is that a sound theoretical approach together with mixed methods are both required, and their consistent combined utilization can represent crucial for comprehensive evaluations within a perspective of sustainable human development. Specifically, CarINg takes advantage of the PAR's evaluation model for professionals to generate evaluative knowledge about how an intensive Social Services Intervention contributes to making children's in care functionings and capabilities evolve.
Evidence and Theory Based	This good practice was included in the European Evaluation Conference (2016) panel "Reflections on theoretical proposals and practices", under the strand "Evaluation Methods and Research".
Effectiveness	The described methodological tools are still in a production stage, so no clear effectiveness has been demonstrated yet. After the indicators being developed, they are being tested against the professionals' requirements to make sure that the product is addressing the needs identified. At the beginning of 2019, the indicators were introduced in a digital interface to facilitate its use among different social services (who are working with children in care or at risk). And during the following months all types of functional, integration and acceptance testing have been done.
	As soon as the indicators list is fully integrated and validated, the methodological tool (main output of the PAR process) will be distributed among a range of professionals for their beta testing. Effectiveness of the project (in terms of facilitating social workers to evaluate their work with children in care) would then be able to be assessed.
Equity	The project does not provide specific actions for children in particularly disadvantaged conditions (children with disability, children from ethnic minorities…).
Transferability	Some indicators and methodological tools that the PAR considered to be useful in finding out whether or not professional practice with children in care achieve the expected results, will be considered in the CarINg monitoring and evaluation strategy.
Participation	The PAR involved 26 social workers (educators, psychologists, etc.) of the l'Hospitalet del Llobregat municipality in 27 participatory workshops, between January 2017 and February 2019. Those 26 professionals have been actively involved in the design of the process and their own feed-back and claims have been used to drive the PAR itself.
	Workshops with children and families will be carried in next stages of the project to validate, modify or/and extend the obtained indicators. Their participation will be based on living experiences (rather than just reflexive ones) to facilitate a clear and live-grounded feedback for their part.
Contacts, link and info	Contacts: Laura García Hernández Cross-cutting Projects Manager Social welfare department 0034 93 402 99 92 lgarciah@l-h.cat

BOX Family Group Conference (FGC) model

FGC is a **structured meeting between family members and 'significant others'** . 'Family' is determined broadly, to include the child/ren, parents, extended family and even significant friends and neighbours to the family who may not actually be blood related. FGC is a voluntary and participatory process focused on the child, it is a family-led decision-making process based on the strengths of family networks and it leads to concrete and feasible solutions.

Family Group Conferences are used to make plans for children in a number of different contexts: Child Welfare, Youth Offending, Education Welfare, Domestic Violence, Children as Young Carers, Foster Breakdown, Adoption etc. In Italy the FGC model has been applied within the project Family Star (FAMILY group conference and Student At Risk[21]) whose aim is preventing social exclusion and school drop-out.

Objective

The main objective of the FGC is to **facilitate the safe care and protection of a child need through the engagement of different stakeholders**. FGC aims at enabling families to devise the best possible plan for their children, taking into consideration the concerns of the welfare service. In other words, the FGC takes decisions and proposes interventions for vulnerable children for whom it necessary to set up an intervention project to protect them and their well-being.

FGC is a structured meeting between family members, professionals (social workers, psychologists, teachers, coaches), "significant persons" (linked to the family unit) and the facilitator (co-ordinator). The facilitator is an independent figure entrusted with the direction of the process; he/she takes care of managing the process from the beginning to the end, from the preparation phase to the facilitation during the meeting with the objective of supporting the family in its important task of defining the Project for the child. The main aim of the facilitator is to involve the child/young person, the family and other stakeholders in the process. The professional is involved in information giving at the beginning of the process and in the assessment of the plan following a decision. All professionals are excluded from the private time, which is attended by family members only.

The principles that underpin the Family Group Conference process are:

- The child's interests are paramount (Art. 3 UNCRC).
- The child should have the resources made available for his/her voice to be heard and the child's views, feelings and solutions are as valid as the adults participating in the process.
- Children are generally best looked after within their families. Services should seek to promote this wherever possible (Art. 9 UNCRC).
- Given the right environment and the correct information, families instinctively know what is best for the child/ren.

In the FGC process - **the family knowledge of its own needs, risks and resources is combined with the theoretical and practical knowledge of professional workers**. FCGs help building an alliance between families and professionals to share power and responsibilities in the decision-making process regarding the child well-being. This aspect is innovative because - in traditional social policies - families with difficulties generally play only a passive role as they are usually considered no more than service users receiving standard provision from agencies.

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[21] http://www.familystar.it/

Conclusion: from good to promising practices

A good practice is a process, set of activities or methodology that has been shown to work well, succeeds in achieving its objective(s), and therefore can be recommended as a model. The essence of identifying and sharing good practices is to **learn from others and to encourage the application of knowledge and experience to new situations**. A good practice needs not be viewed as prescriptive and inflexible but can be **adapted to meet new challenges and different contexts**.[22]

From methodological point of view databases of good practices are a useful starting point and the benefits from identifying and sharing good practice are that doing so can minimize knowledge loss and share awareness about what worked well focusing on strengths, improving weaknesses and facing challenges.

The challenge facing CarINg in the area of empowering child care systems and supporting leaving practice is to **adopt a true participatory approach**, engaging key actors as well as a multiple perspective approach, engaging main stakeholders (the child, parents and families, former careleavers, and social professionals, professional/higher education teachers, etc.), to bring different perspectives together and **ensure that support for ageing out/leaving alternative care truly follows a child rights approach** as referred in the UNCRC, the EU Charter of Fundamental Rights and other recognized international standards.

The good practices collected have been grouped into the 4 topics although most of them show many cross-cutting elements (positive aspect) and affect 2 (or 3 topics).

From good to promising practices. How? Throughout this guide, we sought to emphasize basic principles and key features that should guide the development of local child protection systems such as the importance of a child rights based approach, the promotion of children's and families' participation in decision making, peer to peer actions, intersectoral coordination, good monitoring and evaluation system.

In the context of their local systems of taking care and case management, practitioners, policy makers, service managers and social workers can use some of the tools and measures that follow the direction of what has been presented.

On the one hand, regarding actions for prevention of alternative care, we have learnt from programs such as P.I.P.P.I, ABC Behavioural Training, Newborns how to successfully implement early interventions that can be applied to both birth parents and foster parent to improve their early attachment, and thus, activate a significant catalyst potential in fostering care prevention and improvement. In a similar vein, we have also realized that peer to peer interventions (Agevolando, Big Brother) are crucial when dealing with kids at risk, and that **it is possible to positively affect children's future and happiness by respecting both, the right of vulnerable parents to recover their role, and the right of the children to be treated in their best interest at any time**.

Moreover, a majority of the good practices described above implement an operational approach in line with the European guidelines and inspire **educational and transformative activities for professionals that enable them to learn and discuss factors that can improve more integrated and preventative approaches** in support for of children and young people without parental care or at risk of losing it. For example, the program implemented in Sweden shows how important it is to foster innovative multi-level training.

On the other hand, the described alternative care practices and the actions for careleavers serve to illustrate how to use multiple tools to enhance and promote careleavers empowerment and sense of

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[22] http://www.urbangoodpractices.org/pages/view/what-is-a-good-practice

belonging, how to build sustained relationships of care and respect, and how to promote all human rights of children and young people the need for an inter-sectorial approach. For example in Nexus the relations between the child in alternative care and his parent is nurtured and preserved.

At the same time, when focusing on children environment, some of the practices represent a middle ground between institutionalization and family-based care and a majority of them can be inscribed in the wider trend of foster parenting capabilities.

And last but not least, on the basis of the listed good practices, it is possible to say that we are now in a better position to measure youngsters' empowerment and parents' skills (to assure how and when different measures of protection should be terminated); and to make remarkable progress on the debate about theoretical frameworks, procedures, designs and methods to assess the impact of complex development programs within a capability approach perspective.

In doing so, a sound theoretical approach together with mixed methods are both required, and their consistent combined utilization can be crucial for comprehensive evaluations within a perspective of sustainable human development. In conclusion, this good practices mapping exercise will be extremely useful in helping the CarINg project to generate evaluative knowledge about how an intensive Social Services Intervention contributes to making children's in care (and their parents's) functionings and capabilities evolve.

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Annex 1. The 10 principles for integrated child protection systems

The 10 Principles, presented for discussion in the 9th European Forum on the rights of the child (30 April 2015), are based on a child-rights approach and fully recognise children as rights-holders, placing emphasis on enhancing children's resilience and capacity to claim their rights, with due regard to the cross-cutting principles: the best interests of the child, non-discrimination, child participation and the right to life, survival and development. They represent a contribution to ensuring that national child protection systems form a protective environment around all children in all settings, responding to all forms of physical and mental violence as listed under Article 19 of the UNCRC. In short, the 10 Principles state that:

1. Every child is recognised, respected and protected as a rights holder, with non-negotiable rights to protection;
2. No child is discriminated against;
3. Child protection systems include prevention measures;
4. Families are supported in their role as primary caregivers;
5. Society is aware and supportive of the child's right to freedom from all forms of violence;
6. Child protection systems ensure adequate care, including standards, indicators and systems of monitoring and evaluation child safeguarding policies and reporting mechanisms for organisations working with children certification and training for all professionals working for and with children.
7. Child protection systems have transnational and cross-border mechanisms in place.
8. No child should be without the support and protection of a legal guardian or other responsible adult or competent public body at any time;
9. Training on identification of risks is given to teachers, health sector professionals, and social workers;
10. Safe, well-publicised, confidential and accessible reporting mechanisms are in place.[23]

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[23] EUROPEAN COMMISSION - DIRECTORATE-GENERAL JUSTICE and CONSUMERS (30 April 2015). 9th European Forum on the rights of the child - Coordination and cooperation in integrated child protection systems

Annex 2. The Quality4Children Standards (Q4C)

Standard Area 1: Decision-making and admission process

Standard 1: The child and his/her family of origin receive support during the decision-making process

Standard 2: The child is empowered to participate in the decision-making process

Standard 3: A professional decision-making process ensures the best possible care for the child

Standard 4: Siblings are cared for together

Standard 5: The transition to the new home is well prepared and sensitively implemented

Standard 6: The out-of-home care process is guided by an individual care plan

Standard Area 2: Care-taking process

Standard 7: The child's placement matches his/her needs, life situation and original social environment

Standard 8: The child maintains contact with his/her family of origin

Standard 9: Caregivers are qualified and have adequate working conditions

Standard 10: The caregiver's relationship with the child is based on understanding and respect

Standard 11: The child is empowered to actively participate in making decisions that directly affect his/her life

Standard 12: The child is cared for in appropriate living conditions

Standard 13: Children with special needs receive appropriate care

Standard 14: The child/young adult is continuously prepared for independent living

Standard Area 3: Leaving-care process

Standard 15: The leaving-care process is thoroughly planned and implemented

Standard 16: Communication in the leaving-care process is conducted in a useful and appropriate manner

Standard 17: The child/young adult is empowered to participate in the leaving-care process

Standard 18: Follow-up, continuous support and contact possibilities are ensured