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WS2 D2.2.

NATIONAL REPORT CYPRUS

HOPE FOR CHILDREN"

CRC POLICY CENTER

Co-funded by the Rights, Equality and Citizenship Programme of the European Union

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INTEGRA
Supporting Youth Ageing Out of Care

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1. Introduction

General Objective: The National Report, Cyprus presents and reviews the findings of the **ethnographic research (WS2)** in the framework of the ***INTEGRA*** project, *Multidisciplinary Mentorship program to support the entrepreneurship of children in care and young care-leavers.* The research activities have been implemented in Nicosia from August to middle of November 2018, by an assigned researcher from Research & Development Division within the "Hope For Children" CRC Policy Center, Cyprus.

Practical aim: The report's aim was twofold:

(a) to **identify and assess needs of children in care and care leavers** before, during the process of ageing out of care (analysed from their own perspective and the perception and evaluation of caregivers and external supporters and stakeholders)

(b) to **identify and assess needs of residential care professionals** connected to the ageing-out support system, (care providers and legal guardians, educators, post care stakeholders to gain a first front understanding of the context of residential care context and possible prospective developments.

The research activities aimed also to offer **an understanding of the reality of the Cypriot residential care system** in terms of offered services, needs of the children in care and care leavers and the needs of the caregivers and other involved professionals.

Final aim: The results and the findings will represent the baseline for designing the needed training, the abilities, the knowledge, the ERF competences and the skills of a prospective supportive figure as a Leaving Care Mentor in the context of ageing out of residential care. Therefore, the research gathered evidence and data to support the future optimal implementation of the INTEGRA's final goals: a) to build the capacity of professionals from the residential care system as Leaving Care Mentors, and b) to support a sustainable a multi-agent collaboration among different actors involved in the process of residential care and post care.

Structure: The report structure consists of 5 main sections:

(1) Introduction,

(2) Country context,

(3) Ethnographic research,

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(4) Discussion and conclusion, and

(5) Bibliographic references.

The country context presents a summary of the Cypriot current context, focusing on present directive elements and conditions that define the ageing out process/ autonomization for children in care while being in care. The ethnographic research section presents in details the implemented methodology, the timeline, the participants, the instruments and the procedures) and the results. The 4th section opens the discussion of the main results and presents the main conclusions and guidelines for the design of a transition plan.

Collection of data: the data compiled from multileveled participants and through diverse processes: observation, semi-structured interviews with different key-actors, and consultancy groups over the course of almost 4 months.

The ethnographic research was rooted in the **participatory approach** reflected from the data gained from the Children Consultancy Group and the interviews with the fresh care leavers. Nonetheless, for a holistic understanding of their transitioning process to independence in the host country, other different target groups with a different level of influence and authority on the residential care system, were engaged in the ethnographic research. The engaged **target groups** were children in care and but soon to age-out of care and professionals directly linked to their transition to adulthood, such as caregivers, guardians, teachers and educators and post care stakeholders.

Main target group of children in care: The present report aimed for a deeper understanding of the diverse needs of a specific target group of children in care: the **unaccompanied children in care.** According to European standards, in all decision making, EU Member States must consider unaccompanied children as children (with all the rights entitled to them) before the status of migrants/refugees. Under Dublin and AMIF regulations, children are guaranteed legal representation and placement with adult relatives, with foster families, or in accommodation centres suitable for children.

Nonetheless, the multi-layered challenges these young people are facing, are not erased just by receiving international protection and the entitled benefits (as stated in EU legislation). On the contrary, most of the unaccompanied children in care arrive in a shelter/centre already aged 16-17 which limits their opportunities to learn or develop before they shortly they “age-out” of certain benefits with little or delayed to no support from the state -parents.

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2. Country Context and Legal Framework

In Cyprus, the Social Welfare Services (SWS) provide regulation for the protection and care of children whose physical and psychological integrity is in danger due to inadequate or absent family care. When a family cannot cope with the protection and care of a child, the Director of Social Welfare Services is empowered by legislation to take the child into his/her care and to assume parental rights and responsibilities, as a guardian of children (Children's Law). This renders her/him responsible to ensure they have shelter, food and care as well as health care and education. By virtue of the national Refugee Law L. 6(I)/2000 (article 10) the Director of the Social Welfare Services is the legal guardian of all unaccompanied children found in the territory of the Republic of Cyprus. This in effect translates into an obligation to care and safeguard the rights of unaccompanied children — that is those under 18 who enter the Republic without a parent or guardian. Children who are under the legal care of the Director of the Social Welfare Services, between 0 – 18 years of age (Cypriots or unaccompanied children), are placed generally in the private or State Institutions or alternative care through the foster care institution.

According to the above mentioned laws, children and unaccompanied children are considered vulnerable groups in need for legal protection. When an unaccompanied child is identified, the Social Welfare Services are informed and called on the spot to make appropriate arrangements for the child in question. From that point on the child is placed under the guardianship and care of the Director of the Social Welfare Services automatically and there is no formal procedure required in order to transfer the parental rights of the unaccompanied children upon the Director of the Social Welfare Services. The Social Welfare Officer refers the child to one of the existing residential units for unaccompanied children or hands over the child, after an initial screening, to a relative, who will at a later stage undergo the process of evaluation for becoming a foster parent for the child.

Following the initial placement of the child to one of the above mentioned forms of accommodation, the child is guided through the asylum process. The first step of the asylum process is to submit their application for international protection (asylum). At the "Homes for Hope", a specialised team of lawyers is available to inform the child of the process of asylum, their rights as asylum seekers and assist with all necessary legal and administrative steps in

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coordination and cooperation with the SWS officer responsible. At the state-run shelters this function falls on the shoulders of the SWS officer responsible, who may or may not have the appropriate knowledge and has a significant workload. Following the submission of the asylum application, the children undergo a series of medical exams required for all asylum seekers.

It should be noted here that following a period of arbitrary decision regarding the declared age of the children[1], the directions given to members of any public service that might come into contact with a person claiming to be an unaccompanied child are that the declared age is taken at face value and the SWS is called on the spot. The authority to request an age assessment is born solely by the Asylum Service. The Asylum Service in examining the validity of the claims may request for information for the SWS Officer responsible for each child. In practice that means that from the day that a person claiming to be an unaccompanied child is identified they will be placed under care and the claim of minority will be examined at a later state. It may up to three months from the arrival and identification of the child until a final decision has been reached regarding the claim of minority meanwhile they are hosted in reception centres with other unaccompanied children.

According to Art. 10 of the Refugees Law (N. 6(I)/2000], as it was amended, the Commissioner of the Rights of the Child, provides legal representation to unaccompanied minors, as part of the procedures for examining their asylum applications, having in mind, the best interest of the child. This development is an implementation of the Cypriot commitments stemming from both European Law and the Convention on the Rights of the Child on protection of unaccompanied children who are a particularly vulnerable group in relation to the violations of their rights: "Article 22 (Refugee children): Children have the right to special protection and help if they are refugees (if they have been forced to leave their home and live in another country), as well as all the rights in this Convention"[2]. The specific legislation governs all matters relating to applicants for international protection and refugees, including their rights in reception conditions. This law has incorporated the European Directive adopted under the

[1] The age assessment process is twofold. The first part is an initial screening interview performed by an Officer of the Asylum Service, in the presence of the guardian of the child. If during the interview the Officer is satisfied, then person is considered a child without any further examination. If the Officer is not satisfied, then they refer the person for medical examinations (x-ray of the teeth, dental check by a dentist and a wrist x-ray), and an average age is decided based on the medical findings.

[2] THE CONVENTION ON THE RIGHTS OF THE CHILD, https://www.unicef.org/crc/files/Protection_list.pdf.

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Common European Asylum Policy, with Directive 2013/33/EU of the European Parliament and of the Council of 26th of June 2013 laying down standards for the reception of applicants for international protection: "to ensure them a dignified standard of living and comparable living conditions in all Member States". **The Refugee Law** actually copies and reproduces the provisions of the above mentioned Directive, defines reception conditions, as well as the right to education which is an important aspect of becoming autonomous. In accordance with the Directive Art 21 (CHAPTER IV – Provisions for vulnerable persons), 'Member States shall take into account the specific situation of vulnerable persons such as minors, unaccompanied minors, disabled people, elderly people, pregnant women, single parents […]'.

In 2017, 225 unaccompanied children applied for asylum in Cyprus[3] or 32.4% of all asylum applications received. 64% of the total were males, but only 4% were 14 years or less. According to Eurostat, 46% came from Syria, 38% from Somalia, and 6% from the Democratic Republic of the Congo. In 2018, 280 unaccompanied and separated children (teenagers around 15 to 17 years of age) still have asylum-applications under pending examination (United Nation High Commission for Refugees -UNHCR) which displays the acute need for reception centres[4]. The present functional shelters have been running over their official capacity with the "the same number of staff available and services become fragmented" (Kristina Marku, Child Protection Coordinator at the private shelters Homes for Hope) and to each case is devoted less and less time. The unaccompanied children are mainly from Somalia, and from other African countries such as Cameroon, Congo, Nigeria and the Ivory Coast. From these, around 150 unaccompanied children (75% boys and 25 % girls) are placed in state-run and private shelters on a short or long term period.

In the last five years a number of issues concerning unaccompanied children have changed, and improved, drastically:

(1) Up until 2014 unaccompanied children were **prosecuted for illegal entry and/or possession of false documents.**

[3] Eurostat, Asylum applicants considered to be unaccompanied minors - annual data https://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tps00194&plugin=1.
[4] Acute need for young refugee shelters, Annette Chrysostomou, November 25th, 2018, https://cyprus-mail.com/2018/11/25/acute-need-for-young-refugee-shelters/.

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(2) In relation to verification of the declared age the **age assessment process** has changed also, both in the substance and on procedural steps. Previously the process entailed a screening interview by an Officer of the Asylum Service, who would refer the child for further medical examinations. These included bone density tests (teeth and wrist x-ray) and sexual maturity tests. Moreover, children were referred for the initial screening only in cases of doubt about the declared age. Today, all unaccompanied children will be referred for the initial screening interview, and the sexual maturity tests are no longer performed as they were found to infringe on the privacy of the person, religious belief and could possibly lead to abuse of the child.

(3) A positive step has been made in relation to **legal representation** as well. As of mid-2016, the Commissioner for Children's Rights provides unaccompanied children whose asylum application have been rejected at first instance by the Asylum Service with the services on an independent lawyer who will challenge the negative decision before the Administrative Court.

On the other hand, a gap remains in the *preparatory stage of submitting the asylum application and preparing for the interview.* The children at "Homes for Hope" have access to legal professionals that are tasked with assisting the children in this process. This service is not available to children residing in state run shelters, which are staffed with non-specialised staff.

Little has been done in terms of s*creening for other elements of abuse such as trafficking.* The referrals made by either the guardians or the Asylum Service Officers to the specialised unit for the prevention and combating of trafficking in persons are very limited in numbers if any.

Another negative development would be the time it takes for an application to be processed and evaluated. Cyprus has seen an increase in asylum application in the last two years which reached an all times high in 2018. This affected negatively the existing and new applications. It now takes significantly longer for an asylum application to be processed by the asylum service, who is not able to cope with the rising numbers. Delays are identified at the cases pending before the Administrative Court (second instance decision) and the Refugee

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Reviewing Authority[5]. Thus the Refugee Reviewing Authority continues to receive administrative recourses against negative decision in parallel with the Administrative Court. However, the staff of the Reviewing Authority was minimised in light of the pending termination of its works which in turn created a massive backlog of cases.

The Refugee Law in books provides that any medical examination shall be performed in full respect of the unaccompanied child's dignity, carried out by trained professionals and less invasive exams but the law in actions shows that and many times this procedure leads to frustration and re-victimisation[6].

The law in books states that when unaccompanied children become aware of theirs benefits which depends on their legal status (Asylum Seeker, Subsidiary Protection Beneficiary, Recognised refugee) they are entitled to receive useful information about Public services and Organization that can help them when becoming migrant adults. The Law in Action shows that despite acquiring some practical tools during residential care, the UMs receive fragmented support or short term support aimed to integrate them in the society or to build a personal life project within the state care facilities.

The number of children in residential care (youth hostels, children's home and special residential care institutions) is 339 (Offsite, 2018). From these, 222 are unaccompanied children who arrived in Cyprus because of the migration crisis from war zones.

There are 5 shelters offering protection to this target group in Cyprus, 3 state shelters, 1 in Limassol and 2 in Larnaca and 2 private shelters in Nicosia, operating by HFC under specific regulation by the Social Welfare Services. The reception standards differ significantly between the NGO and the state-run shelters, including the accommodation standards and additional rehabilitation/recreational/educational services. In private shelters, the children are supported in their resilience process and, when possible, enrolled in public schools and provided with psychological, social, and legal support. Those who are unable to attend school are enrolled in Greek classes and are given additional educational opportunities through various workshops.

[5] It should be noted here that the Refugee Reviewing authority is the second instance decision administrative body. Based on an amendment of the Refugee Law in 2016 the Refugee Reviewing Authority would stop its operation in light of the creating and setting up of the Administrative Court. The termination of its works would take place following a decision of the Ministerial Council, which still has not been taken.

[6] CHILD-FRIENDLY INFORMATION FOR CHILDREN IN MIGRATION: WHAT DO CHILDREN THINK?, Kristina Marku, https://rm.coe.int/child-friendly-information-for-children-in-migration-what-do-children-/16808af7e2

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The private shelters Homes for Hope operated by "Hope For Children", that accommodated since 2014, 234 unaccompanied children, provide multidisciplinary services (legal, social, psychological and educational) based on expressed or identified needs of the children and/or needs arising on the spot. The services are complimentary to each other with the best interest of each child being the guiding principle:

- Legal counselling in relation to the asylum process, family reunification, rights and obligation in the host country.
- Psychological support and interventions when needed.
- Educational support and addressing recreational needs.
- Social integration support that is focused on rehabilitation and social integration.

Important programs and workshops implemented at the Homes for Hope shelters to support the rehabilitation and integration of the children in care and future care leavers:

(1) **The Rehabilitation Project:** designed a series of group workshops aiming to capacitate and empower the boys with the knowledge, skills required to overcome some practical challenges associated with the ageing out of care process: bureaucracy and documentation, awareness of the public services procedures and location, finding a house, managing a small budget, the steps in order to find a job. The group workshops: (1) Documents and services in the city, (2) Looking for a job, (3) Becoming an adult, independent living, (4) Getting to know Nicosia are to be implemented twice per month. Since October 2017 and until December 2018, **34 boys participated** to the group meetings, divided in 5 groups. The target group are the boys turning eighteen years old in the following period of 2-4 months. *Rehabilitation Checklist* was designed to provide a holistic overview about the children' main concerns during the process of ageing out of care and thus allowing the caregivers to design and provide a tailor-made and structured approach and intervention. Rehabilitation leaflets in English, French and Arabic Nicosia Maps of Services are available for the UMs as a tangible output of this project.

(2) **The Gradual Rehabilitation Program**: The program was designed with the main goal to support the soon to be care leavers to the new life outside of the protection and

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benefits of the shelters and the support of the caregivers and motivate the children in care to assume responsibilities even for simple things like cooking or buying necessary items by themselves. Within this program certain groups have been developed that focused on different life skills and implement activities on a weekly basis: (1) Product purchasing Group, (2) Cooking & kitchen cleaning Group, (3) Serving food & Snack preparation Group (lunch & dinner), (4) Gathering & distributing Donations Group, (5) Gardening Group, (6) Building Monitoring Group. By rotation, most of the UMs that are 17-17,5 years old receive tasks and responsibilities in all these groups for a week. The program's activities started in November 2018.

(3) **Semi Independent Living as an alternative care programme:** according to the subparagraph 2B of article 10(2) of the Refugee Law of 2000, the unaccompanied children are also offered the option for semi-independent living but still be under the protection of the SWS until they turn 18. A child can opt for the semi-independent programme at the age of 17 plus, a decision that needs to the supported by an evaluation of the legal guardian and the personal caregiver of his ability to survive on his own. When the evaluation outcome is positive, the child is enrolled in specific training for three weeks with specific professionals: psychologists and social workers. A monitoring mechanism that records weekly updates and progress is kept by the personal officer assigned to the child in care. From 2016, 6 unaccompanied children have successfully been part of the semi-independent program.

(4) **Foster Care for Unaccompanied Children asylum seekers/beneficiaries of international protection (started from a pilot programme that later become a department of the organisation)**. The program funded by the Asylum, Migration and Integration Fund and the Republic of Cyprus, aimed to identify and assess the prospective foster parents through a socio-economic and psychological evaluation. During the period December 2016 to December 2017, 57 unaccompanied children have been placed into foster families during the implementation of the pilot project. 63 interested families in total where evaluated for this purpose. In December 2018, the number of children placed in foster care families exceeded 100.

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Ageing out support system: Any lack of an effective ageing out support procedures undermines all the efforts and investments made during the period in care and prevents or delays (depending on the specific vulnerability and support consequently required) access to any available support, which in itself is limited. *The teenagers need assistance in finding accommodation outside the shelters, cultural orientation classes, and help with daily life such as using transport, opening bank accounts, and looking for work.*

Despite of the above mentioned programs, the rehabilitation outside the reception centre for the children transitioning to adulthood is severely hindered by the existing system of support for adults. The obstacles for a successful and systematic care and transition to autonomy are many: there are still substantial delays (months) and/or difficulties in relation to receiving benefits (coupons for basic needs, rent allowances) which leaves the applicants without any means to sustain themselves and cover basic needs. The rent allowance is very low (100 euros) and does not correspond with the existing market values for housing. Thus it is difficult to find appropriate accommodation, and if this is achieved the applicants are often faced with the risk of evictions and homelessness due to delayed payments.

Added to the limited preparation for transition, and the fact that they do not benefit from the same opportunities and tools for professional success as other children, work availability is limited for asylum seekers as national law establishes the right of asylum seekers to work in specified industries after submitting their asylum application.

However, a positive development and decision by the Minister of the Interior was made, amending The Refugee Law (2000-2018) and giving applicants for an international protection status the opportunity to work in certain fields after the 1st (first) month of filing the application. This reduces the time taken to access the labour market contributing to the faster social integration of applicants. In practice, delays are systematically encountered at different levels of assistance (approving applications, issuing permit documents, receiving benefits etc.) and the sensitivity of foreign unaccompanied children' cases indicates the inconsistency between the legal framework and the practical actions and the need to improve the residential care system.

Due to the increase of incoming unaccompanied children, a new reception centre for unaccompanied children is scheduled to be developed at an abandoned military camp at Zygi, despite objections from the community in November 2017. The centre will be able to host 100

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children and will be staffed with 22 employees. Emilia Strovolidou, representative of the United Nation High Commission for Refugees (UNHCR) clearly states the vulnerability of the children in care "remain somewhat segregated from life in Cyprus and face immense difficulties in transitioning to independent living upon reaching the age of maturity"[7] and they often report feeling "isolated, frightened and unable to cope once they turn 18 and have to leave the shelters". The complexity of the ageing out system and its efficiency does not depend only on one single actor or agency: "the issue is complicated by the fact that so many stakeholders are involved and the situation of each child is different. There are difficulties in mapping needs, designing responses and in collecting data sources", the head of the Office of the UN Migration Agency (IOM) in Cyprus, Natasa Xenophontos Koudouna stated.

3. Ethnographic research

3.1. Methodology

3.1.1 Objectives

Included in the INTEGRA Workpackage 2 (WP2), the ethnographic research (*cf*., WP 2 INTEGRA Project Description and Implementation) development relates, directly, to the following objectives:

- Characterize and analyse practices and needs of children in residential care, through
    - Participatory ethnographic research with children in care (aged 16+) to understand the needs of ageing-out children from their own perspective. This will be done through Children Consultancy Groups further reinforcing the child-centred approach of the project and to provide them with a voice, as suggested by the Lundy model.

[7] Acute need for young refugee shelters, Annette Chrysostomou, November 25th, 2018, https://cyprus-mail.com/2018/11/25/acute-need-for-young-refugee-shelters/

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- Characterize and analyse practices and needs of residential care professionals in relation to the provision of ageing-out support, through
    - Participatory ethnographic research with care providers and legal guardians towards an experiential understanding of the context of residential care, and the needs of professionals.

Taking in consideration that this research is part of the "Contextual needs analysis resulting from research activities" (*cf.*, WP2) it is important to emphasize that the objectives of the ethnographic research are also connected with the other two objectives of the package, namely:

- Identify, analyse and compile country contextual needs analysis focusing on
    - Legal frameworks regulating care and care leaving
    - Best practices related to care and care leaving, whether nation-wide or found in particular regions, organisations
    - The framework of residential care organisations participating in the project, in terms of institutionalisation, opportunities for employment after leaving care, integration in social and civic life, access to human, social and cultural capital.
- Contribute to the improvement of residential care standards at EU level, through
    - A White paper resulting from the transnational research, which will inform about pressing issues in relation to ageing-out of residential care, and present the INTEGRA MIP as a valuable resource to empower caregivers, children, and stakeholders.

3.1.2 Participants

The HFC researcher applied the research tools (observation, interviews, consultancy groups) according to the INTEGRA guidelines to the following target groups:

a) children about to leave care (16-18 years old)

b) caregivers, guardians, teachers, educators

c) post care stakeholders.

This research activity has engaged participants from different cultural and geographical backgrounds: foreign unaccompanied children, caregivers, educators and post care

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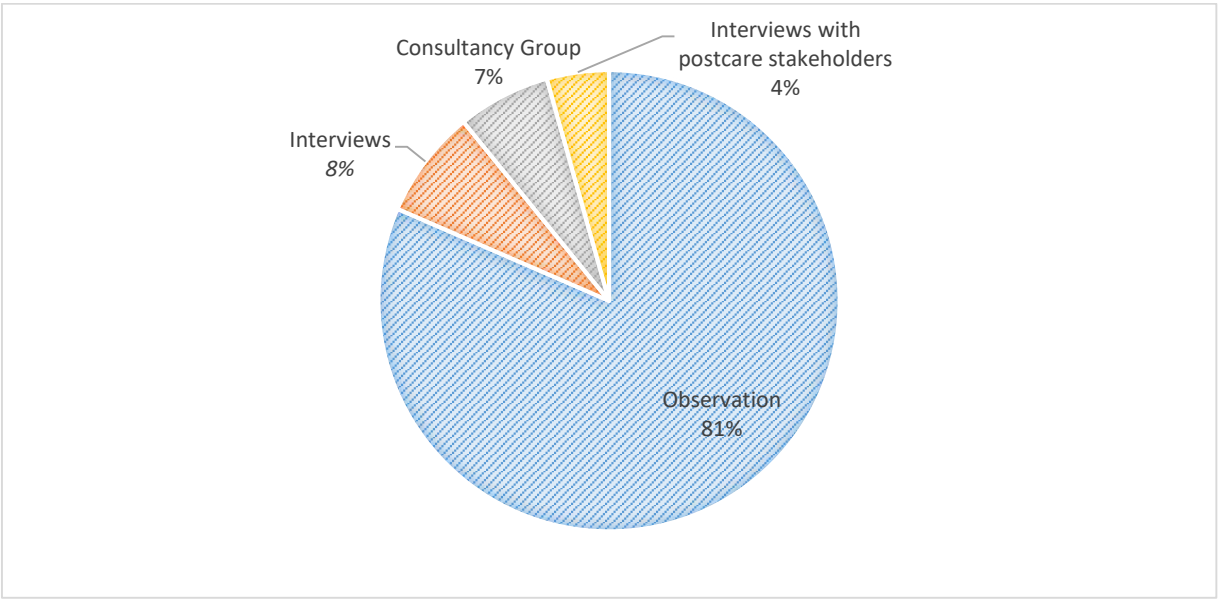
stakeholders. Overall the ethnographic research and the interviews with stakeholders the age group varied between 14-52. In the case of the observation group the age varies from 14-35 years old.

In total, 92 people participated in this ethnographic research, 75 in the observation research procedure: 19 Professionals, 9 volunteers, 47 children, and the remaining people participated in the inquiry process: 2 caregivers, 3 educators, 4 post care stakeholders.

Participants	Research tool	Number
Unaccompanied children, caregivers, educators	Observation	75
Caregivers	Interviews	2
Educators	Interviews	3
Care leavers	Interviews	2
Children in care	Consultancy group	6
Post care stakeholders	interviews	4



The distribution of participants per research activity

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3.1.2.1 Observation

The observation process took place at the shelters for unaccompanied children Homes for Hope (1 and 2) in an urban context (Nicosia, Cyprus) during 3 different days, 2 days in August 2018 3.08.2018, 24.08.2018, and one day in September 03.09.2018 for a total of 8 hours. A total of 47 children, 19 staff members, 9 volunteers and the Director of the Humanitarian Division were present during the time of observation.

The main needs that are addressed in the shelters are social integration, legal, psychological support and personal and vocational development. From an administrative point of view, the common educational space provides the chance to work within a multidisciplinary perspective aiming at a holistic care of children under state protection.

Psychologists, social workers, lawyers, educators and teachers, professionals and volunteers are working to provide support to the children in education, integration, emotional support. Nonetheless, no holistic pathway or transition care plan is in place expect the gradual rehabilitation program starts 6 months before the children are turning 18 and the Rehabilitation workshops to prepare the departure of the children when they turn 18 and their future life after the state care (2-4 months before turning 18).

The location is urban and close to downtown which indirectly facilitates the process of social integration for the children (in Nicosia most of the migrant communities have meetings and events downtown).

General observations:

1. The context offers the image of a home where you see a yard, garden offices, kitchen and many young people. Even the smell of cooked food gives the impression of a home which can add or influence to the sense of safety and belonging.
2. The space has open space (big theatre room, with piano and other instruments, books and some drawings, some PCs and a big stage)
3. The closed spaces are the offices and bedrooms of the children and the yard is being cleaned by the children in shifts.
4. The coordinators of the departments have a separate office than the rest of the officers and volunteers.

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5. The staff addresses daily basic needs of the child: clothes, food, first and secondary health care, questions, ideas, asylum interview preparation, child development follow up.
6. Charts that describe the behaviours and attitudes of each child are visible and also number of positive reinforcements or negative consequences.
7. Each child has an officer that is offering a targeted support for personal life project (regular meetings, job search, internship, courses, training)
8. Some extracurricular activities to support the wellbeing of the children (sport activities, artistic and therapeutic activities, PTSD/post-traumatic stress disorder care, meetings to support fragile emotional state).
9. Frequent interaction between professionals due to the common space, using back yard for official meetings when needing privacy. The space at the first floor is not used for offices, but seminars, lessons and meetings are happening there for professionals and children.
10. Staff with volunteers respond together to the needs of the children, organise and facilitate workshops for the children.
11. Frequent interactions among children in the daily life of the shelter (mostly by nationality and origin, as well as according to the language they speak). Interaction during activities, workshop, educational activities.
12. Some officers are talking outside the office with the children some accompany children to appointments outside the shelters (doctor appointment, asylum interviews, professional interviews, application for a new sport/ activities)
13. New addition to the Humanitarian Division is *the Foster Care program:* finding hosting family for unaccompanied migrant children in Cyprus (even after 18), as an alternative to institutional residential care.

Unplanned observed events:

a. Former residents of the shelter older than 18 coming back to the shelter often to ask the help of the officers because they face difficulties alone outside and do not know where else to ask for support.
b. Emotional crisis, fights, misunderstanding, expressed verbal or nonverbal feelings of the child to be unseen insignificant.

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In spite of the Rehabilitation Workshop, (where the Unaccompanied children become aware of their benefits and protection granted by law to them according to their status), and the gradual rehabilitation workshop (where the UMs learn some life skills), former residents of the shelter older than 18 still come back to the shelter often to ask the officers' support because they face difficulties alone outside and express that do not trust or know any other agency to go to ask for help. Many young adults return to the shelter to eat when the state support from the social welfare fails to provide the support they need outside.

Nonetheless, this behaviour still describes that the impact of the transition to adulthood is reflecting the lack of necessary training, support and chances. A side effect of the multidisciplinary care system is in fact "over protecting" them while there are in care, (according to the legal framework they need to be accompanied all the time), which determines a state of passive infantilization and does not prepare them enough for the life after state care. In this case the young adults relay on the good willing and the free time the officers have to offer them some extra advice on specific procedures.

3.1.2.2 Interviews

The participants in the semi-structured interviews included:

- 2 caregivers were invited for interview because their role had direct influence over the process of ageing out and the support mechanism they are offering through the departments they coordinate.
- 3 educators (one music educator, one art educator and one Greek teacher),
- 2 care leavers that left the care system 2-3 months before the interview.

3.1.2.2.1. Interviews with care givers, educators and teachers

For this section, 2 caregivers and 3 educators have been the included in the research' findings. The participants are according to their profession social worker and sociologist and at the time of the interview, one was the Coordinator of the Child Development and the Coordinator of the Social Work Department at the shelters Home for Hope. Their active years

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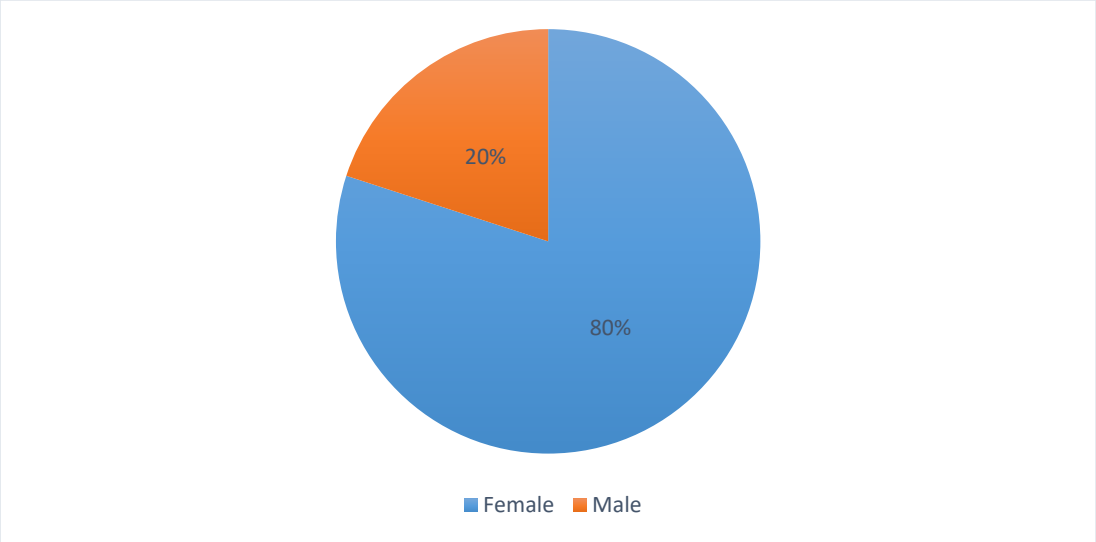
as caregivers was between 2,5 years and 4 years of experience. One caregiver mentioned she received series of informal training in the context of some Erasmus projects.

The other three participants were included in the educators and teachers' category (music educator, Greek teacher and art educator). They all have been actively involved in the educational activities of the shelter through music, art and Greek lessons.



The participants' distribution according to Gender

3.1.2.2.2 Interview with care leavers

Both participants were from Somalia and there were recent care leavers from shelters Homes for Hope. Their formal network had as point of reference the school, the mosque and the shelters. The informal network was expanding only to other unaccompanied children or other Somali children or young adults. Both have completed only the first year of high school but after leaving the shelter they could not continue the studies. One of them would have like to finish the high school and follow university classes.

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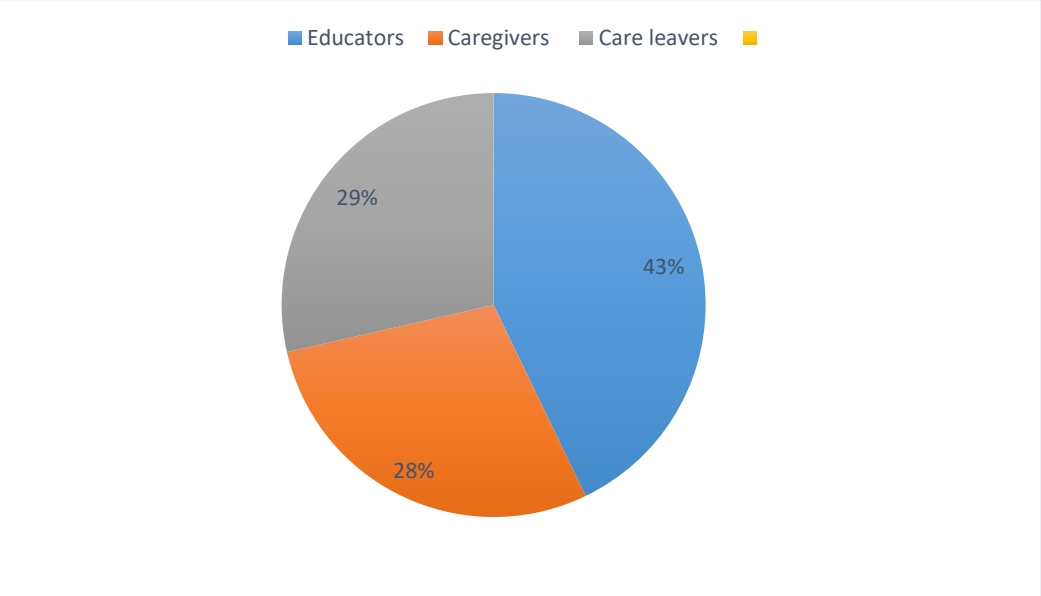

Overview of the participants' role in the semi structured interviews

3.1.2.3. Consultancy groups

The Consultation group: 6 male unaccompanied children participated to the focus group and shared their opinions on what are they ageing out needs and discussed briefly about the profile of a potential mentor by mentioning the needs of professionals. The CCG discussions were conducted on 12.09.2018 and the participants were all unaccompanied children coming from Gambia (2), Cameron (1) and Congo (3). Their period in residential care ranged from 1 month to 6 months. Their formal network was limited to school and for 3 of them to sports activities. As formal educational level, 3 participants were enrolled in school until 17 years old, 1 until 14 years old, 1 until 15 years old and 1 until 16 years old. Just two of them mentioned some sort of informal network outside the shelter, while all of them state that their informal support community was built only on relationships that they built inside the shelter.

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3.1.2.4. Post care stakeholders

HFC has sent invitation letters to appropriate Legal representatives from two ministries, 2 NGOs and a foster care parent from the Foster Care Programme, prepared and trained by HFC professionals. The gender distribution was 3 females and 1 male.

The positive replies came from:

1. A representative from the Social Welfare Department; Social Welfare Officer, available Participation sheet and Willingness to contribute form.
2. A representative from the Ministry of Labour, Employment Counsellor; available Participation sheet and Willingness to contribute form.
3. A representative of the Cyprus Refugee Council, Project Manager; available Participation sheet and Willingness to contribute form.
4. A foster care parent, available Participation sheet and Willingness to contribute form.

3.1.3 Instruments

This ethnographic research project entailed the use of 3 complementary techniques (observation, interview and consultancy group), which required the development of specific data collection instruments. The combined use of these 3 techniques supported a detailed and richer inquiring of participants, allowing the research team to: (1) better understand the needs of ageing-out children from their own perspective (children in care, aged 16+); (2) systematize the experiential understanding of the context of residential care, and the needs of professionals (care providers and legal guardians).

The Observation Form contemplates 5 main dimensions: (1) partner data, (2) preliminary contextual and participants' references, (3) Observation data, (4) Researcher notes, and (5) other information. It includes open and closed camps to ensure that quantitative and qualitative information can be retrieved from observation and data are comparable among all partners. In addition, the research protocol includes 3 versions of Semi-structured interview [Form A - Children about to leave care (16-18 years old), Form B - Caregivers, Guardians,

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Teachers, Educators, and Form C - Post care stakeholders]. In table 1-4 each interview script is briefly characterized.

Table 1 Form A Children about to leave care (16-18 years old)

Section	Grand tour question	No. specific questions
1 – Participant Information	--	10
2 – In-care experiences	Can you please characterize your experiences, past and present, in the care system?	5
3 – Autonomy	In your perspective what does it mean to be an autonomous person?	3
4 - Dimensions of transition to autonomy	Which dimensions do you consider essential for a successful transition to autonomy?	8
5 – Perceived needs	Which are your needs during this process?	2
6 – Professionals needs	Which are the professionals' main needs during this process?	2
7 – Transition planning	Are you planning your transition to autonomy?	5
8 – Future	How do you foresee a prosperous autonomy?	2
9 – Last comments	Final Question	1

Table 2 Form B Caregivers, Guardians, Teachers and Educators

Section	Grand tour question	No. specific questions
1 – Participant Information	--	9
2 – Autonomy	In your perspective what does it mean to be an autonomous person?	3
3 – Role in autonomization process	Do you have an active role in autonomization process of child/children ageing out of care? Please elaborate.	4
4 – Dimensions of transition to autonomy	Which dimensions you consider essential for a successful transition to autonomy?	8

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5 – Children needs	Which are the children main needs during this process?	2
6 – Professionals needs	Which are the professionals' main needs during this process?	2
7 – Future	How do you foresee a prosperous autonomy?	2
8 – Last comments	Final Question	1

Table 3 Form B Caregivers, Guardians, Teachers and Educators

Section	**Grand tour question**	**No. specific questions**
1 – Participant Information	--	9
2 – Autonomy	In your perspective what does it mean to be an autonomous person?	3
3 – Role in autonomization process	Do you have an active role in autonomization process of child/children ageing out of care? Please elaborate.	4
4 - Specific role in post care support during the autonomization process	Specific role in post care support during the autonomization process	4
5 – Dimensions of transition to autonomy	Which dimensions you consider essential for a successful transition to autonomy, taking in consideration your experience in post care support?	8
6 – Children needs	Which are the children main needs during this process?	2
7 – Professionals needs	Which are the professionals' main needs during this process?	2
8 – Inspiring/best practices	Can you briefly present some inspiring/Best practices in children autonomization?	5
9 – Future	How do you foresee a prosperous autonomy?	2
8 – Last comments	Final Question	1

Lastly, the Focus Group/Consultancy Group form has 8 sections. The first section comprises the data about participants' characterization. Section 2-8 focus on the themes for participants' discussion (*cf*., Table 4).

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Table 4 Focus group/Consultancy group script

Section	Grand tour debate question	Key aspects
1 – Participants Information	--	10
2 – Autonomy	In your perspective what does it mean to be an autonomous person?	3
3 - Dimensions of transition to autonomy	Which dimensions do you consider essential for a successful transition to autonomy?	8
4 – Perceived needs	Which are your needs during this process?	8
5 – Professionals needs	Which are the main needs of the professionals' that work with you in this process?	8
6 – Transition planning	Do children in care plan they transition to autonomy? How?	7
7 – Future	How do you foresee a prosperous autonomy?	5
9 – Last comments	Do you wish to say something else that could help us better understand transition to autonomy and ageing out of care needs?	1

3.1.4 Procedures

On 18 June 2018 in Nicosia, Cyprus, the Workshop Ageing out of Care, provided the preliminary research and shared information on country context and exchange of experiences among the partnership members. The main goal of the workshop was to analyse the ageing out of care support structures for children in care (specially for unaccompanied children), the challenges of caregivers, the needs of care leavers the presence or the absence of any mechanism of sustainable transitioning to independence.

The present research is to combine data elements from different and complementary research tools (a) observation, (b) individual interviews with children about to leave care and with caregivers, guardians, teachers, and educators, (c) consultancy group and (d) individual interviews with post care stakeholders.

The multilevel approach enabled to analyse the ageing out process from the micro level (observation of shelters, the Children Consultancy Group, interviews with care leavers and the

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interviews with the educators) and from macro level (the interviews with the caregivers and the post care stakeholders).

The Interviews took place in a safe work environment for the caregivers and educators and for care leavers and consultancy group at the residential care shelters Homes for Hope from Nicosia. All participants received detailed information about the aim of the project and written informed consent or Willingness to contribute form were obtained. The Data Collection of the Ethnographic research lasted from 03.08.2018 to 20.09.2018. the Interviews with the post care stakeholders took place between 24.09.2018- 08.11.2019.

4.2 Main results

4.2.1 Global results

The achievement of an autonomous personality is difficult and very slow
Pierre Daco

The focus of the ethnographic research was on identifying the needs of the care leavers and care professionals. Additionally, the role of the Leave Care Mentor was analysed and discussed but indirectly from the perspective of the future responsibilities that this profile would entail: administrative support or/and social and emotional support. Nonetheless, the required skills and abilities are mostly discussed and will be later extracted and shaped from the needs of children and the needs of professionals in the process of ageing out.

The overall perspective of caregivers, educators, post care stakeholders mentioned that any transition plan or program to be envisioned should entail:

(1) a gradual and personalised guidance approach to get a balanced ownership
(2) should start as soon as the child enters the residential care system,
(3) should include psychological care
(4) community participation activities without losing their identity
(5) should be supported by the social environment to find a job and accommodation for economic and social stability.

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(6) the design of the transition plan should be participatory from day one

The overall perspective of the participants included the interviews and consultancy group presented the awareness of the gaps that the ageing out of care system is displaying at the moment but in the same time expressing that some of these gaps depend on external forces and less on internal motivation.

The opinions of **caregivers and educators** defining the *autonomy status of a young adult* were the following: Knowing your rights, able to take informed decisions, and having a support network. Looking at the world cloud generated from the words they mentioned it is attention-grabbing to notice that when describing autonomous person, the most frequent words or expressions were used were: know and support network. This confirms that naturally, the *status of full autonomy recognizes the need for community*, relationship and companionship, and every person is a unit with particular needs and characteristics that belongs to a community.

The description of the same status from the perspective of **participants at the Consultancy group and the care leavers** included more practical notions like education and job as most mentioned but also the ability to take informed decisions.

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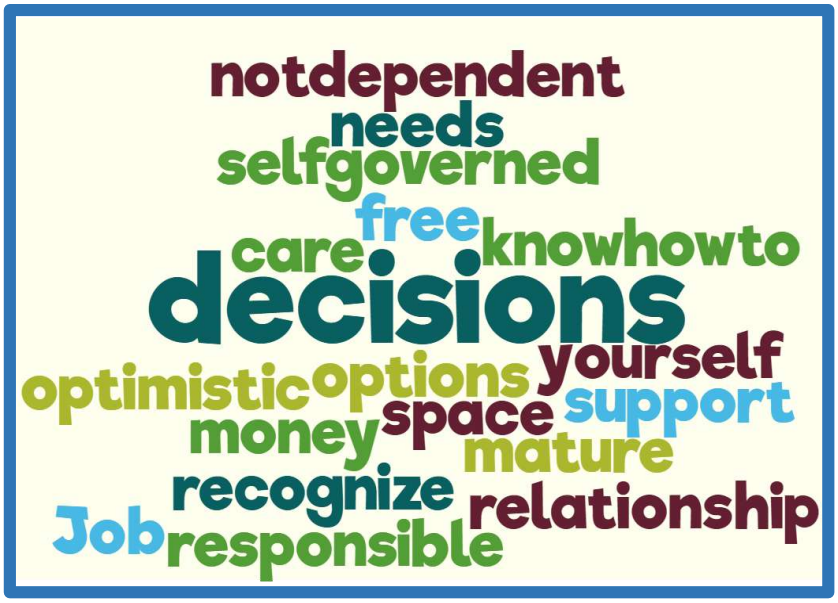
The **post care stakeholders' perspective** on what makes a **young person autonomous** displays a large list of characteristics but what is important to notice is that the ability for take informed decisions was a common denominator for caregivers, educators, care leavers, consultancy group and post care stakeholders.



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The care leavers and the participants in the consultancy group expressed that the main **needs of children in care**[8] are related to: (1) *tailored made educational opportunities*, (2) *health care and psychological support*, (3) *a support network*, (4) *social security* (5) *cultural adaptation*, (6) *language lessons* (7) *financial stability by having a job* (8) *real life experiences while being in care,* (9) the *custom-made support for personal projects* developed during care that are connected to their strongest passion (dance, music, poetry, sport) so that they can use these skills and knowledge as strengths later.

The participants of the Consultancy group have also expressed what they want to learn more **while being in care:** (1) to know the city, (2) what to do to find a job, (3) where to get the coupons (5) how to socially integrate, (6) how I can become able to face the social and economic difficulties in Cyprus (7) to learn about Cyprus or the Cypriot people (8) how to take care of myself, (9) Greek language lessons, (10) while in care to be informed how to be able to stay legal in the country[9].

The needs of the professionals from the perspective of the **Consultancy Group and the care leavers were related** to (1) *training on how to support (on education, language lessons, life projects, finding a job/ house, cultural and social adaptation),* (2*) to provide connection with real life as part of their social integration* (3) *to be honest and to keep the children in care updated regarding their social status and legal case*, (4) *training to better understand the emotions and the fears of the children in care* (5) *to sensitise other actors on the challenges of the ageing out of care process,* and on long term to extend their authority for support also for after 18 years old.

The caregivers and educators expressed that the **main needs of children in care** to support them in the ageing out of care are related to: (1) *personalised educational opportunities* (2) *trust relationship with caregivers*, (3) *language lessons*, (4) *an informal and formal support network*, (5) *psychological support* (6*) bureaucracy support* (7) *social skills capacity building* (8) *a smooth process of transition*, a support mechanism that goes over 18-year-old. One caregiver

[8] For the overall main results, the views of the children participants in the Consultancy Group and the views of the interviewed care leavers are presented in the same section. In the section, Specific results the views of the care leavers will be presented together with the caregivers and educators as participants in the semi structured interviews.

[9] Some of these needs are integrated in the above mentioned needs in the previous paragraph but these needs are describing them using their language.

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mentioned also the need for “someone to the link between the child and his family, between the child and the other agencies responsible for his care”, a role that could be hinting for a Leaving Care Mentor.

The **needs of the professionals** have been described as following: (1) *training on the development and mental health of Unaccompanied children*, (2) *a continuous collaboration network with sensitised actors of different expertise* (3) *training on identifying life project for Unaccompanied children*, (4) *supportive work environment and self-care mechanism.* Overall, continuous training and co-operation between the participants is the determining factor for the child's successful autonomy.

The main **needs of the children in care** according to the **post care stakeholders' perspective** are connected to (1) *fast track educational opportunities* (2) *a gradual and longer than until 18 support mechanism,* (3) *financial stability and housing* (4) *psychological support and advice* (5) *connecting the children in care with other stakeholders* (6) *build strong interpersonal relationships and experience a family environment even in residential care* (7) *having a mentor.*

The main **needs of the professionals** are related to: (1) *constant education and updated knowledge* (2) *the creation of a network platform of active and informed stakeholders* (3) *a better understanding of the ageing out and transition process.*

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4.2.2 Specific results

The timeline of the implementation of the ethnographic research:

The specific results section is presenting:

1. the Data Collection contexts
2. The semi-structured and participatory approach
3. The main finding and discoveries for each category of participants

The presented indicators: Education/training, Employment/Career Development, and Financial/money management), a brief description of participants narratives and their connection to "Lifelong learning — key competences"[10]:

[10] cf. Recommendation of the European Parliament and of the Council of 18 December 2006 on key competences for lifelong learning). 3.2.2.1 Observation.

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List of key competences

1. Communication competences
2. Mathematical competence and basic competences in science and technology
3. Digital competence
4. Learning to learn
5. Social and civic competence
6. Sense of initiative & entrepreneurship
7. Cultural awareness and expression.
8. Transversal elements

4.2.2.1 Observation

Description of needs of children in care and professionals most relevant indicators and its relation with key competences.

The Data Collection Contexts

Observation:

1. **Time of year**: The observation process happened during August and beginning of September, which may have portrayed certain dynamics of the observed context that are not transferrable to other months since children were experiencing school holidays.

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2. **The time of the day** when the observation happened during morning and noon time also influenced portraying specific aspects than the schedule during the rest of the year where usually there are more appointments, activities and demands in the morning and afternoons.
3. The observation happened 2 days in August and one day in September.
   Interviews with caregivers, educators
4. The technique was **direct observation** but not collecting individual data on professionals or children in care.
5. The below tables present for each indicator a summary of identified needs as perceived by the researcher; in relation to these needs the researcher selected the key competences that are to be developed in order for the needs to be reduced.

Table 5 Needs of children in care

Indicator	Brief description	Key competences (From most to least relevant)
Bureaucracy/documents/ legislation management	Information gathering (the data about each child is organised in a specific folder), social and administrative procedures, separated from common areas; The care professionals have designated areas for administrative papers/activities. Informative meetings for the child about his legal case, asylum procedure stage and next possible steps. The constant need is to explain to new comers their legal status and the steps that need to be done in order to stay in Cyprus or request family reunification in another European country.	• Learning to learn • Communication • Transversal elements

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Community participation	Socialising activities outside the shelter to integrate and develop a network are happening random and informally Volunteers organised workshops on integration (get to know the host country, different cultures, habits, possibilities); there is no holistic strategy to increase their community participation, as this happens as an indirect result from other activities.	• Cultural awareness and expression • Communication • Transversal elements
Education/training	Educational activities: language classes, courses on different topics, school; Music therapy and presentation of the results to official visits. Some extracurricular activities to support the wellbeing of the children (sportive activities, artistic and therapeutic activities, PTSD care, meetings to support fragile emotional state, child development follow up); music therapy workshops.	• Transversal elements • Communication • Cultural awareness and expression • Sense of initiative & entrepreneurship
Employment/Career Development	Meeting with social workers for procedures to follow (search for accommodation for after the shelter, search for an employment). need for extra guidance and connection with possible employers	• Sense of initiative & entrepreneurship • Cultural awareness and expression. • Transversal elements
Financial/money management	The children receive weekly allowance that is influenced by their behaviour and degree of respecting the rules of the shelter.	• Sense of initiative & entrepreneurship • Learning to learn
General quality of life and well being	The context offers the image of a home where you see a yard, garden offices, kitchen and many young people. The smell of cooked food gives the impression of a home which can add or influence to the sense of safety and belonging.	• Social and civic competence • Cultural awareness and expression

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	The space has open space (big theatre room, with piano and other instruments, books and some drawings, some PCs and a big stage). The closed spaces are the offices and bedrooms of the children. The space is kept clean by split responsibility between, cleaning staff, officers and children. The rooms and the yard is being cleaned by the children in shifts. There were hosted 47 children, more than the official capacity of the shelter which is 42.	
Health	Some officers accompany children to doctor appointment. Some children know where the hospital is but do not know the procedure to get the health care they need once they are there.	• Social and civic competence • Learning to learn
Housing	Meeting with social workers for follow up procedures search for accommodation after the ageing out of care; these meetings sometimes scheduled sometimes ad hoc.	• Social and civic competence • Communication competences • Sense of initiative & entrepreneurship
Interpersonal relationships establishment	Some officers are talking outside the office with the children some accompany children to outside appointments (doctor appointment, asylum interviews, professional interviews, application for a new sport/ activities). Each child has an officer that is offering a targeted support (regular meetings, job search, internship, courses, training) The children seem to enjoy doing activities together (board games, soccer); most of the groups are according to a common language or nationality.	• Communication competences • Social and civic competence • Cultural awareness and expression • Transversal elements
Intimacy	The closed spaces are the offices and bedrooms of the children The coordinators of the departments have a separate office than the rest of the officers and volunteers	• Social and civic competence • Communication competences

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		• Transversal elements
Personal Management	Charts that describe the behaviours and attitudes of each child are visible and also number of positive reinforcements or negative consequences. Their ability to adapt to this micro-cosmos will affect their ability to adapt to bigger communities	• Transversal elements • Communication competences
Self-determination	available leaflets that offers information on ageing-out gathering info on associations helping adult migrants and different procedures to follow up when ageing out of care; Former residents of the shelter older than 18 coming back to the shelter often to ask the help of the officers because they face difficulties alone outside and do not know where else to ask	• Transversal elements • Communication competences

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Table 6 Needs of professionals

Indicator	Brief description	Key competences (From most to least relevant)
Autonomous use of children native language(s)	Specific professionals are proficient in the children's native languages (French and Arabic) Many times French speaking volunteers (from different (Erasmus projects) act as translators.	• Communication competences • Cultural awareness and expression
Communication (orally and in writing) skills	The staff members accompany the boys to the public services and Social Welfare to help for translation and serve as a mediator; the staff members are also writing a shift report at the end of each shift to transfer data to their colleagues, in a very clear mode. French speaking volunteers assist the staff with translations or external translators are hired for other languages.	• Communication • Cultural awareness and expression • Transversal elements • Social and civic competence
Cultural diversity awareness	The team is multidisciplinary and the beneficiaries are coming from 2 different continents and 8 different countries; different generations of beneficiaries are coming and going from the shelters so there is a constant need for cultural diversity awareness	• Cultural awareness and expression • Transversal elements
Education/training promotion	**Multidisciplinary care:** frequent interaction between lawyers and others member of the staff to gather information about the case that will impact and be accurate for his legal case and asylum claim or others relevant issues Frequent interaction between professionals due to the common space, using back yard for official meetings when needing privacy. The space at the first floor is used for offices anymore but seminars, lessons and meetings are happening there for professionals. Together they respond to the needs of the children, organise and facilitate workshops for the children.	• Transversal elements • Learning to learn • Social and civic competence

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Health promotion	The professionals were offering first aid for some surface wounds and they also provide medicine for the children that follow a certain treatment. By accompanying to the hospital children have the opportunity to learn the way to get there and the administrative procedures'; the presence of psychological department proves a focus on their mental health	• Transversal elements • Learning to learn • communication
Knowledge about teenagers development	**Constant interaction between psychologist and social worker, educator, lawyer, volunteers** about well-being of the children and what we can do to improve it in terms of holistic and in-depth care. Frequent interaction between lawyers and others member of the staff to gather information about the case that will impact and be accurate for his legal case and asylum claim or others relevant issues Multidisciplinary care, communication and work in general	• Learning to learn • Sense of initiative & entrepreneurship • Cultural awareness and expression
Knowledge of specific legislation/country guidelines	The presence of a Child Protection Department ensures that all the legal steps are respected.	• Communication competences • Transversal elements
Promotion of basic daily living skills	The staff address daily basic needs of the child: clothes, food, first and secondary health care, questions, ideas, asylum interview preparation, follow up The yard is being cleaned by the children in shifts and their rooms also need to be kept clean. The Gradual rehabilitation workshop take part once a week	• Communication competences • Social and civic competence • Cultural awareness and expression • Sense of initiative & entrepreneurship

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Promotion of Financial/money management skills	The children receive weekly allowance that is influenced by their behaviour and degree of respect to the rules of the shelter, as part of the regular procedures.	• Transversal elements • Mathematical competences • Social and civic competence
Promotion of Housing seeking/maintenance skills	The **Gradual Rehabilitation program** that offers some activities to improve life skills	• Communication competences • Cultural awareness and expression • Sense of initiative & entrepreneurship
Promotion of self-determination, learn how to learn and autonomy skills	Staff and volunteers organise workshops on rehabilitation (administrative steps to be followed after ageing out of care)	• Sense of initiative & entrepreneurship • Transversal elements
Stakeholder network	Some officers are talking outside the office with the children some accompany children to outside appointments (doctor appointment, asylum interviews, professional interviews, application for a new sport/ activities)	• Sense of initiative & entrepreneurship • Transversal elements • Communication competences • Social and civic competence

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Time management skills	The **transversal work approach** of the shelter where all staff is allocated more of less the same responsibilities is still presenting challenges to the accomplishment of the scheduled daily tasks. The children learn to comply to a schedule of eating at specific times, joining activities and going to school every day. The volunteers are observed going from one room to another to remind the boys about individual or common activities that are scheduled in the shelter.	• Sense of initiative & entrepreneurship • Transversal elements

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4.2.2.2 Interviews

"when you are OUT, there is no one you can ask for a job, for a school (...)
there are only obstacles, everywhere on the road, we are nothing in the ocean of nothing"
care leaver, (18 years old)

Description of needs of children in care and professionals most relevant indicators and its relation with key competences.

Participants: 2 caregivers, 3 educators and 2 care leavers

Table 7 **Needs of children in care**

Indicator	**Number of participants who mention it**	**Brief description**	**Key competences (From most to least relevant)**
Bureaucracy/documents/ legislation management	3+1 (Caregivers, guardians, teachers and educators)	**Administrative delays:** Delays of administrative procedures in Social Welfare services that leave the ageing out adults without any financial support for a long period. The delayed services of the other agencies when the ageing out of care is due have a huge impact on the efforts that have been invested in the children in care while being in care. **The timing of benefits**: The benefits and services should work smoothly before the children leave the shelter so they feel supported this way in the transition phase.	• Social and civic competence • Sense of initiative & entrepreneurship • Communication competences • Digital competence

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Community participation	3+1 (Caregivers, guardians, teachers and educators + Young care leaver)	Connect to the community by: (a) **Learning the language** of the place you are in helps you connect to the community and especially with young people of their age. (b) **The informal network** of each child is considered as an important factor to obtain and maintain autonomy. (c) The need to be engaged in *educational and vocational activities* where different communities come together and the audience is mixed. (d) The caregivers focused on involving the UMs in different **local activities/workshops** with the main goal to understand the local community, the local culture and the expected behaviours to ease their social integration. (e) **Sensitize the community**: The indicator must be analysed not only from what the children need to do in order to participate to community activities but also from the point of what the community needs to be sensitise on or became aware of the challenges of the ageing out of care process. Although Cyprus is enjoying a multiculturalism dimension, the same society often offers strict standards that can be difficult for non-natives to reach out.	• Communication competences • Social and civic competence • Cultural awareness and expression. • Transversal elements
Education/training	4+0	**Education is Key**: Education is perceived as a long term need for the children in care but also a potential key to unlock many opportunities	• Learning to learn • Communication competences

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	(Caregivers, guardians, teachers and educators + Young care leaver)	but the most efficient question is "what sort of education would be appropriate to reach this target group?". **Language lessons*:*** The most urgent need is to learn the language that will support their connection to the local community, find a job, make local friends and even offer the opportunity to go to school. The language classes need to have a more interactive training (conversations tables) because regular classes do not seem to be efficient enough. **Personalised education:** The need for local educational setting improvements: at the moment all Unaccompanied children are in one class together, in the same level even if there are in different levels, and an evaluation system to situate them at the right level. As most of the UMs "do not believe in the future", the educational activities (mostly informal but also formal) are perceived as one of the most efficient way of engaging the children in care in life projects, in supporting and offering the opportunity for forward projection. The need for fast track educational opportunities for children in care that enter the system after 17.	• Sense of initiative & entrepreneurship
Employment/Career Development	3+1 (Caregivers, guardians, teachers and educators + Young care leaver)	**Employment stability**: One of the first priorities is to find a long-term job that could bring stability and social security. **Everything is interconnected**: learning the local language will enable the young adult to find a job easier, extend the formal and informal network, participate in different educational activities.	• Communication competences • Learning to learn • Sense of initiative & entrepreneurship • Transversal elements • Social and civic competence

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Financial/money management	2+ (Caregivers, guardians, teachers and educators + Young care leaver)	**Budget managing:** During the residential care the professionals are offering the allowances gradually (every week to the child) to teach them how to save if they are planning a bigger expense. The caregivers try to develop the ability to save money, and knowing how to handle a budget no matter how small will deeply influence their path to autonomy The care leavers mentioned that the offered allowances while outside of care are barely enough to cover the basic needs and many times they come very late which triggers a long term financial imbalance.	• Transversal elements • Mathematical competences • Sense of initiative & entrepreneurship • Learning to learn
General quality of life and well being	2+ (Caregivers, guardians, teachers and educators + Young care leaver)	**The need of a safe environment and assuming responsibilities**: While in residential care, Homes for Hope caregivers tend to manage and supervise all the aspects regarding daily life routines: schooling, health, legal status, finding a house, opening a bank account, extracurricular activities.	• Learning to learn • Sense of initiative & entrepreneurship • Social and civic competence
Health	3+1 (Caregivers, guardians, teachers and educators + Young care leaver)	**Psychological support**: The caregivers mentioned the need for consistent and supported psychological mechanisms to help the children in care address their fears and to handle rejection and discrimination. The need to handle the mix of contradictory emotions leads to situation where many children are not prepared properly to manage their autonomy. **Develop the life skill** of knowing how to get the proper care when needed.	• Social and civic competence • Sense of initiative & entrepreneurship • Communication competences

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		The children are accompanied in every step of their asylum application procedure that includes medical tests (blood tests, vaccinations); once they receive their medical card, children are allowed to free medical care. in this context, before 18 they have to be accompanied by an officer at every appointment (dentist, urologist, haematologist)	
Housing	3+2 (Caregivers, guardians, teachers and educators + Young care leaver)	**The need to learn the language** that could ease the process of finding a house and not depend on a caregiver or translator Many times the caregivers act as mediators and negotiate the housing conditions with the landlords. The limited options for housing is directly linked to other elements like: the minimal rental allowance support, the delay of benefits, the stability of the job, the level of education, the community and the network the child is part of.	• Sense of initiative & entrepreneurship • Communication competences • Learning to learn • Social and civic competence
Interpersonal relationships establishment	2+1 (Caregivers, guardians, teachers and educators + Young care leaver)	The children seem to create **strong support relationship while being in residential care** and some of these relationship last also after ageing out of care.	• Social and civic competence • Transversal elements • Communication competences
Intimacy	(Caregivers, guardians, teachers and educators + Young care leaver)	The children share their room between 4 to 5 boys. Each room has one bathroom. The rest of the space is common to all 47 children	• Communication competences • Social and civic competence

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Personal Management	3+1 (Caregivers, guardians, teachers and educators + Young care leaver)	The need of a personalised supported plan for the future, after residential care benefits end that would start minimum 6 months before turning 18. Each plan needs to take in consideration personal characteristics of the children and the time that they spend in residential care. The need for **a targeted support system** that allows the outlining of personal goals for one's life, and then trying to fulfil these goals and setting up learning goals with diverse direct and indirect impact while promoting the self-confidence among children. Personal management and Self-determination are challenges for teenagers in general but specifically for the most vulnerable ones as such (trauma in country of origin, trauma on the journey to Cyprus, shock of acclimatization to the new country, being alone without family support, depression) and all these symptoms that hampered the motivation of the teenager need of extra support to find strength and will to go on with everyday life and its difficulties. Need of adults who would understand and be sensitive to this outside the shelter.	• Sense of initiative & entrepreneurship • Learning to learn • Transversal elements • Communication
Self-determination	4+0 (Caregivers, guardians, teachers and educators + Young care leaver)	**Relationship with caregivers:** The success of any transitioning plan and achieving a stable self-determination status depends a lot on the relationship between the caregivers and children in care. Nonetheless. by assisting them in various aspects, the residential care determines an indirect state of co-dependence, by "overprotecting them", so there is	• Sense of initiative & entrepreneurship • Transversal elements

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		a need for a balance between a safe environment and receiving and exercising rights and responsibilities and developing the sense of ownership. **Self-awareness:** The self-determination level comes also from awareness of their status and benefits (subsidiary protection or refugee status) as the ability to plan for the future is also connected with their status. **Must be a gradual process:** the fear of being free but responsible must be balanced by some transitional support. **Connected to Personal Management success**: The level of autonomy needs to give them the ability to know where to go to get medical care, social and legal services and even to show efforts of developing a passion into a personal business. **Connected to the presence and quality of support network** Within the residential care or while in alternative care, the need to offer real life experiences or semi-independent living that could bring a subtler and gradual, but also more stable status of independence.	

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Table 8 Needs of professionals

Indicator	Number of participants who mention it	Brief description	Key competences (From most to least relevant)
Autonomous use of children native language(s)	2+1 (Caregivers, guardians, teachers and educators + Young care leaver)	**The ability to use the native language** of children is recognised, but is not a main need for all caregivers or all roles. But a certain balance between professionals that are able to use the children native language(s) with the other officers that use only Greek and English is perceived as a positive opportunity for social integration.	• Communication competences • Learning to learn • Social and civic competence
Communication (orally and in writing) skills	1+1 (Caregivers, guardians, teachers and educators + Young care leaver)	The need to trained in **talking to vulnerable groups**.	• Communication competences • Learning to learn • Social and civic competence
Cultural diversity awareness	2+1 (Caregivers, guardians, teachers and educators + Young care leaver)	Understanding **the culture and the customs** of the UC can support and build reciprocal respect. The need to work in **multicultural team** in an efficient way and engage with different cultural groups The need to celebrate diversity and not only conformity	• Cultural awareness and expression • Learning to learn • Sense of initiative & entrepreneurship • Transversal elements
Education/training promotion	3+1 (Caregivers, guardians, teachers	Training in supporting the children in care to identify **practical life projects to build their dream path**	• Sense of initiative & entrepreneurship

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	and educators + Young care leaver)	The caregivers have no authority or right to support any care leaver to continue the educational path that they started during residential care. The caregivers also need **self-care mechanisms and psychological support** The need of **events among different professionals** involved in care system to share best practices.	• Communication competences • Social and civic competence
Health promotion	3+0 (Caregivers, guardians, teachers and educators + Young care leaver)	Training on **understanding the mental health of this target group** and PST effects. Without a consistent psychological support "the legal, social investment "can be lost. Practical workshop on hygiene and empower the children to get the health care they need even while being in residential care	• Sense of initiative & entrepreneurship • Learning to learn
Knowledge about teenagers development	1+0 (Caregivers, guardians, teachers and educators + Young care leaver)	The ageing out process should not take in consideration only the indicator of age as different young people pas through different experiences. A **comprehensive diagnosis** considering multiple aspects of teenage development should be implemented to better understand their needs.	• Learning to learn • Sense of initiative & entrepreneurship • Cultural awareness and expression
Knowledge of specific legislation/country guidelines	3+1 (Caregivers, guardians, teachers and educators + Young care leaver)	The caregivers are knowledgeable about the national legal context but they do not keep the children updated with the progress of the case	• Transversal elements • Digital competence • Social and civic competences

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Promotion of basic daily living skills	2+0 (Caregivers, guardians, teachers and educators + Young care leaver)	**Promoting basic daily living skills** allows foreign unaccompanied children to access informal networks, therefore, the care system should establish connections with the surrounding community to ease the creation of these networks.	• Sense of initiative & entrepreneurship • Social and civic competences
Promotion of Financial/money management skills	3+0 (Caregivers, guardians, teachers and educators + Young care leaver)	The caregivers are training the children in care to save money or to manage a small budget in order to find a house and have food but when ageing out is faced with delays from the authorities, the previous training loses its meaning.	• Sense of initiative & entrepreneurship • Communication competences
Promotion of Housing seeking/maintenance skills	2+1 (Caregivers, guardians, teachers and educators + Young care leaver)	The need to **have a network/list of available spaces with rents within the benefits' amounts**; no holistic or systematic procedures, except the routine tasks of maintaining the rooms and the yard clean and if willing the children can join also the Gradual Rehabilitation programme that includes some tasks on maintenance skills.	• Communication competences • Social and civic competences • Digital competence
Promotion of self-determination, learn how to learn and autonomy skills	3+1 (Caregivers, guardians, teachers and educators + Young care leaver)	The need for **a gradual and smooth transition period and extension of semi-independent status until 21.** **The need for a transition process** that has involved different sensitized actors/stakeholders. The need to **creative and interactive programs or methodologies** to diminish the passive status of the child regarding to the care they receive, increase their sense of control over their care and	• Social and civic competence • Transversal elements • Communication competences • Sense of initiative & entrepreneurship

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		life (tasks change every week), in order to prepare them for the life outside the shelter (idea that we do everything for them inside the shelter, they do not learn to do things on their own, and suddenly there are lost alone outside)	
Stakeholder network	2+0 (Caregivers, guardians, teachers and educators + Young care leaver)	The **need for continuous collaboration and cooperation** with post care stakeholders is perceived as one of the determining factors for the child's successful autonomy.	• Sense of initiative & entrepreneurship • Communication competences • Social and civic competence • Digital competence
Time management skills	2+0 (Caregivers, guardians, teachers and educators + Young care leaver)	The **transversal work model** is requesting a multitasking approach proved to be challenging and overrides many times any attempts of managing the work schedule. The **unpredictability of the work environment** also presents various challenges. Any plan to transition should imply **a long-term vision** and a durable solution. The caregivers mentioned that the children in care need to learn how to respect the scheduled time of an appointment	• Sense of initiative & entrepreneurship • Communication competences

4.2.2.3. Consultancy groups:

Description of needs of children in care and professionals most relevant indicators and its relation with key competences.

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Table 9 Needs of children in care

Indicator	Number of participants who mention it	Brief description	Key competences (From most to least relevant)
Bureaucracy/documents/ legislation management	6/6	None of the members of the consultancy group mentioned this need as primary need but they all mentioned there is a need for bureaucratic support due to a different cultural, linguistic and legislative system.	• Communication competences • Sense of initiative & entrepreneurship • Social and civic competence • Transversal elements
Community participation	3/6	Three participants mentioned that being involved in the activities of the community is an important aspect of their future independence. The general view was that the caregivers are involved in administrative (legal and social) procedures and less in supporting them in cultural and social integration. The expressed **need of cultural adaptation workshops or activities** and language lessons to ease their integration	• Transversal elements • Communication competences • Social and civic competence
Education/training	6/6	Although the participants are aware of their limited possibilities to study they all have expressed that receiving **some sort of education is factor number 1 or 2 in the spectrum of importance for a successful transition plan.**	• Learning to learn • Sense of initiative & entrepreneurship • Social and civic competence

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			• Transversal elements
Employment/Career Development	4/6	4 participants expressed that finding a job that offers some **financial stability is an important element but less important than education, health and security**	• Communication • Sense of initiative & entrepreneurship • Learning to learn • Transversal elements
Financial/money management	5/6	The pocket money allowance is teaching them about handling a budget but there is a need to learn what has a long term value and what is worthy to invest in.	• Learning to learn • Mathematical competence • Sense of initiative & entrepreneurship • Transversal elements
General quality of life and well being	6/6	The basic needs, legal, financial and educational needs are being covered or supported at the shelters. The caregivers and the mechanism of the shelter support the children in every aspect of their life while being in care, developing an unwanted relationship of dependence.	• Learning to learn • Communication competences • Social and civic competence • Cultural awareness and expression • Transversal elements
Health	4/6	The general overview of the consultancy group expressed that **education, health and security are essential conditions to build an autonomous lifestyle**, the other elements were perceived as secondary. Several children expressed **the need for psychological and emotional support** to maintain an optimal health condition. They mention that the	• Transversal elements • Sense of initiative & entrepreneurship • Communication

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		stress factor associated to the process of ageing out and being aware of the limited opportunities to study or to work after going out from the shelter is affecting their motivation to improve their case.	
Housing	2/6	Although having a house would respond to one of the immediate and basic need for shelter, only 2 children have strongly confirmed that this is essential for the transition period. The participants expressed their fears related to housing, social status and status insecurity	• Transversal elements • Communication • Sense of initiative & entrepreneurship • Learning to learn
Interpersonal relationships establishment	6/6	**The relationship and the friendships** developed during the residential care offer support after turning 18 but; there is still needed of a more consistent support as a family would do.	• Social and civic competence • Sense of initiative & entrepreneurship • Communication competences
Intimacy	-	This aspect was not discussed	• Social and civic competence • communication
Personal Management	6/6	The children have mentioned that the professionals could to support the children in their **personal project** that is connected to their strongest passion (dance, music, poetry, sport) so that they can use these as strengths later. Most of the participants declared that they feel dependent on the shelter although they are very close to turning 18.	• Transversal elements • Sense of initiative & entrepreneurship

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Self-determination	5/6	The unaccompanied children chose to come to Cyprus display **a stronger self-determination attitude** than other that were sent by their families. The multiple barriers they need to face in order to the either fully integrated in Cyprus or move to another European country is affecting their ability to forward project their plans. They do not seem to understand what is a transition plan (as their time in care was limited, 6 months or under 6 months) and they would like to have a person to guide when they are out of care. **An autonomous person is responsible, takes decisions with impact** The Self-determination is perceived as phase where "you are in the centre of everything dealing with everything" so there is a clear need for guided support.	• Transversal elements • Learning to learn • Sense of initiative & entrepreneurship

Table 10 Needs of professionals

Indicator	**Number of participants who mention it**	**Brief description**	**Key competences (From most to least relevant)**
Autonomous use of children native language(s)	6/6	The group does not mind that not all caregivers can communicate with them in the native language as long as there is a translator available among the staff. When the translator needs to come from outside the organisation, the waiting time can lead to some degree of pressure.	• Social and civic competence • Cultural awareness and expression • Sense of initiative & entrepreneurship

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Communication (orally and in writing) skills	5/6	In general, the participants have expressed that the professionals would need **training on orally communication skills that is not condemning or diminishing** Training on oral expression, specifically in positive/assertive oral communication with children.	• Social and civic competence • Sense of initiative & entrepreneurship
Cultural diversity awareness	5/6	They need to be sensitised on the difficulties we face while in residential care and mostly after in a host country and culture different than their own;	• Cultural awareness and expression • Sense of initiative & entrepreneurship
Education/training promotion	6/6	To develop the need and **the ability to lead educational and vocational trainings**	• Sense of initiative & entrepreneurship • Transversal elements
Health promotion	6/6	The caregivers have promoted the **life skill** of knowing how to get to the hospital but more support is needed in the documentation needed to receive the care.	• Transversal elements • Social and civic competence
Knowledge about teenagers development	4/6	The caregivers need to support the children in such a way that there is developed **a status of independence** not dependence on the wellbeing of the reception centres. The caregivers need training **to understand better the emotions and the fears of the children**.	• Cultural awareness and expression • Sense of initiative & entrepreneurship • Transversal elements
Knowledge of specific legislation/country guidelines	6/6	The need to keep the children in care **updated with the progress in the legal status case**. The children appreciate the support but feel that the language barrier and culture barrier is making them feel that they are just receivers and the officers are in full control.	• Transversal elements • Digital competence • Social and civic competence • Communication competences

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Promotion of basic daily living skills	6/6	The participants mentioned that many **life skills** have been developed during the short time in care but not enough for a full independent life.	• Sense of initiative & entrepreneurship • Transversal elements
Promotion of Financial/money management skills	6/6	There is lot of support in developing the financial and managing a budget skill, but the participants mentioned they are scared of the **delayed benefits after ageing out**.	• Sense of initiative & entrepreneurship • Transversal elements
Promotion of Housing seeking/maintenance skills	5/6	The need for **the caregiver to be a mediator and support** for finding a house to rent within the extreme measures of the care leavers cases.	• Social and civic competence • Sense of initiative & entrepreneurship • Digital competence • Transversal elements
Promotion of self-determination, learn how to learn and autonomy skills	6/6	The caregivers need to provide **connection with the real life experiences** as part of the ultimate goal of social integration. The caregivers need to support the children in a personalised approach (developing a life project) that is connected to their strongest passion For the cases that enter the residential care so close to 18, the request is for a fast track workshop that would include: 1. cultural adaptation, 1. language lessons, 2. bureaucratic support, 3. finding a job and 4. a house, 5. extending the formal network	• Sense of initiative & entrepreneurship • Learning to learn

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Stakeholder network	4/6	The authority of the caregivers is suddenly taken after the ageing out, therefore their impact in after care support mechanism is limited. The **network with other stakeholders** is crucial for a continuous support.	• Sense of initiative & entrepreneurship • Social and civic competence • Communication competences
Time management skills		This aspect was not mentioned or discussed.	-

4.2.2.4. Post care stakeholders

5. *Moto:" There is not much you can teach, but there is much that you can do"*
6. *Foster care parent*

Description of needs of children in care and professionals most relevant indicators and its relation with key competences.

The post care stakeholders had different roles in the process of post care: employment counsellor, adviser on education and employment, inform about the benefits associated to the social status, search for accommodation and roommates, act as a foster care parent.

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Table 11 Needs of children in care

Indicator	Number of participants who mention it	Brief description	Key competences (From most to least relevant)
Bureaucracy/documents/ legislation management	3/4	The need for **a prevention mechanism**: 1. To finalise the legal procedures to receive the benefits before ending the period in residential care. 2. To find a house 3. To try internships and apprenticeship 4. The coupons' systems improved to prevent periods of financial imbalance The need to learn the steps for all the bureaucratic documents (a valid residence card) in order to be registered at the Employment office)	• Social and civic competence • Digital competence and technology • Sense of initiative & entrepreneurship
Community participation	3/4	**Connecting the children in care with other stakeholders** and encouraging a positive social network. An **active informal and formal network** that could support even when care leavers face difficulties PSTD are very common for unaccompanied children so a qualitative informal network could decrease the risk for depression.	• Communication competences • Social and civic competences • Cultural awareness and expression
Education/training	4/4	Any educational program or **training** should present the information step by step. Advice the children in care on their educational options and support to pursue the personalised educational plan according to strengths and passions.	• Learning to learn • Communication competences • Transversal elements • Cultural awareness and expression

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		The figure of a Mentor could be involved in designing this path. Female care leavers express more than male care leavers that they want to continue their education after ageing out. Language lessons (local language or English)	
Employment/Career Development	3/4	A special focus on **developing a workshop on how to find and keep a job**, and to provide a platform that links employers and work seeker. Internships should be introduced as strong option between 16-18 years old. **A platform for employment** where trained people could provide to the care leavers, how to write a CV, where to find training, get in touch with employers, find safe job options.	• Communication competences • Learning to learn • Sense of initiative & entrepreneurship • Transversal elements • Social and civic competence
Financial/money management	4/4	**The financial stability** was perceived as essential to keep the care leavers having a respectful lifestyle and discouraging radicalization and illegal behaviours.	• Learning to learn • Sense of initiative & entrepreneurship • Mathematical competences
General quality of life and well being	4/4	To be informed and **aware to face different difficulties** and not rely only on benefits and even inform them about the anticipated difficulties like delays in receiving the coupons. All mentioned elements for an autonomous life were valued as essential (education, job, career support), or extremely essential (financial sustainability, bureaucracy support, formal and informal network, house, physical and mental health and development of social skills)	• Communication competences • Social and civic competence • Cultural awareness and expression

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Health	2/4	Physical and mental health is mentioned as extremely essential, a **Precarious health status can impend any plans for self-determination**	• Transversal elements • Learning to learn
Housing	4/4	**House is perceived as primary need** but options are limited. Special residences for semi-independent living should be promoted to the ones willing to continue and have good results in education.	• Transversal elements • Social and civic competence • Sense of initiative & entrepreneurship
Interpersonal relationships establishment	4/4	The **strength and the quality of the interpersonal relationships** promote a sense of belonging To improve their social skills (e.g. how to select new friends) The governmental institutions should invest more in alternative care system like foster care system.	• Communication competences • Social and civic competence
Intimacy	1/4	**Positive relationships** that offer support The need to create safety concepts: not engaging in a relationship with a stranger The **education of how to take of a child** should also happen during the residential care (as many care leavers start a family as soon as they exist the system)	• Social and civic competence • Learning to learn
Personal Management	3/4	To be **prepared to face difficulties** and to not rely only on the governmental benefits associated with their status. The need **to learn how to commit**, how to recognise an opportunity and be on time.	• Sense of initiative & entrepreneurship • Learning to learn • Transversal elements

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Self-determination	4/4	Self-determination is directly linked to financial independence. The care leavers should receive support until they are at least 21-year-old, to have a **gradual transition to independence**. **The need for post care stakeholders' representatives to visit the children in care** and connect, establish a relationship, to have a positive impact for after ageing out. Having the contact of a representative and even knowing the face is making the process more humane and approachable.	• Sense of initiative & entrepreneurship • Transversal elements

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Table 12 Needs of professionals

Indicator	Number of participants who mention it	Brief description	Key competences (From most to least relevant)
Autonomous use of children native language(s)	3/4	English was presented as **cultural bridge** so was highly encouraged to be used for the children in care and care leavers. The use of the autonomous use of the children native language was not seen as an essential element. Many times the UC are in an unfamiliar country and may be surrounded by people unable to speak their first language. The professionals should make the effort to **understand the basic or asking for the support of a translator in all communications**.	• Communication competences • Learning to learn • Transversal elements
Communication (orally and in writing) skills	2/4	The need of a training on basic counselling.	• Communication competences • Social and civic competences • Learning to lean
Cultural diversity awareness	3/4	A better **understanding** of the process while transitioning out of care, if they have shelter or financial support.	• Learning to learn • Transversal elements • Cultural awareness and expression
Education/training promotion	4/4	**To be able to anticipate the children's needs** by being aware of the holistic case: legal, social, financial, cultural. The figure of a Mentor could implement this role.	• Sense of initiative & entrepreneurship • Transversal competences

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Health promotion		**Knowing and getting the health care** you need without being dependent on others	• Transversal competences • Learning to learn
Knowledge about teenagers development	2/4	**To anticipate children needs** and to make them able to face difficulties once they are out.	• Cultural awareness and expression • Transversal competences
Knowledge of specific legislation/country guidelines	3/4	**The knowledge of the legislation/guidelines** is directing the multi-layered support of each case. No caregiver can support the children in care or the care leaver in all the steps/phases of their journey so having the knowledge to refer or suggest the responsible agency should be mandatory	• Transversal competences • Social and civic competences • Digital competence
Promotion of basic daily living skills	3/4	The **development of life skills** should be scheduled during residential care.	• Social and civic competences • Sense of initiative & entrepreneurship • Communication competences
Promotion of Financial/money management skills	3/4	Financial management skills are underdeveloped, the professionals need to focus more on this dimension	• Sense of initiative & entrepreneurship
Promotion of Housing seeking/maintenance skills	4/4	There are **limited choices for houses** for the benefits that the care leavers are receiving; special housing should be designed for a transition period of semi-independence	• Sense of initiative & entrepreneurship • Social and civic competences

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Promotion of self-determination, learn how to learn and autonomy skills	4/4	The creation of a network platform who can provide information and support for actors involved.	• Sense of initiative & entrepreneurship • Social and civic competence • Transversal competences
Stakeholder network	3/4	**A positive work environment** that includes also other agencies that could support the ageing out of care system and a good collaboration between colleagues with different expertise. The need to **expand the limited options** they can offer to care leavers, through advocacy. **Knowing what you cannot do and knowing who can provide it**. **A good collaboration between different governmental institutions** and the NGOs that serve the same target groups. **The network** (governmental agencies, NGOs, Charities, employers, residence landlords) should be active and would ease the process.	• Sense of initiative & entrepreneurship • Transversal competences • Communication competences • Social and civic competence • Digital competence
Time management skills	2/4	**Perfect timing among different stakeholders** in order to support the care leaver is not achieved until now. The care leavers need to learn to respect their commitments and respect the appointments they have made either for education and a job.	• Sense of initiative & entrepreneurship • Transversal competences

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5. Discussion and Conclusion

"*I feel a lot of missing in my life*"
18 years old care leaver

Unaccompanied migrant children, as children on the move or child victims of trafficking, can be some of the most vulnerable groups in the country due to various reasons. In many cases they are uncertain or unaware of their rights and what assistances they could and should trust. Personal management and self-determination skills are challenges for all teenagers in general but specifically for most vulnerable ones that experience trauma in country of origin, trauma on the journey to Cyprus, shock of acclimatization to the new country, being alone without family support, depression. If left unaddressed through psychological and social support, these conditions fuel extreme vulnerability and exclusion: homelessness, early parenthood, dropping school, unemployment, addictive or criminal behaviours.

On the other hand, "an unaccompanied child is a child that he is a fighter, he survived things that maybe none of us will never face in our life, so he has the skill of adaptation, he has the skill of finding the way; and this skill will help him survive and thrive against the challenges" His behaviour and attitude will always try to find his way around because this is what he learnt from the people that exploited him in any way. The potential is there, but it needs to be nourished the right way. This is their biggest strength but also their deepest potential vulnerability" [11].

When ageing out of care system, the care leavers experience an abrupt emancipation, excessive demand for an instant personal development, face unanticipated adult decisions, and substantial transformation of social role and responsibilities, an accelerated and compressed transitioning to adulthood which reflects in poor or even absent social adaptation and inclusion. As a result, self-esteem and positive thinking are scarce, goal projection limited, experience

[11] Semi-structured interview with caregiver, George Anastasiou, Coordinator of the Social Work Department, August 2018.

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deep powerlessness and lack of “vital impetus”, depressive feelings, and slowly but dramatic everyday actions become meaningless.

At the end of the Consultancy Group activities, the researcher asked the participants to close their eyes and imagine that is their last day in the reception centre and express their feelings about that day, these were the words they mentioned: fear, guilt, difficult, worried, lost, nostalgic, ok[12].

All these symptoms that hampered the motivation of the teenager transfers the need of extra support to find strength to go on with everyday life and its difficulties and challenges. But as the official system is designed until now, all this support is cut the day they turn 18 and the sudden absence of any support from total support would be difficult to manage and adapt to for any young adult, even more for a vulnerable young person. In the context of child protection, the private shelters try to offer a smoother transition from childhood to adulthood introducing some rehabilitation programs, life skills and social integration activities.

Nonetheless, the findings of the ethnographic research showcased the necessity of redesigning the present system of residential care for unaccompanied children in such a way that involves:

[12] Word cloud from all the feeling expressed by children, participants to the Consultancy Group when they were asked to imagine their last day in the shelter. The word “fear” is bigger than the other words because was mentioned the more times than the rest.

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1. a phase for adaptation to residential care,
2. a phase of preparation and planning and
3. a phase for post care support.

The need for a gradual mechanism and framework was noticed and highlighted in the interviews with the care leavers; "yesterday I was child, today I am an adult! It does not work like this, you need time to grow, but I still have the same problems and on top as an adult I lost some of the wellbeing[13] I had in the reception centre". The prognosis of turning 18 is not something that care leavers are excited for: "when I turned 16 I was happy, when I turned 17 I was happy, when I turned 18 I was not happy at all, I was afraid"[14].

The multidisciplinary and holistic care that their needs require are supported by the legislative framework but it also develops an indirect and unwanted effect of co-dependence to the status of being a passive receiver, a dependent on the caregiver and volunteers. If during the period of living in residential care, children are not prepared to independent living and introduced to real-life out-of-care experiences, then the transitioning period is devalued from its potential for social integration and psychological maturity. If pursuing a vocation, finding a job, going to school, identifying a project of interest, are not supported ahead of ageing out period this will be additionally weakening their autonomous status, endangering their opportunities in the legal job market and therefore possibly compromising a potential long-term integration into the host community.

But if the **final aim** of the system care for children in care in general and specifically for unaccompanied children is (re)designed as the successful social, cultural and economic integration of young people from the residential care into the community, then the focus of the services will not affect only the period while in residential care but also planning the transition to adulthood for care leavers. The emphasis will not be one what we can do to protect the children in care, but how professionals can help them *now* in order to help themselves *later*. The crucial need is for a care system framework with a long term vision and then including this approach in every single act of everyday life of offering care is crucial for a solid implementation. The tendency of the person to experience and exercise his / her autonomy is present by the beginning of his life and needs to be trained and supported by social environment to develop

[13] Quote from the Interview with the care leavers.

[14]

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it. As early as possible, children must prepare for their autonomy, an ability that needs be nourished and encouraged according to personal goals and needs.

The overall conclusion from all participants in the ethnographic research and from the post care shareholders is that there is no ideal transition plan because each child has a different background and also the time they spend at the shelter[15] therefore their preparation has to be different. Nevertheless, the following guidelines could lead to an optimal transition into adulthood plan:

1. **Have in mind the cultural dimension of the transition plan for social integration**: many integration processes and transition plans are focusing on guidance on how one will survive in a European country but sometimes we forget that the unaccompanied children came to the transition/destination country embedded with a culture that is deeply connected to their identity and their sense of being someone unique so the caregivers should connect them to elements that remind them of their culture (e.g. where is the mosque). Many unaccompanied children that arrive in state care confess that they are losing their identity so neglecting this dimension can jeopardise any transition care plan the professionals might build.
2. **Building a relationship before planning:** the caregivers need to build a relationship with the children in care. The most comprehensive transition plan might fail without an informed and trust based relation between caregiver and child.
3. **Guiding Supportive Figure:** the need for a new professional figure and a safe attachment figure that has the knowledge and the abilities to guide and connect the care leavers towards an independent and active life. The Leaving Care Mentor would have a custom-made plan for each child and would be connected to other professionals that could support the transition period.
4. **The design of the Profile of the Leaving Care Mentor** should include an evidence-based child protection system **focused on youth outcomes** essential for effective intervention in the lives of vulnerable children and families.
5. **Smooth and gradual transition care place into adulthood:** Redesigning the support for adolescents in or on the edge of care: providing integrated models of support Ideally, the support care should start as soon as a child enters the residential care

[15] some of them are coming here for two months, others are staying here for one year and then they are leaving

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and is provided through a stable, continuous relationship with the child and rearrange the transition plan according to the time in the shelter.

6. **Personalised approach and avoiding one size fits all approach:** The caregivers need to support the children in a personalised approach according to their personal needs and dreams and the specific services should also follow the same approach (e.g. the psychological and social support for children that suffered PST is different). Keeping high standards of work but redesigning children's social work: "giving social workers and other frontline workers freedom and support to design services that they know children and families need can have a dramatic impact"[16].
7. **Tailored-made educational opportunities:** the educational activities (mostly informal but also formal) are perceived as one of the most efficient way of engaging the children in care in life projects, in supporting and offering the opportunity for forward projection. These educational opportunities should address (1) the need to be engaged in educational and vocational activities where different communities come together and the audience is mixed and (2) Language lessons: the most urgent need is to learn the language that will support their connection to the local community (3) the need for fast track educational opportunities for children in care that enter the system after 17 years old.
8. **The transition plan should include a personal life project:** One important element mentioned by caregivers, educators, care leavers and children in care was that the transition plan should always involve the development a life project that is connected to their strongest passion.
9. **The presence and the quality of informal and formal support network:** building a safe community around the children of post care professionals and friends so the care leavers do not feel that they get out into a social vacuum or "an empty space". There is the need a system that envisions the growth of significant, long-term relationships and social networks at its heart: "There are different advices and

[16] Keep On Caring Supporting Young People from Care to Independence, July 2016, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/535899/Care-Leaver-Strategy.pdf

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different paths of guidance and it's very challenging and many times you just have to be able also to sit down and listen"[17].

10. **The vision of continuous collaboration among different agencies and sensitised actors:** Any lack of institutional and coordinated support for their transition to adulthood or integration and postponed interconnected benefits can lead to sporadic or inconsistent care and unproductive one size fit all approach and undermines all the efforts and investments made during the period in care and prevents or delays (depending on the specific vulnerability and support consequently required) access to any available support. The responsibilities need to be assumed according to a timely implementation in order to assure a stable support mechanism and not to hinder or ruin the progress achieved by any of the agencies and organisations involved in the support care-chain.
11. **Be aware of unpredictable elements and obstacles:** These obstacles can come either from the care system, community or even the children in care. In some cases, the children are not interested or afraid of entering adulthood and thus refuse to engage in any empowerment or rehabilitation activities. In such cases, the caregivers need to adapt and step back to design a more intense psychological support services to nourish the intrinsic motivation first.
12. **Terminology:** ageing out of care" expression indicates that the child exits a status, an identity, uncertain of post care support. The adoption of "ageing out of care towards autonomous living" or "ageing out of care into adulthood" could contribute to a new mind-set and become a constant reminder to all professionals that the final goal of this inclusive process is a confident and autonomous and integrated adult and not just the present state of care while s/he is under 18 years old. The same for the children in care the perception that would be creating is not an ending phase but the transition to a new natural life period.

To bring to reality and support this new innovative and needed framework, there is a need for high-quality evidence-based front-line practice among caregivers and a strong and durable Continuum Collaboration with the other post-care stakeholders to ease the transition of children in care. To achieve a practice-focused accountability applied all

[17] Evi Neocleous, coordinator of the Child Development Department at Homes for Hope.

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across the network, more creative and systematic campaigns are needed to sensitise actors that have an impact on the transitioning into adulthood period and the communities at large[18] and as "our most vulnerable children and young people in care deserve nothing less"[19].

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