SAPERE AUDE

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TRAINING HANDBOOK FOR SOCIAL MENTORING

Developed in a framework of the Project SAPERE AUDE - Improvement of the academic results of young people in care through mentoring

THERAPEUTISCHE GEMEINSCHAFTEN

fundació plataforma educativa

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IGRA

parrains par' mille

Introduction

This Training Handbook has been created in the framework of the Project *SAPERE AUDE - Improvement of the academic results of young people in care through mentoring* (hereinafter referred as: AUDE), funded by the EU Programme Erasmus+ Strategic Partnerships in the field of Education. AUDE Training Handbook is the intellectual output of the AUDE activity "Development of specific training contents".

General objective of creating the AUDE Training Handbook is to provide a content for training the trainers/staff of AUDE partnering organizations, with an aim to equip them with adequate and sufficient knowledge needed to conduct good quality trainings to AUDE mentors at their national levels. AUDE mentors are selected volunteers for participating in AUDE Mentoring pilot activity. Main objective of AUDE Mentoring pilot activity is providing specific support to children/young people in residential care, aimed at improving their educational trajectories. AUDE Training Handbook should serve to prepare AUDE mentors for the realities of mentoring experience and to give the mentors information and tools necessary for the effective mentoring.

Trained staff of AUDE partnering organizations, as well as AUDE mentors, will be encouraged to use AUDE Training Handbook as a useful reminding source of information and assistance throughout the whole process of implementation of AUDE Mentoring pilot activity.
In this regard, the Handbook is designed to be a reference guide to which they can refer at any time during the mentoring, for deeper clarity and understanding of all the aspects of social mentoring envisaged in AUDE Mentoring pilot activity.

AUDE Training Handbook is a result of a collaborative work of AUDE transnational partnership composed of organizations and academic institutions from five European countries: Spain, France, Germany, Austria and Croatia. AUDE partners have put at the disposal their knowledge, expertise and experience for developing this Handbook, in the belief it will not only contribute to the successful implementation of AUDE mentoring activity, but will also find further utilization in the field of social mentoring for children/young people.

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(*with contributions from the AUDE Project partnership*)

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1. INTRODUCTION TO THE AUDE PROJECT

The project *Proyecto Sapere Aude-Mejora de los resultados educativos de jóvenes tutelados a través de la mentoría /Sapere Aude-Improvement of the academic results of young people in care through mentoring – SAPERE AUDE* (herein after referred to as: AUDE) is the result of a joint initiative of relevant stakeholders active in the field of residential care for children/youth from five European countries: Spain, France, Germany, Austria and Croatia.

Driven by the results from recent studies, as well as by their own experience in working with children/youngsters in residential care, five civil society organizations (Fundació Plataforma Educativa, Für Soziales, Bundesverband Therapeutische Gemeinschaften, SOS Groupe and Play) and one academic institution (Girona University) have worked together to develop a project with an ultimate goal to contribute to the improvement of educational paths of children/youngsters placed in residential care.

A number of studies at European and international level, conducted over the past few decades, have revealed the undoubted existence of differences in school performances, school results and in the overall educational situation between children/youngsters living in out of home care and their peers living in biological families. Residential care settings are one of the out of home care examples were this phenomenon has been particularly observed. Educational level of young people in residential care is generally poor. Some explanatory factors for such a situation are, for example, the division between care and education and the failure of social services and educational departments to work adequately together. Furthermore, education is in general not a priority for children/young people in out of home care. This is reflected through low expectations and low interest in their education from the side of caregivers and social workers. Residential care providers are often more focused on behavioural issues rather than on educational performance of children/youngsters placed in care.

The differences in educational situation between children/youngsters living in out of home care and their peers living in biological families are also highlighted in the final report of the European Union funded project, Young People in Public Care: Pathways to Education in Europe (YiPPEE). Project YiPPEE covered five EU countries: England, Denmark, Sweden, Hungary and Spain. The aim of YiPPEE was to research how more care leavers could be encouraged to stay in school longer and enabled to access further and higher education – the findings showed that only 8% of young people who have been in care as children access higher education, which is five times less than youngsters overall.

1.1. GENERAL STRUCTURE, OBJECTIVES AND ACTIVITIES OF THE AUDE PROJECT

Recognizing the problem, project AUDE was composed around the idea to use a specific social mentoring model to enhance educational pathways of children/youngsters aged 12 -17, who are living in residential care in five European countries participating in the project: Spain, France, Germany, Austria and Croatia.

General structure, objectives and activities of the project AUDE compose main characteristics of AUDE which could be summarized in the following points:

- Foreseen 24 months of collaboration (September 2016 – September 2018) of transnational partnership (6 partners from 5 countries), bringing together three areas of expertise: work in the field of providing residential care services for children/youngsters, work in the field of providing mentoring services and academic research in the field of children/youngsters.
- The overall objective of AUDE project is to use social mentoring as a method to contribute to the improvement of educational situation of children aged 12-17 living in residential care, through implementation of the AUDE Mentoring pilot project in five partnering countries.
- Specific objectives are:
    1. To promote and enhance the educational paths of children/young people in residential care.
    2. To improve the efficiency of services for addressing the issue of education of children/young people, as well as to demonstrate a profitability of such investment
    3. To promote a more cohesive and committed society where people do not ignore people and collaborate for the mutual benefits.

- Beneficiaries of the project AUDE are:
    - Children/youngsters in residential care.
    - Organizations providing residential care services and particularly their staff working directly with children/youngsters.
    - Other actors related to children/young people living in residential care, such as: relevant public authorities, schools, teachers, parents and in a wider sense local communities and societies in general.
    - Organizations across Europe interested in implementing the innovative services for children/young people living in residential care, by utilizing AUDE project deliverables (AUDE Training Handbook, Mentoring Implementation Procedures and AUDE Mentoring Model).

The project has two official deliverables:

- TRAINING HANDBOOK TO TRAIN MENTORS. The AUDE Training Handbook serves to train mentors in providing specific support to young people in residential care to improve their school success.

  The Training Handbook will be translated in the following languages: Spanish, English, German, Croatian and French. The training contents will be available online, free of costs, at the project website http://www.sapereaude-project.com

- PRACTICAL CASE HANDBOOK EVALUATING THE IMPACT OF MENTORING FOR IMPROVING THE SCHOOL RESULTS OF YOUNG PEOPLE IN RESIDENTIAL CARE

  As a part of the Aude Project, partners will implement a mentoring pilot initiative in their organizations with the aim to evaluate if it has a positive impact on improving the school results of young people in residential care.
  The results will be presented in a Practical Case Handbook in English language. The contents will be available online, free of costs, at the project website www.sapereaude-project.com

□ Activities foreseen in AUDE project are:

  - Implementation of the AUDE Mentoring pilot model is a main activity in AUDE. It is composed around the idea of social mentoring for children/youngsters aged 12 – 17 and placed in residential care, aimed at contributing to the improvement of their school results and their educational paths in general.

  - Partnering organizations from Spain, France, Germany, Austria and Croatia will be responsible for implementing AUDE Mentoring model in 2017 – 2018 school year in their respective countries, with participation of 10 volunteer mentors and 10 children/youngsters living in residential care. Mentoring pilot model is described in detail in the section 4. of this Handbook.

  - Development of a Training Handbook for training the trainers/staff of AUDE partnering organizations to equip them with the knowledge for providing a training for AUDE mentors at their national level. The content of training is divided in four sections, namely:
    - INTRODUCTION TO THE AUDE PROJECT
    - CHILDREN IN ALTERNATIVE CARE
    - MENTORING – GENERAL ASPECTS
    - AUDE MENTORING PILOT PROJECT

The Training Handbook will be available in all the languages of the partner countries (English, Spanish, German, French, Croatian). The training contents will be available in online format and free of cost in the project website.

- Transnational training for trainers/staff of AUDE partnering organizations, in a duration of five working days, one day for each section covered in AUDE Training Handbook plus one day for the reflection.
- National trainings for selected mentors, provided by the trained staff of partnering organizations. Content and duration of trainings for mentors will be adjusted to the national contexts of each partnering organization.
- Development of the AUDE Practical Case Handbook, aimed at providing tangible results and evaluation outcomes of the AUDE mentoring pilot project. Partnering organization will regularly acquire data for the evaluation, during implementation phase of AUDE Mentoring pilot project, in order to ensure assessment of the mentoring support provided to children/youngsters.
- Organization of international conference in June 2018, at the end of the implementation phase of AUDE Mentoring pilot project, to present its results to expected number of 90 conference's participants
- Activities related to dissemination of AUDE project results, including development of the project's website and its linkage to the project partners' websites and their relevant social platforms; development of AUDE newsletter in digital format; advertisements of trainings for other organizations possibly interested to implement mentoring model used in AUDE, and similar.
- Management and coordination activities, involving all managerial and administrative work for smooth and successful implementation of AUDE project.

1.2. GENERAL CHARACTERISTICS OF AUDE MENTORING PILOT PROJECT ACTIVITY

According to the Professional Charter for Coaching and Mentoring, mentoring can be described as a developmental process which may involve a transfer of skill or knowledge from a more experienced to a less experienced person through learning dialogue and role modelling, and may also be a learning partnership between peers.

Although initially introduced in the area of business, vocational and educational processes, mentoring has meanwhile become recognized as a useful tool for enhancing people's life opportunities. Through a number of programs and initiatives, it is recorded that social integration of marginalized group in societies, including children and youth, could be significantly improved through implementation of different types of mentoring.

In this regard, partners in AUDE project have recognized a possibility to use social mentoring and develop a specific mentoring model with an aim to improve the overall educational situation of children/youngsters living in residential care. More precisely, the target subgroup is children/youngsters aged 12-17, for whom the evidences show they quite often, if not even regularly, face diminished opportunities in the field of education and future professional development.

AUDE Mentoring model is envisaged as one school year (September 2017 – June 2018) intervention in five partnering countries (Spain, France, Germany, Austria and Croatia), which involves engagement of 10 volunteer mentors who will work with 10 children/youngsters from residential care, in an attempt to contribute to the improvement of their school performance and in a wider context to open up further opportunities not only in their educational development, but also in their lives in general. The mentoring initiative will be implemented under the guidance and support of AUDE partnering organizations.

Given the fact that the improvement of school results is in the focus of AUDE Mentoring pilot project, a proper strategy for its implementation had to be defined. The strategy included the full description of the AUDE Mentoring model, as well as the development of the Mentoring implementation procedures.
For the purpose of this introductory section of the AUDE Training Handbook only general characteristics of AUDE Mentoring model will be mentioned, whereas more details will be provided in the 4th section, entirely dedicated to elaborating the model's various aspects.

General characteristics of AUDE Mentoring pilot project:

1. Key criteria agreed by project partners to define the involvement of children/youngsters living in residential care in the mentoring process are the following:
    - *They should be aged between 12-17 years (as far as possible, given the specific country context)*
    - *They must attend compulsory education (and as far as possible "regular public" school)*
    - *They must live in residential care*
    - *They should be willing to participate in the mentoring process voluntarily*

- *They should be aware of the purpose of the AUDE project*
- *They should be able to express their expectations regarding the mentoring process*

2. Key criteria agreed by project partners to define the profile of the mentors participating in the mentoring process are the following:
   - *Mentors should be above 18 years old*
   - *They must have completed compulsory education*
   - *They must provide a proof of no convictions and/or ongoing criminal court cases - e.g Criminal record extract (compulsory)*
   - *They must be interested in undertaking a mentoring process*
3. Specific school-oriented activities to be developed by the mentors during the mentoring process may include:
   - *support in the organization and planning of school related tasks*
   - *follow up and support in school activities*
   - *orientation support in the on available educational pathways*
   - *support in the vision of work goals*
   - *educative activities oriented towards promoting/reinforcing educative interests of the youngster (visits to museums, theatres, science parks…)*
   - *cultural and leisure activities that promote social integration and wellbeing (visits to the cinema, listening to music…)*

Improving school performance of children/youngsters living in residential care is the priority in implementing AUDE Mentoring pilot project. However, due to the nature and substance of mentoring relationship as such, it must be bared in mind that the relationship between the mentor and the child/youngster mentee within AUDE Mentoring pilot project will go beyond this objective. Namely, the mentoring within AUDE should provide other benefits for the mentees, such as enhancement of their social integration and their wellbeing in general.

In this respect, the mentor should not be forced to undertake any sort of shortlisted specific activities with the mentee. The mentor's role will be to encourage all the actions that reinforce the mentees wellbeing and social interaction, whilst remaining focused on improving his/her school performance and educational paths in general.

1.3. PRESENTATION OF AUDE PROJECT PARTNERS

AUSTRIA

BTG - Federal Association of Therapeutic Communities

- BTG is a non-profit/non-governmental-organisation founded in 1999
- BTG is providing care services for children and youth with social and psychological difficulties as well as traumatized children, who in other residential care facilities were not able to develop in the most suitable way according to their specific individual needs
- BTG currently operates in 4 Austrian provinces (Vienna, Lower Austria, Burgenland and Styria) with a total of 180 staff members
- The range of services provided includes socio-therapeutic small group homes, a group home for unaccompanied minors, assisted living as well as in-house tuition service, a support centre for parents, a therapeutic centre and community based care in Micro TC.

FRANCE

Parrains Par Mille

The organization was founded in 1990 by Catherine ENJOLET. As a former teacher, she had realized that many children and their family where isolated and needed more relationships; she was also in touch with parents who wanted to get involved for children facing difficulties. She therefore decided to create a project that would facilitate the establishment of contacts between isolated families and people who wanted to give their time for children.

Today, Parrains Par Mille is an organization run by 4 employees and 8 volunteers at its headquarters in Paris; with 9 local organisations in other French regions, also run by volunteers. It belongs to GROUPE SOS Jeunesse, the Youth branch of a major social organization in France.

Parrains Par Mille allows children to have an affective bond with adults, in a regular, durable and secured relationship. The mentor is a complement of the parents, the school, etc. The mentor doesn't replace anyone, he/she plays a specific role.

About 500 children benefit from Parrains Par Mille mentorship program.

CROATIA

PLAY

- Is the organization founded in 1998, with 7 employees, 2 interns, 28 volunteers (data from 2015)
- Implements three types of programmes that address the issues of:
  1. MENTAL HEALTH (counselling, de-stigmatization, healing through play) 2006.
  2. BEHAVIOUR PROBLEMS (prevention programme – POP) – 1999.
  3. SOCIAL INCLUSION: through different types of activities, such as:
     - *individual psycho-social work*
     - *counselling*
     - *psychotherapy*
     - *educational activities/group work*
     - *experimental learning/youth exchanges*
     - *mentoring – personal mentor*
- Works in the field of providing information, intermediation, educational materials, advocacy, public activities
- Profiles of professionals involved – therapist, social worker, social pedagogue, psychologist

GERMANY

FÜR SOZIALES

The S&S gemeinnützige Gesellschaft FÜR SOZIALES mbH is a non-profit private limited youth welfare organization with more than 35 years of experience offering assistance services to children, youths and families in Hamburg, Northern Germany and Berlin. The organization is compartmentalized into five structural independent departments, of which FÜR SOZIALES is the most significant in terms of number of employees and number of clients. Together with 250 employees, FÜR SOZIALES is providing services for approximately 500 clients, 250 in ambulant care and 250 in 21 residential facilities. In order to support our clients in the best way the employees are constantly trained and retrained.
For example all of the employees that work in residential facilities are trained in the field of trauma therapy.

FÜR SOZIALES is offering a very differentiated range of counseling services to families, single parents, children, youth, young adults and many more. In addition the organization is particularly specialized in the cases of domestic violence and stalking.

Despite of that, the organization has far reaching competences and expertise in the working fields of:

- family supporting assistance
- assistance on child-welfare endangerment
- social-therapeutically oriented residential facilities for different age groups
- children and youth affected by violence
- work with offenders of domestic violence

In addition, the organization has long-standing activities in numerous projects, working groups etc. in various fields of social work.

Besides performing "classical" educational assistance FÜR SOZIALES continuously strives to develop creative and technical innovative concepts and projects in order to contribute to the qualitative development of youth welfare and for optimal support of children, adolescents and their families. In cooperation with the authorities and a cooperating school, FÜR SOZIALES has invented a project for highly conspicuous kids to be educated.

This project has been the pilot for the now Hamburg-wide implemented schooling classes for children that cannot be educated within "normal" classes.

SPAIN

PLATAFORMA EDUCATIVA

Plataforma Educativa is a non-profit organization that is engaged in social education since 1994. It is devoted to the development of activities of general interest in the field of social action towards people mostly at risk of exclusion. The range of services in the field of child care provided includes:

Residential care services for young people that need to be separated from their family temporarily, reception centers for the observation, diagnosis and the proposal care actions, open centers that perform a preventive socio-educational task during leisure time, diagnosis teams for the valorisation of child abuse, and services of assisted flats for the promotion of autonomy and emancipation. Plataforma Educativa also provides training and support for families to reinforce their parental capacities and runs a program of foster families.

SPAIN

ERIDI – UNIVERSITY OF GIRONA (UdG)

Universitat de Girona

The Research Team on Childhood, Adolescence, Children's rights and their Quality of Life (ERIDI) of the University of Girona has experience in research involving children in public institutions and young people at social risk, as well as in the subjective well-being of adolescents and the rights of the child. The team has developed several publications in impact journals, published some books on these issues and has been involved in many competitive studies and projects. The fields of work are the following:

- Children and adolescents' subjective well-being.
- Children in the care/child protection system
- Children's rights.
- The use of media (CIT) in adolescence

2. CHILDREN IN ALTERNATIVE CARE

2.1. WHAT IS ALTERNATIVE CARE OF CHILDREN?

Despite globally widespread use of the terminology alternative care of children among professionals, policy and decision makers, experts and others directly or indirectly involved in the field of protection of children and their rights, there is no single definition which would comprehensively, clearly and thoroughly explain all complexity of this issue.

The Convention on the Rights of the Child (CRC), adopted by the United Nations General Assembly on November 20th 1989, makes clear the importance of a family environment for every child, as well as the responsibility of States to ensure alternative care for all children deprived of a family environment. In its preamble, the CRC reaffirms the position that the family is the fundamental group of society and the natural environment for the growth and well-being of children. The child should grow up in his/her family environment, in the atmosphere of happiness, love and understanding.
However, for a number of various reasons, this is not the situation for millions of children worldwide, who are deprived from parental care, or are at risk of being so.

Article 20. of the CRC stipulates that, if it is the best interest of the child not to be allowed to remain, in his/her family environment, the child shall be deprived form that environment temporarily or permanently and entitled to special protection and assistance provided by the State. The State shall ensure alternative care for such a child, which "could include, inter alia, foster care, kafalah of Islamic law, adoption or if necessary placement in suitable institutions for the care of children".

2.2. KEY ASPECTS OF ALTERNATIVE CARE

The exact number of children living in alternative care is difficult to define, due to lack of harmonized data and statistic at all levels, as well as the large number of unregistered institutions or other care form settings. In the report Progress for Children, 2009, UNICEF estimates that "more than 2 million" children are living in residential institutions, 80% of whom have one living parent. The number of children who lost one or both parents reaches 145 million, with 15 million of them due to the AIDS. Millions more children are at risk for being deprived of parental care, for a wide spectrum of reasons including poverty, natural disaster, armed conflict, disease, disability and discrimination.

The issue of children without parental care is a global problem; it affects both industrialized and developing countries. This problem needs to be continuously

addressed for finding urgent responses which will protect children affected, ensure their wellbeing development, health, education and all the other rights set out in the Convention on the Rights of the Child.

Key aspects on the issue of alternative care of children have been elaborated in the UN Guidelines for the Alternative Care of Children, the document that was endorsed by the United Nations General Assembly on the 20th of November 2009, honouring the 20th anniversary of the UN Convention on the Rights of the Child (CRC).
Detailed description of the principles set forth in the UN Guidelines for the Alternative Care of Children will be provided in the next sub-section of this Handbook, 2.3.
In this section, key aspects on the alternative care will be summarized through key messages as well as general categorization and brief description of different alternative care arrangements.

Key messages on alternative care for children:

1. Evidence-based research shows that the best possible situation for the child is to live with his/her biological family, in an atmosphere which will uphold the child's full life potential.
2. In the case of existence of reasons which require deprivation of a family environment, all decisions on alternative care options should be taken in line with the principle of the best interest of the child.
3. Children and young people must be involved in the decision-making process regarding their placement in care and in long- term care options in particular.
4. Before permanent decisions are made for the child on his/her placement in alternative care such as residential care or foster care, other alternative care options within the child's larger family should be considered.
5. Alternative care placements should keep siblings together wherever possible.
6. All alternative care options, both formal and informal, should be carried out in a way which promotes the safety, protection and development of the child/youngster placed in care.
7. All alternative care placements should be agreed upon standards ensuring quality in care and monitored.
8. Large residential care facilities should be a measure of a last resort for the child that needs placement, and whenever possible only on a short-term, temporary basis. This type of care has long-term negative consequences on social, physical, emotional and cognitive development of the child. Children under the age of 3 should not be placed in residential settings but in family-based settings, in cases the alternative care is needed.

Categorization and brief description of different alternative care arrangements:

1. *Alternative care in an existing family*
   - Kinship care is a type of care provided by relatives or other caregivers close to the family and known to the child.
   - Foster care is provided by authorised couples or individuals in their own homes, within the framework of formal alternative care provision. Foster care could be short-term, medium-term and long-term, depending on the reasons for placement, as well as on the individual care plan developed for the child placed in foster care.
   - Other family-based care covers care settings where an existing family plays a formal care role similar to that of a foster carer – but does not operate within the foster care service. For example, families may be designated to look after children transitioning out of residential care, or to act as 'guardians' for children with long-term alternative care needs.

2. *Alternative care in other care settings*

   All alternative care settings that are not family-based are classified as 'residential', including:

   - 'Family-like' care - is provided in largely autonomous small-groups under conditions that resemble a family environment as much as possible.
   - Residential care encompasses a wide range of settings, from emergency shelters and small group homes to the biggest residential facilities. It is vital to distinguish between 'residential facilities' and 'institutions'. The latter term is used only to describe 'large residential facilities'.

     It is important to highlight that the above mentioned categories should not be regarded as absolute concepts. It is not a rare case that the same or similar terms are used around the world to describe significantly different care settings. The variety of existing care concepts do not always necessarily fully correspond to the precise descriptions of a certain types of alternative care arrangements. For example, a residential facility may be both family-like and smaller than certain family-based settings.

2.3. UN GUIDELINES FOR THE ALTERNATIVE CARE OF CHILDREN

In order to further elaborate the principles on alternative care of children, as well as to contribute to the implementation of the UN Convention on the Rights of the Child in this area, the UN General Assembly endorsed the Guidelines for the Alternative

Care of Children (hereinafter referred to as: Guidelines) in 2010, on the occasion of the 20th anniversary of the CRC.

The ***purpose*** of the Guidelines is to support efforts to keep children in, or to return them to their family or, if this is not possible for a variety of reasons, to ensure that the most suitable forms of alternative care are identified and provided for every child. The Guidelines target policy and decision makers and all other relevant stakeholders active in the field of child protection and wellbeing in both public and private sector, including civil society. The Guidelines serves to assist those taking actions in the field of alternative care of children to better understand and implement their responsibilities and obligations, for the benefit of children concerned.

The Guidelines has been created to promote two basic ***principles***, namely:

- the ***necessity*** principle: that the placement of the child in care is genuinely needed
- the ***suitability*** principle: that the most appropriate alternative care solution is identified and provided for the child

Respecting the necessity principle:

The necessity principle means that no child should be removed from his/her family environment and placed in care, unless it absolutely needed.

The actions towards respecting the necessity principle involve:

- Preventing situations and conditions that could lead to alternative care. There are many issues to be tackled in this regard, among others: poverty, stigmatization, discrimination and particularly strengthening families, through providing a timely, adequate supporting service for parents.
- A well-established gatekeeping model, which ensures that the placement in alternative care is done only if all possible means are exhausted to keep the child in the family (also in a wider context).
- Regularly reviewing the necessity of placement in care, so that unwarranted placements are avoided.

Respecting the suitability principle:

The suitability principle means that, in the case when deprivation of a family is absolutely necessary, the most appropriate alternative form of care should be identified and provided for the child concerned.

The suitability principle requires fulfilment of the following conditions:

- The care setting for the child should meet general minimum standards for providing a good quality care, in terms of, inter alia: staffing, financing, ensuring access to health services and education.
- The care settings should match with individual needs of the child, in line with respecting and implementation of the best interest of the child principle.
- In the process of determination of the most suitable form of alternative care for the child, a priority should be given to family and community based solutions.

The UN Guidelines for the Alternative Care of Children recognizes the following forms and types of alterative care (predominantly quotation from the Guidelines):

FORMS of alternative care

1. **Informal care**: any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body;
2. **Formal care**: all care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures.

TYPES of alternative care

With respect to the environment where it is provided, alternative care may be:

- **Kinship care**: family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature;
- **Foster care**: situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care;
- **Other forms of family-based or family-like care placements**;
- Residential care: care provided in any non-family-based group setting, such as places of safety for emergency care, transit centers in emergency situations, and all other short- and long-term residential care facilities, including group homes;
- Supervised independent living arrangements for children.

2.4. GENERAL OVERVIEW ON PROS AND CONTRAS OF DIFFERENT ALTERNATIVE FORMS OF CARE

A key feature of the residential care system over the past decade has been a pervasive assumption that residential care should be used only as a last resort as it imposes more restrictive and less normalized care environments on young people. However, there has been a developing challenge to this position, including questioning of the appropriateness of family-based care for all children in need of alternative care forms and a call for a care system that is able to provide quality care responses to the complex and diverse needs of young people in care.

When a child's own family is unable, even with support, to provide adequate care for the child, the state is responsible for ensuring appropriate alternative care. According to the Council of Europe, an estimated 1.5 million children live in some form of alternative care.

Children can be placed with relatives, in foster care or other family-like settings, or in residential care homes. Evidence demonstrates that family and community based forms of care are more likely to meet the needs of children.

2.5. RESIDENTIAL CARE AS A TYPE OF ALTERNATIVE CARE FOR CHILDREN

The UN Guidelines for the Alternative Care of Children defines residential care *as care provided in any non-family-based group setting, such as places of safety for emergency care, transit centers in emergency situations, and all other short- and long-term residential care facilities, including group homes*.

The definition reflects the key differentiating element between residential care and other alternative form settings: all care that is not family based is residential care. However, there is a further distinction within residential care arrangements, depending on whether they are or they are not family like.

Family-like type of residential care refers to small group homes, which are structured in a way to resemble a family environment as much as possible.

Other residential care arrangements include provision of care in so called residential care facilities. The Guidelines defines facilities as the individual public or private establishments that provide residential care for children.

It is important not to identify "residential care facilities" with "institutions". Institutions consist only one type of residential care with its main characteristic that care is provided in a large residential care facility. This perception is particularly

significant considering often quite usual look on residential care as the equivalent of institutional care or use of these two terms interchangeably.

According to the Guidelines, residential care as a type of alternative care for children should have the following characteristics:

- ☐ Residential care should be limited to cases where such a setting is specifically appropriate, absolutely necessary and constructive for the individual child concerned and in his/her best interests.
- ☐ The objective of residential care should be to be a temporary solution, with an aim to reintegrate the child to his/her family, or, if this is not possible, to find appropriate family-based care arrangement.
- ☐ While recognizing that family-based care and residential care complement each other, residential care arrangements should be developed in line with overall deinstitutionalization strategy. This means that appropriate standards should be established and implemented for residential care, which will ensure the child's full individual development. Furthermore, State's decision makers should take in full account deinstitutionalization objective, while deciding on the establishment of new residential care facilities.
- ☐ Residential care is a formal type of care, which means it should be ordered by a competent administrative body or judiciary authority.
- ☐ The frequency in changing placement of the child in different care settings, including residential care facilities, should be avoided.
- ☐ Special attention should be given to the quality of care provided in residential care facilities.
- ☐ Residential care should be focused on the individual approach to the child and should give the child an opportunity to bound with a specific career.
- ☐ Measures should be taken to separate the placement of the child who is solely in need of care from children who are subject to the criminal justice system.
- ☐ Laws, policies and regulations should prohibit the recruitment of children for placement in residential care by agencies, facilities or individuals.

2.6. BASIC CHARACTERISTICS OF EMOTIONAL AND BEHAVIOURAL DEVELOPMENT OF CHILDREN IN RESIDENTIAL CARE WITH A FOCUS ON CHILDREN AGED 12 – 17[1]

Greater numbers of young children with complicated, serious physical health, mental health, or developmental problems are entering care during the early years when brain growth is most active. Every effort should be made to make care a positive experience and a healing process for the child. Threats to the child's development resulting from abuse and neglect should be understood by all participants in the child welfare system. Caregivers have an important role in assessing the child's needs, providing comprehensive services, and advocating on the child's behalf.

The developmental issues important for young children in care include:

1. the implications and consequences of abuse, neglect, and placement in care on early brain development;
2. the importance and challenges of establishing a child's attachment to caregivers;
3. the importance of considering a child's changing sense of time in all aspects of the care experience
4. the child's response to stress
5. parental roles and care, parent-child contact, permanency decision-making, and the components of comprehensive assessment and treatment of a child's development and mental health needs

Many of these children have been the victims of repeated abuse and prolonged neglect and have not experienced a nurturing, stable environment during the early years of life. Such experiences are critical in the short- and long-term development of a child's brain and the ability to subsequently participate fully in society. Children in alternative care have likely disproportionately high rates of physical, developmental, and mental health problems and often have many unmet medical and mental health care needs. Caregivers, as advocates for children and their families, have a special responsibility to evaluate and help address these needs.

Legal responsibility for decisions on placements and custody for children entering alternative care rests jointly with the child welfare and judiciary systems. Decisions about assessment, care, and planning should be based on sufficient information about the strengths and challenges of each child.

[1] This chapter is based on the basic explanations published by the AMERICAN ACADEMY OF PEDIATRICS, Committee on Early Childhood, "Adoption and Dependent Care Developmental Issues for Young Children in Foster Care"

Caregivers have an important role in helping to develop an accurate, comprehensive profile of the child. To create a useful assessment, it is imperative that complete health and developmental histories are available to the caregivers at the time of these evaluations. Caregivers and other professionals with expertise in child development should be proactive advisors to child protection workers and judges regarding the child's needs and best interests, particularly regarding issues of placement, permanency planning, and medical, developmental, and mental health treatment plans.

Adequate knowledge about each child's development supports better placement, custody, and treatment decisions. Improved programs for all children enhance the therapeutic effects of government-sponsored protective services (eg. placement in care, family relationship maintenance).

The following issues should be considered when mentors take part in caring for children in protective services:

A. EARLY BRAIN AND CHILD DEVELOPMENT

During the first 3 to 4 years of life, the anatomic brain structures that govern personality traits, learning processes, and coping with stress and emotions are established, strengthened, and made permanent[2] [3].
If unused, these structures atrophy[4]. The nerve connections and neurotransmitter networks that are forming during these critical years are influenced by negative environmental conditions, including lack of stimulation, child abuse, or violence within the family. It is known that emotional and cognitive disruptions in the early lives of children have the potential to impair brain development [5].
Paramount in the lives of these children is their need for continuity with their primary attachment figures and a sense of permanence that is enhanced when placement is stable [6]

There are critical periods of interaction among physical, psychological, social, and environmental factors. Basic stimulation techniques and stable, predictable nurturance are necessary during these periods to enable optimal cognitive, language, and personal socialization skills. Because these children often have

[2] Greenough WT, Black JE, Wallace CS, (1987) Experience and brain development. Child Dev. 58:539–559.
[3] Perry BD, Pollard RA, Blakley TL, Baker WL, Domenico V, (1995) Childhood trauma, the neurobiology of adaptation, and "use-dependent" development of the brain: how "states" become "traits." Infant Mental Health J. 16:271–291.
[4] Werner EE, Smith RS. Vulnerable but Invincible: A Longitudinal Study of Resilient Children and Youth. New York, NY: Adams, Bannister, Cox; 1982
[5] Goldstein J, Freud A, Solnit AJ. Beyond the Best Interests of the Child. New York, NY: Macmillan Publishing Co, Inc; 1973
[6] Dawson G, Hessl D, Frey K, *(1994)* Social influences on early developing biological and behavioural systems related to risk for affective disorder. *Dev Psychopathol.* 6:759–779.

suffered significant emotional stress during critical periods of early brain development and personality formation, the support they require is reparative as well as preventive.

B. ATTACHMENT

To develop into a psychologically healthy human being, a child must have a relationship with an adult who is nurturing, protective, and fosters trust and security [7]. Attachment refers to this relationship between two people and forms the basis for long-term relationships or bonds with other persons. Attachment is an active process—it can be secure or insecure, maladaptive or productive. Attachment to a primary caregiver is essential to the development of emotional security and social conscience [8].

Optimal child development occurs when a spectrum of needs are consistently met over an extended period. Successful parenting is based on a healthy, respectful, and long-lasting relationship with the child. This process of parenting, especially in the psychological rather than the biologic sense, leads a child to perceive a given adult as his or her "parent." That perception is essential for the child's development of self-esteem and self-worth.

A child develops attachments and recognizes as parents adults who provide "… day-to-day attention to his needs for physical care, nourishment, comfort, affection, and stimulation [9]".
Abused and neglected children (in or out of alternative care) are at great risk for not forming healthy attachments to anyone [10].
Having at least one adult who is devoted to and loves a child unconditionally, who is prepared to accept and value that child for a long time, is key to helping a child overcome the stress and trauma of abuse and neglect.
The longer a child and parent have had to form a strong attachment with each other (ie, the older the child) the less crucial the physical proximity will be to maintain that relationship.

This has a big impact relevant for AUDE project: in a lot of cases mentors will find children having still a strong relationship with their parents, even when the parents are living in distressed environments. So, mentors always must have in

[7] Perry PD, Pollard R *(1998)* Homeostasis, stress, trauma and adaptation: a neurodevelopmental view of childhood trauma. *Child Adolesc Psychiatr Clin North Am* 7:33–51.
[8] Spitz RA. Anaclitic depression. In Eissler RS, ed. *The Psychoanalytic Study of the Child.* New York, NY: International Universities Press; 1946:313–342
[9] Perry B. *Neurobiological Sequelae of Childhood Trauma: Post-Traumatic Stress Disorders in Children*. Washington, DC: American Psychiatric Press, Inc; 1994
[10] *California Center for Health Improvement. Children and Youth Survey. Sacramento, CA: The Field Institute; 1997*

mind that trying to be "better parents" comparing to the child's biological parents, will lead the mentor-child relationship in a wrong direction.

C. SEPARATION FROM PARENTAL CARE

- ☐ Separation during the first year of life - especially during the first 6 months - if followed by good quality of alternative care thereafter, may not have a deleterious effect on social or emotional functioning.
- ☐ Separations occurring between 6 months and about 3 years of age, especially if prompted by family discord and disruption, are more likely to result in subsequent emotional disturbances. This partly results from the typical anxiety a child of this age has around strangers and the limitations of normal language abilities at this age.
- ☐ Children older than 3 or 4 years placed for the first time with a new family or in alternative care are more likely to be able to use language to help them cope with loss and adjust to change. These children can develop strong attachments and, depending on the circumstances from which they are removed and depending on the quality of care as well on the abilities of caregivers to provide attachments, may benefit psychologically from the new setting.
- ☐ A mentor may also find a child which has been placed in multiple settings. From foster family to residential care and from there to therapeutic residential homes – stories like this, mentors will likely hear. The emotional consequences of multiple placements or disruptions are likely to be harmful at any age. So, it is very presumable that mentors will meet children with attachment disorders and an inability to trust and love, and often – when the child is getting older they may vent their rage and pain on society [11].

D. CHILDREN'S SENSE OF TIME

Children are placed in alternative care because of society's concern for their well-being. Any time spent with a child in alternative care should be therapeutic but may be harmful to the child's growth, development, and well-being. Interruptions in the continuity of a child's caregiver are often detrimental. Repeated moves from home to home compound the adverse consequences that stress and inadequate parenting have on the child's development and ability to cope. Adults cope with impermanence by building on an accrued sense of self-reliance and by anticipating and planning for a time of greater constancy. Children, however, especially when young, have limited life experience on which

[11] Perry PD, Pollard R (1998) Homeostasis, stress, trauma and adaptation: a neurodevelopmental view of childhood trauma. Child Adolesc Psychiatr Clin North Am 7:33–51.

to establish their sense of self. In addition, their sense of time focuses exclusively on the present and precludes meaningful understanding of "temporary" versus "permanent" or anticipation of the future. For young children, periods of weeks or months are not comprehensible. Disruption in either place or with a caregiver for even 1 day may be stressful. The younger the child and the more extended the period of uncertainty or separation, the more detrimental it will be to the child's well-being [12].

E. RESPONSE TO PSYCHOLOGICAL STRESS

The body's physiologic responses to stress are based on involuntary actions of the brain. Physical and mental abuse during the first few years of life tends to fix the brain in an acute stress response mode that makes the child respond in a hyper vigilant, fearful manner [13] [14]. Research demonstrates chemical and electrical evidence for this type of brain response pattern.15 The age of the child dictates the developmental response and manifestations to stress. When an infant is under chronic stress, the response may be apathy, poor feeding, withdrawal, and failure to thrive. When the infant is under acute threat, the typical "fight" response to stress may change from crying (because crying did not elicit a response) to temper tantrums, aggressive behaviours, or inattention and withdrawal [16].

The child, rather than running away (the "flight" response), may learn to become psychologically disengaged, leading to detachment, apathy, and excessive daydreaming. Some abused and neglected children learn to react to alarm or stresses in their environment reflexively with immediate cessation of motor activity (freeze response). Older children who have been repeatedly traumatized often suffer from posttraumatic stress disorder and automatically freeze when they feel anxious, and therefore are considered oppositional or defiant by those who interact with them.

The same areas of the brain that are involved in the acute stress response also mediate motor behaviour and such functions as state regulation and anxiety control. Repeated experiencing of traumatic events can lead to dysregulation in

[12] Perry B. Neurobiological Sequelae of Childhood Trauma: Post-Traumatic Stress Disorders in Children. Washington, DC: American Psychiatric Press, Inc; 1994

[13] Simms MD (1991) Foster children and the foster care system. Part II: impact on the child. Curr Probl Pediatr. 21:345–369.

[14] Frank DA, Klass PE, Earls F, Eisenberg L (1996) Infants and young children in orphanages: one view from pediatrics and child psychiatry. Pediatrics. 97:569–578.

[15] Huttenlocher J, Haight W, Bryk A, et al. (1991) Early vocabulary growth: relation to language input and gender. *Dev Psychol.* 27:236–248.

[16] Mackner LM, Starr RH Jr, Black MM (1997) The cumulative effect of neglect and failure to thrive on cognitive functioning. *Child Abuse Negl.* 21:691–700.

these various functions resulting in behaviours such as motor hyperactivity, anxiety, mood swings, impulsiveness, and sleep problems.

F. EFFECTS OF NEGLECT

Neglect has very profound and long-lasting consequences on all aspects of child development-poor attachment formation, under-stimulation, development delay, poor physical development, and antisocial behaviour [17] [18] [19] [20] [21].

Being in an environment in which child-directed support and communication is limited makes it more difficult for a child to develop the brain connections that facilitate language and vocabulary development, and therefore may impair communication skills [22].

Recent findings in infant mental health show how development can be facilitated, how treatment can enhance brain development and psychological health, and how prevention strategies can lessen the ill effects of neglect [23].

G. ADOLESCENCE

As we believe that there is already a common knowledge about adolescence, we only want to focus on following three aspects: Behavioural development, media and school [24].

H. ADOLESCENT BEHAVIOURAL DEVELOPMENT

All of the ways adolescents develop — cognitively, physically, socially, emotionally—prepare them to experiment with new behaviours as they transition from childhood to adulthood. This experimentation in turn helps them to fine-tune their development in these other realms. Risk taking in adolescence is an important way that adolescents shape their identities, try out their new decision-making skills, and develop realistic assessments of themselves, other people,

[17] Rosenfeld AA, Pilowsky D, Fine P, et al. *(*1997*)* Foster care: an update. *J Am Acad Child Adolesc Psychiatry.* 36*:*448–457

[18] Lieberman AF, Zeanah CH *(*1995*)* Disorders of attachment in infancy. *Infant Psychiatry.* 4*:*571–587*.*

[19] Barnett D, Vondra JI, Shonk SM *(*1996*)* Self-perceptions, motivation, and school functioning of low-income maltreated and comparison children. *Child Abuse Negl* 20*:*397–410*.*

[20] Child Welfare League of America. *Standards for Health Care for Children in Out-of-Home Care*. Washington, DC: Child Welfare League of America; 1988

[21] American Academy of Pediatrics, Committee on Early Childhood, Adoption and Dependent Care *(*1994*)* Health care of children in foster care. *Pediatrics.* 93*:*335–338*.*

[22] Harris IB. Children in Jeopardy: Can We Break the Cycle of Poverty? New Haven, CT: Yale University Press; 1996

[23] Ramey C, Ramey S. At-Risk Does Not Mean Doomed. Occasional P. No. 4. Washington, DC: National Health/Education Consortium; 1992

[24] This chapter is based on the basic explanations published by the AMERICAN PSYCHOLOGICAL ASSOCIATION, A Reference for Professionals" (http://www.apa.org/pi/families/resources/develop.pdf)

and the world[25]. Such exploratory behaviours are natural in adolescence[26], and teens need room to experiment and to experience the results of their own decision making in many different situations[27]. However, young people sometimes overestimate their capacities to handle new situations, and these behaviours can pose real threats to their health. To win the approval of peers or to avoid peer rejection, adolescents will sometimes take risks even they themselves judge to be "too risky"[28].

I. ADOLESCENTS AND THE MEDIA

The media - including music, television, and most recently, the Internet - are an important part of the adolescent's "community." Adolescents spend an estimated 6 to 8 hours per day exposed to some form of media[29], and youth are increasingly attending to more than one form of media at a time (e.g., conversing on a cell phone with one friend while "instant messaging" several others on the computer).

Although media will continue to be a growing influence on the development of adolescents, the ultimate effects will depend upon the extent to which positive possibilities can be harnessed and negative influences minimized. On the one hand, for example, television and movies can be negative influences because of their portrayals of violence and unhealthy sexuality and their lack of positive role models.

On the other hand, they can also be venues for education, providing young people with valuable information about such issues as how to handle sexual situations (e.g., information about how to say "no" or about the importance of contraception), substance abuse, nutrition, violence prevention, and mental health concerns.

The Internet is now a ubiquitous presence in the lives of adolescents. Although all youth do not have equal access to computers, either at home or at school, the vast majority of youth today do have access to computers and to the Internet. A recent survey found that 95% of 15- to 17-year-olds have been online, with most in this age group (83%) having access to the Internet from home. Nearly a third (29%) have access to the Internet from a computer in their

[25] Ponton, L. E. (1997). The romance of risk: Why teenagers do the things they do. New York: Basic Books.
[26] Hamburg, D. A. (1997). Toward a strategy for healthy adolescent development. American Journal of Psychiatry, 154, 7-12.
[27] Dryfoos, J. G. (1998). Safe passage: Making it through adolescence in a risky society. New York: Oxford University Press.
[28] Jaffe, M. L. (1998). Adolescence. New York: Wiley
[29] Roberts, D. (2000). Media and youth: Access, exposure, and privatization. Journal of Adolescent Health, 27 (supplement), 8-14.

bedroom, where parents are much less able to monitor its use[30]. Much of adolescents' online activity consists of talking with people via e-mail, instant messaging, and chat rooms. Typically, this activity is simply a form of interacting with peers. However, it is also important to be aware of the potential risks of going online. For example, youth who enter chat rooms can be targets of sexual harassment or worse, and pornography is easily accessible on the World Wide Web, even by accident [31].

J. ADOLESCENCE AND SCHOOL

School for most adolescents is a prominent part of their life. It is here that they relate to and develop relationships with their peers and where they can develop key cognitive skills. For some youth, it is also a source of safety and stability.

A strong sense of attachment, bonding, and belonging, and a feeling of being cared about - also characterize adolescents' positive relationships with their teachers and their schools. One additional factor, adolescent perception of teacher fairness, has also been found to be associated with positive adolescent development. These factors, more than the size of the school, the type of school (e.g., public, private), or teacher-pupil ratio, have been found to be strongly associated with whether adolescents are successful or are involved with drugs or delinquency or drop out of school [32].

Because schools are such a critical setting for adolescents, it can be important for mentors to connect with the school psychologist, counsellor, or social worker of an at-risk adolescent to help create a supportive system of care. But before doing this a mentor need to consult the primary caregiver and develop together a good strategy and action plan for this purpose.

K. STABLE PLACEMENT VERSUS LEGAL CUSTODY VERSUS PERMANENCE

Children who have experienced abuse or neglect have a heightened need for permanency, security, and emotional constancy and are, therefore, at great risk because of the inconsistencies in their lives and the alternative care system. Every effort should be made to rapidly establish a permanent placement for the child. Tangible continuity in relationships with family and friends is essential for a child's healthy development. Stability in child care and the school environment

[30] Rideout, V. (2001, December). Generation Rx. Com: How young people use the Internet for health information. Menlo Park, CA: Kaiser Family Foundation.
[31] Girl Scout Research Institute. (2002). The Net effect: Girls and new media. New York: Girl Scout Research Institute, Girl Scouts of the USA.
[32] Resnick, M. D., Bearman, P. S., Blum, R. W., Bauman, K. E., Harris, K. M., Jones, J., Tabor, J., Beuhring, T., Sieving, R. E., Shew, M., Ireland, M., Bearinger, L. H., & Udry, J. R. (1997). Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health. Journal of the American Medical Association, 278, 823-832.

is important. Multiple moves while in alternative care (with the attendant disruption and uncertainty) can be deleterious to the child's brain and mental development, and psychological adjustment.

All children, regardless of their type of placement, must receive individual attention from their caregivers. Caregivers and extended family members can play a significant role when the child's mother or father cannot. Impersonal placement settings do not effectively support young children who have been abused and neglected. Bureaucratic proceedings, including conferring legal status, are usually of little or no consequence to children, whose needs are much more fundamental.

2.7. CHILDREN IN RESIDENTIAL CARE AND THE FRAMEWORK OF THEIR RELATIONSHIPS WITH OTHERS (BIOLOGICAL FAMILY, YOUTH WORKERS, CAREGIVERS, TEACHERS)[33]

The significance of family relationships for children and young people as well as support for their families is a key consideration throughout the child protection process from intake to reunification.

Literature clearly demonstrates a link between collaborative work with families and support for their participation in family work and family therapy with better outcomes for children.
While we know through consultations and published research that inclusion of families in decisions pertaining to the wellbeing of their children is frequently an area of neglect, research clearly advises that a robust process of family involvement has the best outcomes. Research by Walter and Petr (2008) highlights that three key areas associated with quality residential care are:

- ☐ maximised family contact
- ☐ families actively involved and supported in the treatment process
- ☐ on-going support and after-care [34] [35] [36].

The key resource which residential services possess is their human resources. As trauma, loss and attachment issues experienced by young people in residential care

[33] This chapter uses material from Queensland (2010) A Contemporary Model of Residential Care for Children and Young People in Care
[34] Tilbury, C & Osmond, J 2006, 'Permanency Planning in Foster Care: A Research Review and Guidelines for Practitioners', Australian Social Work, vol 59, no 3, pp. 265-380
[35] Walter, U & Petr, C 2008, 'Family-Centered Residential Treatment: Knowledge, Research, and Values Converge', Residential Treatment for Children and Youth, vol 25, no 1, pp. 1-16
[36] Bath, H 2008 (2), 'Residential Care in Australia, Part 1: Service trends, the young people in care and needs-based options', Children Australia, vol 33, no 2, pp. 6-17

are connected to relationships, compelling evidence exists that effective intervention with children and young people depends substantially on the commitment, skill and tenacity of relationships between staff and young people [37].

The high level of skilled work is required to deal with the multitude of issues that arise from trauma and loss. Children and young people in care needs a highly skilled, qualified and supported workforce.

International research also highlights the need for well-trained staff and notes that one of the most negative factors influencing poor outcomes for young people in care is untrained staff. According to expert Jim Anglin, it is *"a disturbing fact that those who have the most complex and demanding role in the care and treatment of traumatised children have the least, and in many cases, no specific training for the work"*[38] (p 113). Acknowledgement of the need for enhanced training for staff working in residential care is increasing, both nationally and internationally.

Relationships across the service system

An improved sense of everyone working together in the best interests of children and young people is essential. Support should be provided for mechanisms to enhance understanding across the sector and to support the strengthening of residential care and coordination.
All government and non-government key stakeholders active in the field of child protection and care should work in partnership to create a strong service system which will enhance service delivery to children and young people.

Healthy relationships for children and young people

Both the literature and consultations clearly demonstrate that relationships are central to the wellbeing of children and young people. Quality connections across all key stakeholders including family members, staff of the residential care service and teachers supporting the young person, are essential.

The organisation and relationships with the wider service system

Organisations need clear governance and management to reflect sound philosophical and practice frameworks. Qualified, skilled, trained and supported staff is the key for ensuring quality services to children and young people. The complexity of the service system and the intricacies of work with children, young people and their families require integrated service delivery and strong linkages between all key

[37] Raymond, I & Heseltine, K 2008, 'What Does it Mean to be an Adult? Perceptions of Young Men in Residential Care', in Child Youth Care Forum, vol 37, pp.197-208
[38] Anglin, J 2002b, 'Risk, well-being and paramountcy in child protection: The need for transformation', Child and Youth Care Forum, Vol 31, no 4, pp. 257-268

stakeholders in the system. If government and NGO staff work closely and collaboratively in ensuring they are responding to the needs of each child and young person, then the system is more likely to produce far more positive outcomes in the lives of children, young people and their families.

3. SOCIAL MENTORING – GENERAL ASPECTS

3.1. DEFINITION OF MENTORING IN GENERAL AND SOCIAL MENTORING IN PARTICULAR

According to Feu, Besalú, Plana and Prieto-Flores (2009), mentoring is understood as a process of accompaniment, guidance or support, between two or more people who establish a relationship, of variable duration.

The Professional Charter for Coaching and Mentoring stresses out that mentoring should rely on the mentee's own resources to help them see and test alternative ways for improvement of competence, decision making and enhancement of quality of life.

As a whole, mentoring is described as a developmental process which involves a transfer of knowledge or skills from a more experienced to a less experienced person through learning dialogue and role modelling.

In the term **social mentoring**, Social mentoring research group (2007) emphasizes the social in relation to the mentoring role. It highlights the 'social action' component of mentoring which attempts to impact on the social status of the individual and is often focused around the empowerment of vulnerable and/or disadvantaged groups in society. The same group of authors explains that social mentoring targets individuals from minority or socially disadvantaged groups who are in danger of becoming, or, are already in a marginalised position in society.

The focus is on empowering individuals through the mentoring relationship to affect a shift of status from a position of social and/or economic exclusion to inclusion in the society.

3.2. BETTER CHANCES THROUGH SOCIAL MENTORING FOR CHILDREN/YOUTH TO DEAL WITH PRESSURES AND CHALLENGES IN EVERYDAY LIFE

Over the years many researches showed positive effects of social mentoring in all areas of young person's life. It is proved that mentoring can help youth as they go through challenging life transitions, including dealing with stressful changes at home or transitioning to adulthood.

Different researches showed that mentoring has significant positive effects on following:

- Students who meet regularly with their mentors are 52% less likely than their peers to skip a day of school and 37% less likely to skip a class (*Herra et al, 2007*),
- Youth who meet regularly with their mentors are **46% less likely than their peers to start using illegal drugs and 27% less likely to start drinking** (*Herra et al, 2007*). The same was confirmed in a study of African American youth conducted by the University of Georgia (2011)
- **Young adults who face an opportunity gap but have a mentor are: 81% more likely to participate regularly in sports or extracurricular activities than those who do not** (*Bruce & Bridgeland, 2014*)
- The strongest benefit from mentoring, and most consistent across risk groups, is a reduction in depressive symptoms — particularly noteworthy given that almost one in four youth reported worrisome levels of these symptoms at baseline (*Herra et al, 2013*),
- Mentored youth tend to trust their parents more and communicate better with them (*Herra et al, 2013*),
- 48% At-risk young adults with a mentor are more likely to volunteer regularly in their communities (*Bruce & Bridgeland, 2014*)

Cavell, DuBois, Karcher, Keller, & Rhodes (2009) add following to the above listed benefits of social mentoring for youth:

- Increased high school graduation rates
- Lower high school dropout rates
- Healthier relationships and lifestyle choices
- Better attitude towards school
- Higher college enrolment rates and higher educational aspirations
- Enhanced self-esteem and self-confidence
- Improved behaviour, both at home and at school
- Stronger relationships with parents, teachers, and peers
- Improved interpersonal skills

3.3. BETTER CHANCES THROUGH SOCIAL MENTORING FOR CHILDREN IN RESIDENTIAL CARE, CONSIDERING THEIR SPECIFIC NEEDS

In the case of children and young people in care, mentoring is proven as a very effective and necessary tool for quality social integration and prevention of further social marginalization.

Many children who are living in residential care have experienced significant levels of abuse and neglect. Research has determined that abuse and neglect can have highly traumatic consequences for children's development in a range of domains – motor, social, psychological, language, attachment, peer relationships, neurological, behavioral, academic and scholastic (*Tilbury et al, 2007*). Perry (2016) underscores that,*" the great thing about our brains is that they can adapt and improve quickly as soon as we're given the support we need. I've seen many instances in which children with extreme trauma histories and seemingly insurmountable deficits catch up to their chronological age remarkably fast."* In this regard, one way of providing needed support is social mentoring. According to Perry, for children with experience of trauma it is important to recognize and understand the phase of their current developmental phase. That means that mentors and teachers need to change their expectations at first. Perry (2016): *"I'll tell his teachers that even though he's in sixth grade, his ability to learn is closer to a first-grader's, and he has the attention span of a preschooler and the child's behavior soon improves."*

During the transition to independent living many young people may lack support from "significant others" (care givers, teachers) and/or the community (Lips, 2007 cited in Allen & Vacca, 2010). Such issues can and will impact on a young person's aspirations, attainment and ultimately, achievements. Importantly, many young people in residential care may aspire to higher education but may not have the means or support to progress with this goal (Dworsky, 2010).

Social mentoring promotes quicker and better community integration. It helps young people to achieve a more independent and productive life. This kind of support through guidance helps them become more conscious of their strengths, as well as develop necessary knowledge, skills and attitudes.

For the personal and future professional development of children and young people in care it is very important to have a wide and coordinated network of support in their community, in which area mentor's contribution can be significant (Maluccio et al.,1990). Such a network will definitely in return improve their educational outcomes as well as increase their level of social integration and wellbeing in general.

"A network of supportive relationships which can provide a point of reference and a sense that somebody cares about them and their progress" is imperative (Martin and Jackson, 2002). Higher achievers in Martin & Jackson's (2002) research underscored the importance of having at least one significant person who took an interest and mentored and encouraged them in their pursuits – a 'guardian angel'.

This observation is confirmed also by care leavers themselves. Very good example that reflecting this is the document *"FICE 10 Standards for care leavers"* created by 53 care leavers aged 17-25 from 15 world countries, during the Youth Exchange week in Vienna in August 2016. The importance of mentors and mentorship is stressed out directly or indirectly in 4 out of 10 standards!

Care leavers recognize importance of mentorship in a process of searching and keeping a job, preparation for leaving the care system, learning life skills, organizing daily routine as well as in emotional support in after care life.

Close and more personal informal relationships, such as the one with the mentor, gives young people a more realistic picture of a "real life", independency, challenges but also life's opportunities. It allows them to become very involved in the process of their own personal and professional development, which in return makes them more proactive in creating life opportunities and looking after their life's present and future. With mentoring, young people are not just passive receivers of social services. They feel like they have support in their own actions, they can make mistakes and then try again. Mentoring relationships are a way of addressing the need for social and emotional support of young people in care (Cashmore & Paxman 1996, pp. 175-176). Addressing these needs is of a great importance.

Mentoring relationship gives young people a role model to inspire them for self-achievements, but also to help them to better deal with difficult life situations better (e.g with stigmatization).

The expectations and aspirations of those significantly involved in a young person's educational journey can impact their educational attainment. Some research has reported that carers and teachers may not expect children in [out-of-home] care to do well (Martin & Jackson, 2002; Harker et al, 2004; Francis, 2000). The role of mentor in such cases could significantly increase young people's motivation and level of integration.

Mentoring can broaden young people's vision and allow them to see their opportunities better – so they can choose their professional life path from a much larger pool of opportunities and in return be more motivated to achieve better results during the process of formal education.

3.4. PURPOSE AND RESPONSIBILITIES OF SOCIAL MENTORING

Social mentoring enhances the positive effects of formal and institutionalized practices/services of social integration and is there to leverage equity factor into achieving social justice and social integration of different marginalized groups in the society. It does so in an effective, personalized, humanistic and highly individualized way.
This means that social mentoring is based on partnership, respect and trust, having the mentee always in the focus of the relationship.

Some of the main responsibilities of social mentoring process are:

- To cherish the voluntary basis of the process,
- To highly respect the confidentiality of the process,
- To remain **informal** within a clearly defined framework,
- To combine both – **process and goal oriented approach**.
- To plan and execute development and growth **in accordance to the needs** and reality of the mentee.
- To nurture the **holistic approach** to the mentee and the process of mentoring towards joint objectives.
- To nurture honest, non-judgemental and supportive **relationship** as main "working method".
- To secure **continuity** – the relationship and the process does not end abruptly.
- To cherish **flexibility** – process is clearly defined but not rigid – **creativity and resourcefulness** of the mentor is highly appreciated.
- To make sure that mentor is **approachable** and his/ her methods and services are **accessible and available**.
- To highly respect **individuality** of the mentee
- To make sure that mentor is not lecturing and teaching but **empowering and providing guidance**.
- To foster the relationship with the **local community**.
- To apply **high level of participation** of the mentored youngster.

Mentoring is not a substitute methodology for any professional work, service or public policies. It is powerful but not magical, and can be combined well with other methodologies.

3.5. THE ROLE OF A MENTOR – WHAT MENTORS ARE AND WHAT THEY ARE NOT

One of the first records of a "mentor" is found in Homer's The Odyssey. A wise man named Mentor is given the task of educating Odysseus' son, Telemachus. When Odysseus went to fight in the Trojan War, he entrusted the care of his kingdom and his son to Mentor, a wise and trusted counsellor.

What is the role of a Mentor?

The mentor is a person who *provides emotional reliability, honesty, trust,* and a nonprofessional relationship to the youngster. Based on a new life perspective, the mentor also *represents an example for the personal development of the mentee*, a linkage and an element of resilience from the community to him/her, offering different and new social and cultural perspectives. The mentor stays in close communication and interacts with all the relevant social actors in the community and in the life of the mentee like the care institution where he/she is placed, the school, local NGOs and other organizations and institutions, always with the supervision of a professional. The mentor can/should provide a fresh look on the child. He/she is an external element with no prejudices/pre-expectations on the child context.

He is approachable, reliable, flexible and creative in implementation of activities.

The mentor *is not a professional neither an authority figure* for the youngster. *He neither substitutes other figures such as caregivers, parents, professors or social workers.* This doesn't mean that mentor is a technical figure but she/he needs to establish a high degree of self-restrain when it comes to managing his/her authority towards the youngster.

The mentor should *not take decisions without the consent of the legal custody of the youngster*. The mentor should *not propose activities that are not adequate* considering the age or abilities of the youngster.

Mentoring team is at disposal to the mentor for all needed support and guidance. This means that mentoring team will make first contact with caregivers, teachers and eventually with the family so the mentor can continue further communication.

At the beginning, the mentor should regularly discuss and consult the mentoring team about planned activities. This is a very sensitive period during which it is important that mentor and mentee start building their relationship. Usually, mentors are very excited about this period and it can happen that they overload meetings with too many activities. This is also a period where mentors, as well as mentees,

feel unsure and unsecure, so the guidance of the mentoring team makes it easier to understand the needs of the mentee and adjust activities to his/her abilities.

Mentoring team is also here for the mentor in the case of unpredictable, challenging situations, e.g. a conflict with the mentee (when the mentor should get immediately in touch with a caregiver and a representative of the mentoring team), reluctance of the mentee to work with the mentor, unrealistic expectations of the mentee or problems in communication with teachers, caregivers and other parties involved etc.

Planning of excursions or going out of the house with mentee should be always done with consent and advance approval of caregivers.

John's story: Boundaries in a mentoring relationship

John (24) was very excited about being a mentor. He was very satisfied with relationship with his mentee, 16 years old Peter. Their meetings were oriented to school tasks but full of fun. They spent a lot of time in sport activities and John used them to practice science with Peter. It was a great combination as Peter improved his sport skills using science and started to be very motivated for the subject that he previously hated.

Trust was built smoothly. As their relationship evolved Peter opened himself more and more to John and started to share with him the story about his past but also his current worries and preoccupations. Soon, every time that Peter was angry, sad or excited about something he called John immediately. Few times John received Peter's phone calls in the middle of the night (Peter called him because he was bored or because he was angry with the caregiver who insisted on going to bed at scheduled time). John was happy about having Peter's trust but he also felt that he is losing his life and privacy. He talked about this with a member of the mentoring team and his supervisor. Children and youth in residential care often have difficulties with boundaries in relationships so it is important to define appropriate and inappropriate behaviours. After understanding this, John talked to Peter about boundaries and his role as a mentor. They exchanged personal examples of respecting and not respecting boundaries and its consequences. After discussion, they defined desirable and undesirable behaviour in their relationship. They needed some time to put the plan fully into the practice, but they succeeded thanks to John's gentle persistence.

This was one of the most important lessons they both learned. Understanding the lesson of respecting personal and others boundaries Peter improved his relationships with friends but also with his girlfriend which made him especially happy.

3.6. WHAT A MENTOR DOES - EXPECTED AND SUGGESTED ACTIVITIES FOR MENTORS

Role of the mentor is very complex. Although special purpose of mentoring process can be focused on improvement of school performance, to accomplish this goal, much more than just sitting by the book, needs to be implemented.

Mentor's task is to awake motivation and love for learning process in mentee, rise his/her self-esteem, creativity and self-confidence, improve his/her communication with important others (teachers, careers, trainers, community) and develop secure/trustworthy relationship with him/her.

When thinking about the activities which can be used to fulfil the role of mentor and accomplish set up goals here are some the most important ones:

- ☐ Role Modelling

  Mentor is teaching by doing. It is proven fact that children learn much more from observing their teachers/parents' behaviour than from listening what they are saying. That is why mentor needs to be aware of his/her behaviour always but also to use this method to demonstrate what he/she wants to teach/transfer. Use his/her own experience and show how it works in the practice. This will help mentee to see and strive for broader horizons and possibilities than they may see in their present environment.

- ☐ Showing that you care

  Many children and young people from residential care didn't and some still do not receive enough from the adults in their lives. Mentors can fill in these empty spaces with dependable, sincere, and consistent attention and concern.

- ☐ Listening

  The other adults in the young person's life may not have the time, interest, or ability to listen, or they may be judgmental. Active listening is the way to open many topics and encourage mentee to talk about their fears, dreams, and concerns. That is the way to build up trust. Thanks to active listening mentor shows respect and acceptance to the mentee, showing him/her that he/she is important.

- ☐ Accountability

  A commitment made to a mentee for a meeting together, an activity, or an appointment should be a mentor's first priority, barring emergencies. This consistent accountability has several benefits:

  - Sets a good example for mentee to see and emulate

- Cements trust between mentor and youth
- Creates mutual expectations that can be met
- Attend recreational and/or cultural activities.

Youth need more exposure to enriching activities such as visits to museums, attending plays, concerts, sporting events or any other activity corresponding to their individual interests. These experiences can pique interest and encourage youth to pursue new areas of learning.

☐ Attend mentee activities

If your mentee is involved in extracurricular activities, is involved in activities outside of the school environment, attend those functions, when appropriate, to show support.

☐ Do things in groups

Mentors should be encouraged to join in activities with other mentors and mentees. Participants in mentor programs enjoy meeting, interacting, and sharing experiences with one another.

☐ Participate in some voluntary action or activity

It is important to let mentees to experience volunteering and helping others. There are ample studies to indicate that experience of volunteering in adolescence increases prosocial moral values, self-understanding, level of perceived competence and self-esteem (Yates and Youniss (1996), Hart, Donnelly, Youniss & Atkins (2007)).

☐ Creativity and mentee's interests are good leading points for planning activities.

The goal is to provide experiences that the mentee's usual environment does not provide. The more "real world" exposure a mentor can provide a mentee, the more that mentee will learn. Mentees will gain new perspectives on the working world, their own education and potential.

3.7. GENERAL ASPECTS OF STAGES IN SOCIAL MENTORING RELATIONSHIP

The mentoring relationship is a cycle and a process that requires a certain time to show its effectiveness, like a long-distance race in which each situation and progress in the relationship constitutes an opportunity for learning.

In the literature there are different definitions of developmental stages of mentoring relationship but basically they are constructed of following:

(1) we recognize ourselves → (2) we create an environment of comfort→ (3) we create trust→ (4) we can confront, be a valid source of resources and a point of reference →(5) ending formal mentoring relationship and planning for the future

1. Recognizing ourselves

   In the mentoring relationship, mentor and mentee come valuing certain behaviours and ideals. As individuals, we are aware of some but not all of our values. As a first step, mentors should recognize the values that are the most important to them. Mentee's values may be different from those of mentors. Awareness, tolerance, and respect for the values of others are basic to establishing a successful mentoring relationship (Be A Mentor, Inc., 2006)

   Mentor can share his/hers values with mentee but not impose them to him/her (and vice versa). By sharing, the mentor and the mentee provide to each other the chance to see a situation from a fresh and different perspective. The differences between mentor and mentee provide them with a wide landscape to investigate and to learn not only about one another but about themselves as well.

2. Creating an environment of comfort

   At first, both mentor and mentee are likely to be nervous and unsure (Lewis, 1996). It is important to break the ice and establish an environment of comfort.

   First meeting should be in the place that is well known to the mentee and where he feels secure. During this meeting, the mentor and the child get to know each other and assess if in a first instance they are compatible. Getting to know each other in an environment of comfort means that they both share something about themselves, mentor shows interest in mentee as a whole person, using also some creative methods to get to know each other. Humour, if appropriate, is very welcomed as contribution to relaxing the atmosphere. For making comfort environment it is important to explain what will future meetings look like and to define mentee's expectations and fears.

3. Building the trust

   Scott (2012) emphasizes importance of trust defining it as the substance of all successful relationships. It is often linked to openness, mutual reliance and respect, as well as the willingness to be vulnerable in some way. Without trust,

relationships become tense and people become self-protective. Successful mentoring relationships absolutely depend on it.

"Trust emerges slowly and tentatively from experiences that create the conditions for it."(Manza, Patrick, 2012)

Those conditions include the following:

- Being reliable, consistent, patient, and persistent with the mentee.
- Encouraging mentee to take the lead in deciding about joined activities.
- Telling mentee what positive qualities or behaviours mentor sees in her or him.
- Having fun together and creating shared memories.
- Listening to cultivate understanding—rather than giving advice.
- Keeping conversations private.
- Not pushing mentee to achieve goals mentor have set.
- Being trustworthy by keeping promises.

4. Working towards goals/Deepening the engagement

   This is a rich phase marked by openness and trust, meaningful discussion, and application of new insights and approaches. Mentee needs ongoing encouragement from mentor at this stage. There will be a shift in the mentor's role. Increasingly the mentor will become devil's advocate, confronting, stimulating and challenging the mentee to take a different perspective, consider the merits of the various options, select the best option and devise a detailed plan of action whilst encouraging innovation and creativity.

   As a result of the mentoring and learning processes, the mentee then puts the plan into practice and the cycles start again. As the learning spirals to more and more sophisticated levels, the mentee attains a greater level of autonomy, becoming behaviourally more aware of what is happening and developing a deeper understanding of the learning, problem solving and decision makes processes. This is a good point to reflect on progress toward goals and on the relationship itself.

5. Ending formal mentoring relationship and planning for the future

   Every formal relationship has its beginning and its end. It is important to be clear about the whole process and to prepare adequately for each phase. Ending is a process and it is important to leave enough space for it. This means at least several meetings.

Before ending formal mentoring relationship mentor and mentee should talk about:

- Meaning of the ending of the formal mentoring relationship (what does it means for their future relationship, what it means for the mentee and for the mentor…). While you may regret ending the mentoring and have the urge to offer to continue informally, it is best to be honest and clear about what you can realistically provide.
- Mentor should reflect back on progress and changes since the beginning of mentoring relationship. By noticing and drawing attention to the mentee's progress, mentor will provide encouragement that is likely to motivate more growth and action on the part of the mentee. Acknowledge challenges and obstacles that the mentee faced. Recognition of the mentee's efforts will help the mentee to see his or her efficacy and capability in a new light.
- Talk about the future. Mentor should help mentee to set goals for the future (ask your mentee to identify the support system and resources that will support achievement of those goals in the future and encourage your mentee to continue on the journey of his life as a lifelong learner)
- Plan the last session together. Celebrate your experience and do on the last session something that you both enjoy.

3.8. RULES OF COMMUNICATION IN SOCIAL MENTORING PROCESS

Communication is the main tool in mentoring process and it includes far more than just exchanging information. It's about understanding the emotion and intentions behind the information. Effective communication is also a two-way street. It's not only how the mentor convey a message, it's also how the mentor listens to gain the full meaning of what's being said and to make the other person feel heard and understood.

More than just the words you use, effective communication combines a set of skills including nonverbal communication, engaged listening, managing stress in the moment, the ability to communicate assertively, and the capacity to recognize and understand your own emotions and those of the person you're communicating with.

Group of authors of the training guide "Be a mentor" listed following rules for communication in the mentoring process:

RULES FOR COMMUNICATION

1. Make your communication positive.
2. Be clear and specific.
3. Recognize that each individual sees things from a different point of view.
4. Be open and honest about your feelings.
5. Accept your mentee's feelings and try to understand them.
6. Be supportive and accepting.
7. Do not preach or lecture.
8. Learn to listen.
9. Maintain eye contact.
10. Allow time for your mentee to talk without interruption; show you are interested in what he or she has to say.
11. Get feedback to be sure you are understood.
12. Listen for a feeling tone as well as for words.
13. Ask questions when you do not understand.
14. Set examples rather than giving advice.

In the social mentoring process the same rules should be applied with special emphasis on the understanding that behind mentee's expressed behavior lays complex (hi)story.

3.9. EMPOWERING ASPECT OF SOCIAL MENTORING – SOLVING PROBLEMS VERSUS GIVING ADVICE

There is old saying: *"Instead of giving me a fish, teach me to fish"*.

One of the main tasks of the mentor is to teach mentee to do things on his/her own and learn from gained experience.

"The size of the problem is nothing compared to your ability to solve them. Don't overestimate your problems and underestimate yourself" (Abhishek Tiwari).

Teaching and supporting mentee in solving the problem will enable mentee to reach his/her fullest potential.

Difference in outcomes between giving the advice and learning to solve the problem:

GIVING ADVICE	LEARNING TO SOLVE THE PROBLEM
Mentee is passive and doesn't learn	Mentee is active and learns
Cuts off further exploration of problem	Opens lines of communication
Does not encourage self-esteem, creativity, exploring personal potential	Fosters self-esteem, creativity
Takes out control from mentee	Puts control in mentee's hands
Sends the message: Mentor knows better about your life than yourself	Sends the message: you are the best expert for your own life

Important thing is that mentor clearly supports mentee during the solving the problem.

Activities of support that can help mentee in the process of solving the problem (Byington, 2010):

- Identify the specific concern.
- Brainstorm possible solutions.
- Discuss desired outcomes
- Be supportive and encouraging, and reinforce successful completion of the plan.
- Reflect and discuss together the effectiveness of the activity and encourage making adjustments if needed.
- Encourage searching for another solution, if needed. There are many different ways to address an issue, sometimes we need failure to learn and prepare ourselves for success.
- Celebrate success.

3.10. MENTOR SUPPORT – WAYS FOR SUPPORTING MENTORS IN THEIR MENTORING EFFORT

Group of authors gathered under the Mentor: National mentorship partnership (2015), based on 25 years of experiences and research stated that support for the mentoring relationship should be provided directly to mentors and should be tailored to address the strengths and challenges within the mentoring relationship. When mentors receive high-quality support from their mentoring program, they report stronger relationships with their mentees (Herrera, 2008) and are more likely to continue their mentoring relationships (Herrera, 2007).

This support may come in many forms: monthly/week calls from coordinator of mentors, regularly supervisions and team meetings, access to resources such as advice from program staff or other mentors, printed materials, and web-based resources.
Training can also contribute to more effective, (DuBois et al., 2002) longer lasting, (Herrera, DuBois, & Grossman, 2013) high-quality ,(Herrera et al., 2007) mentoring relationships.

3.11. GOOD AND BAD PRACTICES - EFFECTIVE AND INEFFECTIVE MENTORS

During the mentoring process, it is good to have in mind what was shown in practice as effective and ineffective mentorship (Be a mentor, 2006):

PRACTICES OF EFFECTIVE MENTORS WITH YOUTH

- Involve youth in deciding how the pair will spend their time together.
- Make a commitment to be consistent and dependable – to maintain a steady presence in the youth's life.
- Recognize that the relationship may be fairly one-sided for some time – mentors, not youth, are responsible for keeping the relationship alive.
- Call youth before each support meeting or appointment to confirm their attendance and/or their transportation needs.
- Pay attention to the youth's need for fun.
- Respect the youth's viewpoint.
- Allow the youth to make mistakes.
- Separate their own goals from those of the youth – leave their personal agenda behind.
- Do not focus on the negative aspects of the youth, neighbourhood, or parents – leave it alone.
- Seek and utilize the help and advice of program staff.

PRACTICES OF INEFFECTIVE MENTORS

- Have difficulty meeting the youth on a regular basis; demand that the youth play an equal role in initiating contact.
- Attempt to transform or reform the youth by setting goals and tasks early on; adopt a parental or authoritative role in interaction with the youth.
- Emphasize behavior changes over development of mutual trust and respect.
- Attempt to install a set of values inconsistent with those the youth is exposed to at home.
- Ignore the advice of program staff.

4. AUDE MENTORING PILOT PROJECT

4.1. SOCIAL MENTORING FOR IMPROVING EDUCATIONAL PATHS OF CHILDREN IN RESIDENTIAL CARE

In today's society of knowledge, education is one of the most important pillars of the future. The successful and positive completion of education for children is vital for increasing their chances of successful life outcomes. Simply put, good educational attainment can lead to a fulfilling adult life (Pecora et al, 2006 cited in Driscoll, 2011).

Young people who are not able to successfully complete secondary education are at risk of unemployment, being unable to progress a career or higher education, poverty, being a recipient of government assistance, having poor self-esteem, being less likely to participate in recreational interests, emotional and psychosocial difficulties, homelessness, criminality, isolation and relationship problems and health issues (Mondy, 2009; Zetlin & Weinberg, 2004; Berlin et al, 2011). For young people from residential care negative outcomes are more likely to happen as they don't have significant adult to help them overcome difficult period.

The research on children in out-of-home care and education shows that education should be a priority for child protection and education professionals. (Department of Communities, 2013). Vinnerljung (2015) points out that there are many things on which we can't influence, concerning children from residential care, such as their past or genes, but we can help them to be educated and to achieve academic success. There are many reasons for putting an accent on the area of education. Different authors (Mondy, 2009; Altshuler, 2003; Hook & Courtney, 2011) point out that young people who successfully complete school are more likely to enjoy a range of positive adult outcomes such as fulfilling employment, financial independence, positive self-esteem, a sense of personal competency and independence, and other social and relational benefits that stem from success.

Using social mentoring as a method, young people in care would get better chance for accomplishing educational success and raise their chances to gain positive outcomes previously mentioned.

Residential care providers are often more focused on behavioural issues rather than on educational performance of children/youngsters placed in care. Having one person, mentor, who is dedicated to accomplishing the goal of better school performance and who in the same time have true understanding of complexity of needs and specific challenges of young people in residential care will secure needed conditions for that.

Individualised programs tailored to the young person's particular learning needs (e.g. Kumon, O'Brien & Rutland, 2008) can produce improvements (Forsman & Vinnerljunga, 2012). With appropriate assistance and support, children in out-of-home care even with educational difficulties can benefit from assistance (Forsman & Vinnerljunga, 2012).

4.2. BENEFITS FOR PARTIES INVOLVED: CHILDREN, MENTORS–VOLUNTEERS, CAREGIVERS, TEACHERS, SCHOOLS AND THE COMMUNITY

Social mentoring as a process is beneficial to all parties included. In available literature about mentoring, usually underlined are benefits for mentees and mentors. However, since mentors work with the mentee includes and influences many actors from mentee's everyday environment, benefits for caregivers, teachers, schools and community are significant and strong.

Benefits for:

Mentees

- Exposes youth to new experiences
- Helps to experinace the school and learning on positive and engaging way
- Helps to focus on the future and on setting academic and career goals
- Initiates opening doors to activities, resources, and educational or occupational opportunities on which youth can draw to construct their sense of identity (Darling, Hamilton, Toyokawa, & Matsuda, 2002).
- Exposes youth to a positive role model
- Provides youth with attention and a concerned person
- Encourages emotional and social growth
- Fosters increased confidence and self-esteem
- Improves attitudes to peer and parental relationships (Hancock, 2003; Rhodes et al., 2005)
- Influences on behavioural improvements (Caldarella, Adams, Valentine, & Young, 2009; Keating, Tomishima, Foster, & Alessandri, 2002; Rhodes et al., 2005).

Mentors-volunteers

- Encourages personal and professional growth

- Improves interpersonal skills.
- Mentoring focuses the mentor outside of him/herself.
- Increases their sensitivity to at-risk children, (Fresko &Wertheim, 2006)
- Provides opportunity to learn how to deal and interact with children
- Provides opportunity to expand social networks (Caldarella, Gomm, Shatzer & Wall 2011)
- Improve their teaching and training skills, and increase their personal satisfaction (Ellis & Granville, 1999)

Caregivers

- Raises awareness of the importance of education in archiving better life chances of children in out-of-home care (Martin & Jackson, 2002)
- Raises awareness of importance of the role of the caregiver in overall child's attitude towards education and school
- Enriches caregiver's insight in child/youth interests, wishes, dreams, current occupations, needs…
- Improves youths' perceptions of their parental relationships as well as their relationships with peers and other adults in their social networks (Rhodes, Reddy, & Grossman, 2005; Rhodes et al., 2000)

Teachers, schools

- Herrera (1999) found that mentors encouraged more positive relationships between the students, their teachers, and school administration.
- Raises awareness on the issues and barriers to education that may be pertinent to children in out-of-home care (Sullivan et al, 2010)
- Raises awareness and understanding of the range of behaviours and issues that young people in [out-of-home] care may present (Wise et al, 2010)
- Gives teacher better insight in child's background and everyday life
- Increases support from teachers and to all children in [out-of-home] care, irrespective of academic level (Martin & Jackson, 2002)
- Initiates positive and supportive relationship between the child (mentee) and the teacher. These relationships can contribute to children having the experience of positive, caring and reliable adults who see their worth and emphasise this.
- Improves school atmosphere – informed teachers and school stuff influence on cessation of negative stereotyping and discrimination of children in out-of-home care (Martin & Jackson, 2002).

Community

- Mentors' environmental involvement can complement or activate settings' protective properties as well as enrich mentor-mentee relationships. (Lakind, Atkins, Eddy, 2015)
- Raises awareness, sensitivity and knowledge of community members on the issues and barriers to education that may be pertinent to children in out-of-home care
- Influences on the openness of the community toward children from residential care and vice versa – communication and interaction between children/youth (mentee) and community breaks down barriers of ignorance or/and fear

4.3. GENERAL ASPECTS OF SOCIAL MENTORING IMPLEMENTED IN AUDE MENTORING PILOT PROJECT

Organizations gathered around Sapere Aude project recognize the importance of the process of education and its outcomes in terms of professional and personal life of young people in care as well as for their early and later social integration in general. In this regard, mentoring is recognized as an individualized and high quality methodology that can assist young people in care to perform better in the key moments on their educational path and life in general.

The proposed framework has been developed collaboratively by AUDE Project partners. It merges the experience of the organizations experts in mentoring with the organizations experts in providing children and youth care in order to develop a mentoring initiative with a focus on improving school results of children in residential care.

Each AUDE partner organization set up a Mentorship team that will be in charge to undertake all the necessary key steps needed to put in place the mentorship initiative within their organizations with success.

Since setting up a mentoring initiative is a complex process that requires the development of a variety of actions and the involvement of a wide array of stakeholders, having a good mentorship team is the key importance to guarantee that all aspects needed to implement a mentoring initiative are taken into consideration and developed accordingly.

Mentorship team involves staff with different complementary profiles.

- Mentorship initiative coordinator: person from the organization in charge of the overall supervision and monitoring of the mentoring project.

- Mentor selection responsible in charge of the selection of mentors.
- Monitoring responsible
  - in charge of the general monitoring and regular communication with the mentors
  - in charge of the selection and overall monitoring of children that will be involved in the mentoring process
- Residential care caregivers: in daily/regular contact with the children. Their comprehensive knowledge on children is the key factor to assist the monitoring of the children selection process. Given their proximity to the children they are also in charge of undertaking a more meticulous monitoring and communication with the children involved in the mentoring initiative. They also perform regular communication and coordination with the mentors, in order to ensure that the mentoring fits with the care framework provided. They report to the monitoring responsible.

The search for mentors will be done by the mentorship team according to established procedures and defined profile of mentors.

Profile of mentors

In the framework of the AUDE Project and taken into consideration the above-mentioned concepts of what is and not is mentorship and its limitations, AUDE project partners propose the following general profile that mentors should fulfil in order to participate in the mentoring process:

- Mentors should be above 18 years old
- Must have compulsory education
- Must provide proof of no convictions and/or ongoing criminal court cases – i.e criminal record extract (compulsory)
- Must be interested in undertaking a mentoring process

Profile of mentees

In the specific framework of AUDE project, key criteria agreed by project partners to define the involvement of children and youngsters in the mentoring process are:

- Children and youngsters must be aged as far as possible between 12-17 years old.
- They must attend compulsory school.
- They must live in residential care centers.
- They should be willing to participate in the mentoring process voluntarily.

- They should be aware of the purpose of the project.
- They should be able to express their expectations regarding the mentoring process.

Key points to be defined and discussed before the mentoring relationship begins are the following:

- Clear definition of the mentoring process;
- Objectives of the process (emphasis is on the improvement of educational outcomes of the mentee, significance and justification of this specific mentoring action);
- Expectations from the process, from both – mentor and mentee;
- Boundaries and roles of each within the relationship;
- Communication procedures;
- Values;
- Possible limitations of the process;

Key factors related to the mentoring relationship are:

- The *duration of the relationship*: the longer it lasts the more impact it will have. In the framework of the AUDE Project the minimum duration of the relationship is expected to be of 10 months (from September 2017 to June 2018). The mentorship team will evaluate the possibility to continue the relationship beyond the project if it is a common wish of both the mentor and the mentee
- The *frequency* of encounters. In the framework of the AUDE project, at least one meeting per week between the mentor and the mentee is encouraged
- The *construction* of the relationship, which will generate a sense of proximity and trust.

The mentor should be a complement (never a substitute) for the tasks already undertaken by social workers in charge of care of the youngster, parents and other social agents, using humour, affectivity and commitment towards common and shared goal.

Before the process of mentoring begins, the mentor has to go through a process of selection and training. During the mentoring, mentor is provided with constant support and supervision/consultations.

The voluntary participation in the mentoring process and the free expression of the youngsters regarding their expectations are key elements of the project, which is

also based on their needs that might be identified before, during and after the process. Given their voluntary participation in the project, empathetic listening can help to keep their willingness and motivation high, reinforcing a relationship of trust with the mentors, with whom the youngsters feel safe and comfortable.

The mentoring relationship is based on mutual trust and understanding, stability, and respect and goodwill from both sides, in order to assist the youngster towards his/her educative and personal goals, reinforcing the affective link between the mentor and youngster through mutual enrichment.

4.4. SPECIFIC EDUCATIONAL-ORIENTED MENTORING ACTIVITIES

In many countries adequate completion of schooling is essential for young people to have the opportunity to enter and procure employment in the labour market (Wise et al 2010). In particular, in today's technologically savvy society, competency in reading, math, technology and science is increasingly becoming imperative to employment. Young people who do not acquire these basic competencies will be severely disadvantaged (Trout et al, 2008).

The benefits of education are however much more than academic attainment. Attendance and participation in school offers children the opportunity to engage in a range of social experiences which can provide essential developmental scaffolding for their social, emotional and academic learning (Department of communities, child safety and disability services, 2013)

Young people have offered suggestions on what can assist them with education and future aspirations. Among many, the following are those on which mentor can influence:

- someone who can positively fuel their motivation, tenacity and determination about school (Tilbury et al, 2009; Harker et al, 2004)
- the provision of encouragement and support from significant people (for example, carers, parents) and professionals within the school (Tilbury et al, 2009; Driscoll, 2011; Harker et al, 2004; Merdinger et al, 2005; Martin & Jackson, 2002);
- someone who can promote the value of education and has expectations about educational achievement (Harker et al, 2004)

- someone significant who is trustworthy, consistent, really invests in them and thinks they can achieve (Tilbury et al, 2009; Driscoll, 2011)
- opportunity for information provision, discussion of goals, plans and aspirations (Tilbury et al, 2009)
- happy, positive and engaging school experiences (Tilbury et al, 2009)
- being able to have the opportunity to have 'normal' experiences like other young people (for example, participation in extra-curricular activities) without being singled out (Martin & Jackson, 2002; Hunt, 2000)
- encouragement of regular school attendance (Martin & Jackson, 2002)
- "*A network of supportive relationships which can provide a point of reference and a sense that somebody cares about them and their progress*" is imperative (Martin and Jackson, 2002, p. 123).

When planning specific activities mentor should have on mind above listed needs and wishes and above all discuss the specific needs and wishes of his/her mentee.

Some suggestions of specific educational-oriented mentoring activities (based on listed needs):

- Be positive about education and try to model and facilitate pro-education attitudes.
- Discuss education as a pathway to great things, explore aspirations and dreams! Cultivate their motivation and aspirations.
- Find ways of learning that make sense or are relevant to the young person.
- Explore a young person's interests and facilitate opportunities for participation in these interests.
- Celebrate progress and achievements.
- Help make learning fun!

4.5. SPECIFIC SCHOOL-ORIENTED MENTORING ACTIVITIES

In the framework of AUDE project the focus is on mentoring action aimed at improving school results of youngsters in care.

Professionals in contact with the youngsters in care will provide a first assessment of each mentee's specific needs to improve their school performance. Contents of the assessment will be shared with the project's support team in charge of supervising the mentors.

The mentoring strategy to be developed with each mentee should then be defined between the members of the support team and the mentor in a consensual and flexible manner. There should be equilibrium between flexibility and clarity in the goals.

Specific school-oriented activities to be developed by the mentors during the mentoring process may include:

- support in the organization and planning of school related tasks,
- follow up and support in school activities
- orientation on available educational pathways
- support in the vision of work goals
- educative activities oriented towards promoting/reinforcing educative interests of the youngster (visits to museums, theatres, science parks…)
- cultural and leisure activities that promote social integration and wellbeing (visits to the cinema, listening to music…)

The objective of improving school performance is a priority in AUDE project, providing meaning and significance to the action. At the same time, it must be remembered that the relationship mentor-mentee goes beyond this objective and therefore provides other benefits in terms of social interaction and wellbeing that, directly or indirectly, can also have an impact in the results related to school success.

In this regard, the mentor should not be forced to undertake any sort of shortlisted specific activities with the youngster, but to encourage those that reinforce their social interactions and wellbeing in general whilst bearing in mind the focus on improving their school performance.

Below there is a proposal of key indicators of school success using mentoring to be taken in consideration when making and revising the individual educational path plan of the mentee:

- Social interaction and integration (existence of a social network – peers, family and professionals),
- Constancy in school attendance,
- Improved school behavior,
- Improvement of/level of results (e.g. writing level),
- Level of self-confidence,
- Level of awareness of youngsters on their future/especially their vision of professional career,
- Improved skills connected to job search/employment, health, social network and relationships, leisure time, culture, housing and living, long-life learning, finances, etc. (according to the age and level of education of the mentee),
- Expectations of educators,
- School degrees, and
- any other indicators which may be specific for a certain mentee.

To ensure the quality of service as well as to ensure monitoring of results and outcomes of this process and project, the project will provide **pre-evaluation and post evaluation** tools which will help to measure the impact of the mentoring process in improving school success of youngsters in care. Also, it will allow seeing the good and weak points of the project and implemented mentoring model and therefore allow us to improve it for possible implementations in the future.

4.6. MEANS OF PROVIDING SUPPORT TO MENTORS

Before the process of mentoring begins, the **mentor has to go through a process of selection and training**. During the mentoring, mentor is provided by the hosting organization, with constant support and supervision/consultations. As The professional charter for coaching and mentoring (2011) states, mentors need to undertake ongoing efforts to develop and maintain their competences. The mentor will be encouraged to consult available experts (within the host organizations), on a regular basis whilst actively mentoring. The **supervision/consultations** "*may focus on areas such as supporting and clarifying issues arising from the mentoring practice with mentee and helping to ensure ethical and appropriate conduct and continuous development*".

The mentor can only provide his/her services within the boundaries of their competence. "*If in doubt, mentors shall take reasonable steps to ensure the*

competence of their work and to protect clients (i.e. mentees, author's note) and others from harm".

4.7. EXPECTED RESULTS AND IMPACT OF AUDE MENTORING PILOT PROJECT

A pilot mentoring project within AUDE will be implemented for 10 months to evaluate the impact of mentoring in improving the school results of children in residential care.

The results (outputs) of the Aude mentoring pilot project are expected to be:

1. A mentoring model focusing on improving school results of children in care, will be developed and tested.
2. A proposal of procedures for implementing a mentoring initiative in social organization will be provided and tested.
3. Training contents to train mentors to specifically support children in the improvement of school results will be elaborated.
4. Volunteers trained to be mentors and provide an effective support to the children in care.
5. A methodology to evaluate the impact of mentoring in improving the school results of children in care will be developed and tested.

The impact (outcomes) of the project will be at different levels:

- The main expected impact of the AUDE Mentoring pilot project will be the possibility to observe if mentoring has a positive impact in the improvement of the educational outcomes of children involved in the pilot project. Approximately 50 children aged 12-17 years old around five European countries will benefit directly from the support given by mentors in coordination with other social actors of their immediate environment (caregivers from theirs residential centers and teachers from their schools).

  The social added value provided by the mentors through offering personalized and personal support can contribute to increase the motivation of children towards school as well as enhance their social context through complementary social and leisure activities that improves their well-being.

- The project will have a direct impact on the social actors of the immediate environment of the children (schools, residential centers and mentors) who will gain awareness on the need of improvement of school results of these children. In this regard awareness can be passed from these individual persons to their

institutions and colleagues, thus promoting and increasing the awareness regarding the school situation of children in care.

- The training of volunteers to be mentors will contribute to generating a culture in favour of a more supportive and committed society and will stimulate the development of mentoring initiatives among the organizations involved in the pilot project as an innovative element that promotes a more just and participatory society.
- By disseminating the products of the project online and free of cost, social organizations at European level who wish to initiate a process of mentoring will have the appropriate tools to do it.

4.8. EVALUATION

The AUDE Mentoring pilot project will be evaluated based on:

a. **A Pre-test** to be filled by the child, the care giver and the teacher of the child to assess from the different points of views the initial context of the child with a focus on the school situation. This pre-test will be filled before the start of the mentoring process.

b. **Continuous evaluation** based on the regular monitoring of the mentors and the mentees. A progress report sheet will be updated monthly to report on the meetings between the mentor and the child. Proposal of topics to be covered by the progress report: dates, duration, covered topics, suggestions, activities, observations on following the planned educational plan/path. The quality of the relationship between the mentor and the mentee and an analysis of any incident that might occur will be taken into account.

c. **Post-test**. At the end of the mentoring process in the framework of the AUDE Project (after 10 months), the child, the teacher, the care giver and the mentor will fill a post- test to assess the mentoring process and evaluate if it has an impact on improving the school results of the mentees.

A final report summarizing the entire process, main activities and results will be developed. Each organization will have a Team to coordinate the Pilot project with the following tasks:

- One or more meetings with children, teachers and social educators before starting the pilot to inform them about this and ask for participation.
- Regular contacts with them and the mentor every month.

- A meeting with all the actors in the middle of the project to monitor progress and report it to organization and departments involved (i.e. Education and Social Welfare)
- A meeting at the end of the project to jointly assess the changes and progress detected.
- Be responsible of collecting data for the evaluation process (Questionnaires for pre-test and post-test and the observation form for mentors)

The evaluation of the results (outcomes) considers the 4 targets: at least 10 adolescents aged 12-17 years old; 10 mentors; 10 teachers; 10 caregivers in each country (5). It means:

→ 40 in each country x 5 countries = 200 questionnaires x 2 waves = 400 questionnaires

An assessment tool (questionnaire) will be administrated before the pilot (pre-test) asking participants (except mentors) about their opinion on the situation regarding education of the child before starting the pilot (mainly closed questions) and a questionnaire after the programme (post-test) asking participants (all including mentors) regarding the benefits of their participation in the pilot, the process and the outputs.

The questionnaires will be all in an online form (google drive) translated into 5 languages. A pilot observation form will be used by mentors to monitor and follow up the process.

The fields to explore through the questionnaires before and after the pilot are:

- The education pathways (family and child protection system)
- The learning skills and work habits
- Academic achievement
- School social integration
- Specific educational measures at school
- Support received to education in the residential centre
- Attendance
- Relationships between residential center and school regarding the child
- School community partnership
- Leisure activities

- Satisfaction with life and different life domains
- Expectations and aspirations
- Assessment regarding mentoring (only in the post-test)

After obtaining the data, it will be analysed using the SPSS.

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