WP2 - D2.2 NATIONAL REPORT
ITALY

11 January 2019
CESIE
Index

1. Introduction .................................................................................................................. 2
2. Country context ............................................................................................................. 2
3. Ethnographic research .................................................................................................. 4
   3.1 Methodology ............................................................................................................ 4
      3.1.1 Objectives .......................................................................................................... 4
      3.1.2 Participants ......................................................................................................... 5
      3.1.2.1 Observation ...................................................................................................... 5
      3.1.2.2 Interviews ........................................................................................................ 6
      3.1.2.3 Consultancy groups .......................................................................................... 7
      3.1.2.4 Interviews with post care stakeholders ............................................................ 7
      3.1.3 Instruments ......................................................................................................... 8
      3.1.4 Procedures .......................................................................................................... 10
   3.2 Main results .............................................................................................................. 12
      3.2.1 Global results ...................................................................................................... 12
      3.2.2 Specific results .................................................................................................... 13
      3.2.2.1 Observation ...................................................................................................... 13
      3.2.2.2 Interviews and Children Consultancy Groups .................................................. 17
      3.1.2.3 Interviews with post care stakeholders ............................................................ 23
   3.3 Discussion and Conclusion ....................................................................................... 27
Bibliographic references .................................................................................................... 29
1. Introduction

In the three-year period 2014-2016 more than 55,000 unaccompanied minors (UAMs) landed on the Italian coast. By the end of September 2018, there were more than 12,000 UAMs registered in reception facilities, which corresponds to a 26% increase compared to the same period of 2017. Of the total population of UAMs, 92% are males, whereas nearly 60% are 17 years old. Countries of origin for UAMs arriving to Italy are Nigeria, Eritrea, Albania, Ivory Coast, Somalia and Mali (MLPS, 2018). Sicily hosts about 40% of all UAMs in Italy, establishing it as the region receiving and hosting the largest portion of UAMs.

The national reception system provides for specific structures for UAMs: The Legislative Decree no. 142 of 18 August 2015 provides for minors to be accommodated in first reception government structures for the motives of rescue and immediate protection (Art. 19, para 1). They must then be accommodated (as provided for by Law no. 47, 2017) in SPRAR structures dedicated to minors (second reception).

During the periods in the dedicated structures for unaccompanied minors, UAMs should have the opportunity to undertake individual projects through vocational trainings, employment support and school enrolment, helping them to pursue their paths, integrate and become autonomous in the new host society.

At the age of majority, the UAMs seeking asylum are incorporated in SPRAR projects or in extraordinary centres activated for adults. Supportive and accompanying measures for minors in transition of age should be provided, as for example individual plans and personal oversight.

The present Contextual needs analysis report, resulting from INTEGRA research activities, consolidates the needs of UAMs who are staying in the reception facilities and the professionals who are working within support structures for the efficient autonomy processes of UAMs. The research was implemented during August – November 2018 in Palermo, Italy by CESIE. In December 2018 the new Immigration Law was approved by the Italian Parliament affecting the whole Italian reception system, therefore the needs and priorities expressed by the research participants and presented in the report, could be reconsidered.

2. Country context

Italy is following the provisions and laws relevant for UAMs which have been granted by the Common European Asylum System. Unaccompanied minors, like all Italian minors, are subject to protection (Art. 343 of the Civil Code). They are protected by Law no. 184 of 4 May 1983,
amended by Law no. 149 of 28 March 2001 “Right of the minor to a family”. The provision states that whether custody is not available, the child should be placed in a family type residential community (Ministry of Internal Affairs, 2018).

The Law no. 47 of 7 April 2017 (“Protection Measures for Unaccompanied Minors”, so called Zampa law) is a result of a combination of different provisions of the Italian system grounded in the United Nations Convention on the Right of the Child. This law has filled significant gaps in the protection of UAMs, introducing important provisions, for example on age assessment procedures. It also improved existing provisions, such as those regarding the legal status of non-asylum seeking unaccompanied minors. The Law established that each minor should be entitled to receive the assistance of a volunteer guardian or tutor (Rozzi, 2017). A training module developed by the Italian Independent Authority for Children and Adolescents ensures appropriate training to private citizens who must fulfil the minimum conditions described in the guidance for voluntary guardians. In these respects, law embodies the pioneering model at European level set up in Italy for the reception and assistance of UAMs.

On the other hand, there are still gaps in the reception system for unaccompanied minors, leading more and more children to be placed in absolutely inadequate reception centers. The congestion of SPRARs, long and unclear waiting periods for obtaining documents and transfer of UAMs to another centres, regardless the stage of their inclusion, interrupts their path towards self-reliance further exacerbating the already existing trauma (Zandonini, 2017). Considering that participation in the labour market enhances the inclusion and integration process representing a significant entry point for minors to stay in the country, that, however, negatively affects the pursuit of the educational path, as the pressure to find employment often compels minors to leave school (Allsopp, 2017).

An important dramatic shift in the Italian migration policy, particularly regards to the reception system, came with the “Security Decree” proposed by the Italian Minister of Interior and approved as a Law on 3 December 2018. The decree provides the abolition of humanitarian protection, introduces a special residence permit for those in need of medical care, for victims of domestic violence or serious labour exploitation, for those coming from a country that is in a temporary situation of disaster and for those who have performed acts of high civil value. The decree produces significant consequences not only for those who currently benefit from humanitarian protection but also for the protection system for asylum seekers and refugees (SPRARs), which turns into a system of protection reserved solely for beneficiaries of international protection and foreign unaccompanied minors.

When it comes to UAMs, the decree does not interfere with the current care system and UAMs should still be entitled to protection within the SPRAR system (Camilly, 2018). However,
considering that the number of SPRAR facilities will be downsized and places will be limited, minors reaching the age of majority would thereby be excluded from SPRAR and would have access only to first reception centres and temporary reception centres, where living conditions are often critical (Colombo, 2017). Located often far from the city centres, living in those centers provides scarce opportunities for migrants to learn the language, interact with locals and truly familiarise with life in Italy, therefore limiting all possibilities for effective autonomy processes.

3. Ethnographic research

The following two sections summarize the research process. The section methodology describes the project objectives (3.1.1), participants (3.1.2), instruments (3.1.3) and procedures applied during the research implementation (3.1.4).

3.1 Methodology

3.1.1 Objectives

Included in the INTEGRA WP2, the ethnographic research development relates, directly, to the following objectives:

- Characterize and analyse practices and needs of minors in residential care, through:
  - Participatory ethnographic research with children in care (aged 16+) to understand the needs of ageing-out minors 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.

- 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” it is important to emphasize that the objectives of the ethnographic research are also connected with the other two objectives of the work 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, minors, and stakeholders.

### 3.1.2 Participants

In total, 24 people participated in this Ethnographic research in Italy: (i) 12 people were present during the observation (in particular, 1 educator, 1 volunteer and 9 minors in care), and (ii) 12 people participated in the inquiry process (interviews, Children Consultancy groups, and post care stakeholders’ interviews).

The distribution of participants per each activity was as following:

#### 3.1.2.1 Observation

One observation was implemented on 30 August 2018 in a private secondary reception center for unaccompanied minors in an urban area of Palermo. The total of 5 residential care professionals (4 educators + 1 coordinator) are working in the reception center (1 was present
during the observation); 3-5 volunteers (depending on periods) are supporting the daily activities within the center (1 was present during the observation); 15 children in care (all boys) are staying in the center (9 were present during the observation).

3.1.2.2 Interviews

7 interviews were conducted during September and October 2018. The sample of participants in the semi-structured interviews groups comprises two subgroups, namely: (i) Children about to leave care (16-18 years old), and (ii) Caregivers, guardians, teachers and educators. The profiles of all interviewed are presented in the chart below:

The distribution by sex among the participants for semi-structured interviews was well balanced, having 4 female and 3 male participants.

Caregivers, guardians, teachers and educators have been working in the reception system from min. 11 months to max. 12 years with the average of 5 years.

Their other roles in this field system include:
- Volunteer in Red Cross, Emergency organisations (n=1).
- Legal volunteer tutor of minors, researcher, facilitator (n=1).
- Civil service volunteer in the reception center for minors (n=1).
- Co-housing with migrant families (n=1).
3.1.2.3 Consultancy groups

The total of only 3 participants attended Children Consultancy Group (CCG). Even if the CCG was agreed with 5 participants, however due to their last minute unavailability, the meeting was split into 2 groups and after intensive encouragement and communication still a smaller number of participants attended the CCG. CCG discussions were conducted on 10 September 2018 (with 2 participants) and 14 September 2018 (with 1 participant).

2 males and 1 female from Gambia and Mali, from 18 to 20 years-old who have been staying in foster care from min. 2 years to max. 3 years participated in the CCG. Mode of participants’ educational level is: Middle school and Italian school for foreigners. Participants mentioned their participation in different formal training activities: Course in informatics, Pizza maker course, workshop for future and career planning.

According to participants’ narratives, they do have more informal than formal networks:
- Formal network - school (n=1).
- Informal networks - football team (n=1); driving license course (n=1); volunteering (n=1); intercultural workshops (n=1).

Other relevant activities mentioned by the participants included: cooking for the community, sport training, they all paid particular attention to discovering the city and going out with friends.

3.1.2.4 Interviews with post care stakeholders

2 interviews with post care stakeholders (1 male and 1 female) were implemented on 20 September and 16 October 2018. Post care stakeholders have been working from 8 to 14 years in post care (management of a restaurant that provides professional training and development opportunities for people with migrant background and from the authorities responsible for Interventions for migrants, nomads and refugees at the local level). The average age of both participants was 48 years-old.

Their roles in post care are diverse, including:
- Offering work placements.
- Support in orienteering in the legal system.
- Provision of information about services at the local level.
- Provision of information about job and internship opportunities.
- Support in raising the self-esteem and self-confidence.
- Provision of information about personal budget and financial management.
Support in understanding the specific job requirements.
Support in exchange of approaches.

3.1.3 Instruments

This ethnographic research project required the use of 3 complementary techniques (observation, interview and Focus group (so called Children Consultancy group - CCG), 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: (i) better understand the needs of ageing-out minors from their own perspective (children in care, aged 16+); (ii) 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: (i) partner data, (ii) preliminary contextual and participants’ references, (iii) Observation data, (iv) Researcher notes, and (v) 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, Teachers, Educators, and Form C - Post care stakeholders]. In table 1-4 each interview and Children Consultancy group script is briefly characterized.

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Grand tour question</th>
<th>Nr. specific questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – Participant Information</td>
<td>--</td>
<td>10</td>
</tr>
<tr>
<td>2 – In-care experiences</td>
<td>Can you please characterize your experiences, past and present, in the care system?</td>
<td>5</td>
</tr>
<tr>
<td>3 – Autonomy</td>
<td>In your perspective what does it mean to be an autonomous person?</td>
<td>3</td>
</tr>
<tr>
<td>4 - Dimensions of transition to autonomy</td>
<td>Which dimensions do you consider essential for a successful transition to autonomy?</td>
<td>8</td>
</tr>
<tr>
<td>5 – Perceived needs</td>
<td>Which are your needs during this process?</td>
<td>2</td>
</tr>
<tr>
<td>6 – Professionals needs</td>
<td>Which are the professionals’ main needs during this process?</td>
<td>2</td>
</tr>
<tr>
<td>7 – Transition planning</td>
<td>Are you planning your transition to autonomy?</td>
<td>5</td>
</tr>
<tr>
<td>Section</td>
<td>Grand tour question</td>
<td>Nr. specific questions</td>
</tr>
<tr>
<td>---------</td>
<td>---------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>1 – Participant Information</td>
<td>--</td>
<td>9</td>
</tr>
<tr>
<td>2 – Autonomy</td>
<td>In your perspective what does it mean to be an autonomous person?</td>
<td>3</td>
</tr>
<tr>
<td>3 – Role in autonomization process</td>
<td>Do you have an active role in autonomization process of child/children ageing out of care? Please elaborate.</td>
<td>4</td>
</tr>
<tr>
<td>4 – Dimensions of transition to autonomy</td>
<td>Which dimensions you consider essential for a successful transition to autonomy?</td>
<td>8</td>
</tr>
<tr>
<td>5 – Children needs</td>
<td>Which are the children main needs during this process?</td>
<td>2</td>
</tr>
<tr>
<td>6 – Professionals needs</td>
<td>Which are the professionals’ main needs during this process?</td>
<td>2</td>
</tr>
<tr>
<td>7 – Future</td>
<td>How do you foresee a prosperous autonomy?</td>
<td>2</td>
</tr>
<tr>
<td>8 – Last comments</td>
<td>Final Question</td>
<td>1</td>
</tr>
</tbody>
</table>

**Table 2 Form B Caregivers, Guardians, Teachers and Educators**

<table>
<thead>
<tr>
<th>Section</th>
<th>Grand tour question</th>
<th>Nr. specific questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – Participant Information</td>
<td>--</td>
<td>9</td>
</tr>
<tr>
<td>2 – Autonomy</td>
<td>In your perspective what does it mean to be an autonomous person?</td>
<td>3</td>
</tr>
<tr>
<td>3 – Role in autonomization process</td>
<td>Do you have an active role in autonomization process of child/children ageing out of care? Please elaborate.</td>
<td>4</td>
</tr>
<tr>
<td>4 – Dimensions of transition to autonomy</td>
<td>Which dimensions you consider essential for a successful transition to autonomy?</td>
<td>8</td>
</tr>
<tr>
<td>5 – Children needs</td>
<td>Which are the children main needs during this process?</td>
<td>2</td>
</tr>
<tr>
<td>6 – Professionals needs</td>
<td>Which are the professionals’ main needs during this process?</td>
<td>2</td>
</tr>
<tr>
<td>7 – Future</td>
<td>How do you foresee a prosperous autonomy?</td>
<td>2</td>
</tr>
<tr>
<td>8 – Last comments</td>
<td>Final Question</td>
<td>1</td>
</tr>
</tbody>
</table>

**Table 3 Form B Caregivers, Guardians, Teachers and Educators**

<table>
<thead>
<tr>
<th>Section</th>
<th>Grand tour question</th>
<th>Nr. specific questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – Participant Information</td>
<td>--</td>
<td>9</td>
</tr>
<tr>
<td>2 – Autonomy</td>
<td>In your perspective what does it mean to be an autonomous person?</td>
<td>3</td>
</tr>
<tr>
<td>3 – Role in autonomization process</td>
<td>Do you have an active role in autonomization process of child/children ageing out of care? Please elaborate.</td>
<td>4</td>
</tr>
<tr>
<td>4 - Specific role in post care support during the autonomization process</td>
<td>Specific role in post care support during the autonomization process</td>
<td>4</td>
</tr>
</tbody>
</table>
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 Children 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).

Table 4 Children Consultancy group script

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

3.1.4 Procedures

The Integra project (REC-RCHI-PROF-AG-2017-785703) has been co-financed with the support of the European Commission’s Rights, Equality and Citizenship Program. Its contents and materials are the sole responsibility of its authors. The Commission cannot be held responsible for any use which may be made of the information contained therein.

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Initially, preliminary research and report on country context and exchange of experiences with other project partners was implemented during the project workshop on 18 June 2018 in Nicosia, Cyprus. During the workshop the discussion was led around support structures for UAMs in each partner country, challenges of care professionals and young care leavers, their needs and measures for supporting their autonomy.

Overall, the research process comprised 5 main phases: (i) planning (e.g., preparing the data collection instruments, organizing the data collection with key target groups), (ii) data collection (e.g., ensuring informed consent from all participants, doing observation, the interviews and implementing the CCGs), (iii) data analysis (e.g., compilation of all input from observation, interviews, CCGs), (iv) discussion of main results, and (v) writing the report.

i. **Planning phase** started in June 2018 with the revisions of research guidelines that were developed by INTEGRA partner APCdP from Portugal for Ethnographic fieldwork, translation of research instruments and identification of target groups to be approached for the implementation of the research.

ii. **Data collection** was started in August 2018 and finished in October 2018. All research participants received detailed information about the project before the interviews and CCGs, and written informed consent was obtained.

   a. 1 observation in the secondary reception center for UAMs implemented on 30 August 2018, 15:00 - 18:00 in Palermo, Italy.

   b. 2 Interviews with unaccompanied minors who are staying in residential care centres implemented on 17 September 2018, 16:00 and 4 September 2018, 12:00.

   c. 5 Interviews with professionals working with support services for UAMs (care professionals, foreign language teacher, legal volunteer tutors) implemented on 6 September 2018, 11:00; 1 October 2018, 15:00; 6 September 2018, 16:00; 7 September 2018, 11:30; 12 September 2018, 14:30.

   d. 2 Children Consultancy Groups (CCG) implemented on 10 September 2018, 15:00 (with 2 participants) and 14 September 2018, 14:00 (with 1 participant).

   e. 2 Interviews with post-care stakeholders from (1) the entity employing migrants and from (2) the regional authority that is supporting migrants for their autonomy implemented on 20 September 2018, 18:00 and 16 October 2018, 13:00.

iii. **Data analysis** was an ongoing process during the implementation of the Ethnographic research. All data from observation, interviews, CCGs was included into the specific reporting forms and finalised in November 2018.
iv. Discussion of main results, and (v) writing the report was started in October 2018, when lead partner of the research APCdP communicated the final template for the present National report.

The researchers during the implementation of the research took into the consideration the research procedures described in the Guidelines prepared for INTEGRA Ethnographic research ensuring that ethical procedures were respected and participants were fully informed about the research objectives and process.

3.2 Main results

The section results depict the main research outcomes and the most relevant findings, taking in consideration each group of participants involved in the research.

3.2.1 Global results

This research project allowed for a more comprehensive perspective on the needs of: (i) minors in residential care, specifically focusing on the needs of ageing-out minors from their own perspective; and (ii) residential care professionals in relation to the provision of ageing-out support.

Minors from residential care centres who participated in the research activities demonstrated high levels of positivity, self-awareness and motivation. Minors expressed their need to be involved in more social activities outside the residential center to allow external interactions with the local community supporting the integration. Participants are motivated to participate in various formal and non-formal trainings and activities that could increase their personal and professional skills and competencies and for this more systemic information about existing opportunities is needed. Additionally, minors referred to the need of a mentor or a person of reference who would dedicate more time to the individual needs and future projects.

Residential care professionals expressed that there is a need to ensure better communication and coordination between the reception centre for minors and centre for adults, as well as different centres for minors, therefore a network connecting various actors working within care system would be fundamental. Due to the fact that professionals are not well aware of the educational, professional training and leisure opportunities for minors in residential care facilities, a systematic information consolidation and search engine would highly support the effective transition to autonomy of ageing-out youth.
3.2.2 Specific results

The next report sections describe the results obtained, taking into the consideration the data collection contexts and strategies mobilised in this research protocol. The first section systematizes the results from observation. The second section focuses, respectively, on results from the interviews with Children in care; interviews with care professionals, Guardians, Teachers and Educators; Consultancy Group discussion, and interviews with Post care stakeholders.

The first section provides (i) context analysis that allowed to note expressed and implicit (ii) needs of children in care and professionals. The second section combines the results into 2 groups: (i) needs of children in care system and (ii) needs of professionals as most of the needs were repeated during the different activities of the research.

3.2.2.1 Observation

The observed secondary reception center for unaccompanied minors is local in the urban area of Palermo. It is organised through 2 floors: on the ground floor there is a common space, educational space, administrative rooms, a bathroom; on the first floor – dormitories and bathrooms. The following attributes were observed for separate spaces: Administrative: 1 working room with a computer and 1 sleeping room with a single bed for a professional for night shifts; Technical services: 1 Laundry room, the service is provided by the staff and not by the minors themselves; Common space: Kitchen together with the dining room; Class room/Educational space: Living room with 2 couches, a computer and a book shelf; Dormitory: 7 bedrooms + 5 bathrooms (1 on the ground floor, 4 on the first floor); Other: Terrace in front of the building with a table and a big umbrella.

Daily activities of the children in care depend on individual projects and year period for each minor therefore all of them have different daily routines. It is important to mention that the observation was implemented on 30 August 2018 when still children were not enrolled into educational or any other professional training activities. As a result, the dynamics of the institution had particularities that cannot be generalizable to other periods of the year.

Mentioned daily activities include:

- Breakfast;
- School;
- Work;
- Internship;
- Volunteering;
- Lunch (either in house or outside);
- Reading/studying;
- Pray time;
- Additional courses/projects organised by local organisations;
- Dinner.

Other additional activities were mentioned:
- Cooking for dinner together;
- Cooking lessons with the educators;
- Excursions/visits when possible.

Usually, a shift at the center is covered by one educator at a time, therefore there is not much interaction between the professionals. Some mornings the coordinator of the centre supports the educator. External psychologist is invited when need arises. Volunteers are often present at the residential center.

The following two tables in the following pages present a summary of the identified needs (of children in residential care and care professionals) and their connection with key competences.
### Table 5 Needs of minors in care

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Brief description</th>
<th>Key competences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community participation</td>
<td>Participants expressed their need to be involved into more social activities outside the residential center. They would like to have more external interactions with the local community that would support their integration.</td>
<td>• Social and civic competence&lt;br&gt;• Cultural awareness and expression</td>
</tr>
<tr>
<td>Education/training</td>
<td>Participants specified that they need more projects/ initiatives/ training opportunities to be involved in. They would also want to further develop the host-country language skills.</td>
<td>• Transversal elements&lt;br&gt;• Sense of initiative &amp; entrepreneurship</td>
</tr>
<tr>
<td>Interpersonal relationships</td>
<td>Participants expressed their need for a metaphoric “space” to be listened. They specified that one-to-one mentor, a reference person who would listen and support their needs and individual projects.</td>
<td>• Transversal elements</td>
</tr>
<tr>
<td>establishment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 6 Needs of care professionals

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Brief description</th>
<th>Key competences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autonomous use of a foreign</td>
<td>Participants explained that some minors express themselves better in English, therefore in order to ensure effective communication it is fundamental for care professionals to have</td>
<td>• Learning to learn&lt;br&gt;• Communication competences</td>
</tr>
<tr>
<td>language(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education/training promotion</td>
<td>Participants explained that care professionals are not well aware of job/internship/volunteering opportunities available at the local level that they could offer to minors in care. Systemic training on information search would be relevant.</td>
<td>Transversal elements</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Stakeholder network</td>
<td>Participants expressed that due to the lack of resources (both financial and human resources) it is not easy to follow each child ensuring successful transition to autonomy, therefore better communication and resource allocation among different reception facilities is fundamental.</td>
<td>Transversal elements</td>
</tr>
</tbody>
</table>
3.2.2.2 Interviews and Children Consultancy Groups

The following two tables present a summary of the identified needs (of minors in care and care professionals) and their relationship with key competences, taking in consideration the narratives of minors in care, caregivers, guardians, teachers and educators during the individual interviews and Children Consultancy Groups.

Only indicators that were covered during the interviews and CCGs were included in the tables below. Additional indicators, such as Knowledge on local territory, External support, Relational competencies were added to the report template as were considered of a high relevance of the participants in Italy.

Table 5 Needs of minors in care

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Brief description</th>
<th>Key competences (From most to least relevant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bureaucracy/documents/legislation management</td>
<td>One of the most important things for unaccompanied minors in care is the legislative measures and documentation. Minors understand that without valid documents they cannot seek employment or other professional opportunities. However, they are not well aware of the legal peculiarities and structures responsible for administration and management of the residence permits. Participants expressed the need to have more information about the legal system, processes, procedures and actors involved. As all minors by the law have a guardian assigned to them, it is usually the responsibility of the guardian to manage legal aspects. On the other hand, minors would like to know more by themselves to be more independent and solve some issues on their own.</td>
<td>• Transversal elements</td>
</tr>
</tbody>
</table>
Moreover, participants expressed their need to be supported in documents compilation and orientation in the legal system. Finally, 1 participant expressed the need to facilitate the processes of the legal age recognition and that it would be needed to provide information to minors about the procedures for the recognition of the official age.

| Community participation | Participants expressed their need for being involved in more non-formal activities, such as workshops, trainings, sport activities outside the centre. Active participation in the activities would support their empowerment and integration into the society. In was mentioned that the centre managers should give more freedom to minors and lessen strict regulations allowing to participate in the activities organised by local civil society organisations. Participation in the community activities would increase host-country language skills and communication skills. As an example it was presented that there are centres that don’t allow minors to come back to the center during the certain hours encouraging them to be actively engaged in local activities and preventing them from staying all day long inside the center. | • Cultural awareness and expression  
• Communication competencies  
• Transversal elements |

| Education/training | Participants firstly would like to receive extensive and quality host-country language training as otherwise it is complicated to attend school or participate in other training opportunities. Most of the participants expressed that they would like to continue education at local schools or would like to start a professional school for a specific professional training. 1 participant mentioned the intention to look for a scholarship to study abroad. All participants would like to attend different professional training courses that would increase their competencies and skills, including job-search skills. They expressed the need for more information about existing educational opportunities (studies, courses, workshops, volunteering opportunities) and support in applying. | • Transversal elements |
| Employment/Career Development | All participants expressed their need for finding a job as it would support their economic freedom and increase financial contributions to their families. Even if the participants expressed their dreams related to the career development, the field of employment was not of a great importance as the general objective is the economic independency. The participants expressed the need for an external support in a job search, including information about job and internship opportunities and where to look for it, understanding specific job requirements, preparation of a CV, participation in a selection process, stimulations of interviews, acquisition of job-specific skills. Moreover, the importance of an individual previous knowledge assessment of minors staying in a residential care was mentioned. | Transversal elements, Communication competencies |
| Financial/money management | Participants mentioned that it would be relevant to have knowledge about personal budget, financial management, what are the regulations for paying the rent, bills and other taxes. | Transversal elements |
| Housing | Participants mentioned the need for information about how to look for an apartment and what are the rent procedures. However, independent living (out of the residential centre) was not considered as a great priority. | Transversal elements |
| Interpersonal relationships establishment | Participants expressed that they would appreciate having closer relationships with care professionals. They noted the need for better communication and relational skills, including empathy, knowledge on motivational strategies and cultural diversity and intercultural competencies. | Communication competencies, Cultural awareness and expression, Transversal elements |
| Intimacy | Just 1 participant mentioned that would like to find a partner. | --- |
| Personal Management | Self-awareness was mentioned as an important element. Some of minors in care don’t know exactly what they want and they would need to be supported in the psychological aspects, such as self-discovery of the needs and wishes and in raising the self-esteem and self-confidence. Participants expressed that they want to make decisions for themselves. Elements of responsibility, honesty, respect, stimulation of exchange of approaches were also mentioned as of high importance for personal management. | • Communication competencies  
• Cultural awareness and expression  
• Transversal elements |
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-determination</td>
<td>Participants mentioned elements of inner motivation, being driven, being curious and not afraid of asking for information as important for their successful integration and active participation.</td>
<td>• Transversal elements</td>
</tr>
</tbody>
</table>
| Intercultural and local territory knowledge | All participants expressed the need of knowing well the local territory and getting more information about the local culture, support infrastructures and services at the local level, e.g. educational institutions, local civil society organisations, health institutions, courts, police offices, etc. Intercultural knowledge would facilitate the interaction with the local community and would ensure that local rules and regulations are respected. | • Cultural awareness and expression  
• Transversal elements |
| External support | All participants expressed the need for a reference person outside the care centre who would support in daily life, in finding opportunities for studying, employment, trainings, understanding the local territory and services, definition of future objectives, finding friends, learning about the local culture, etc. It was mentioned that the reference person should have skills in active listening. In Italy unaccompanied minors have a right to a legal voluntary tutor who become the reference person supporting minors in legal and practical aspects. However, once the minor reaches the legal age, they lose the right to have an official tutor. It was expressed that more legal voluntary tutors would be needed, or the rules for becoming a tutor should be less strict. Tutors would need to establish better relationships and synergies | • Social and civic competence  
• Communication competences  
• Cultural awareness and expression  
• Transversal elements |
with care centres and care professionals. Also, the role of the tutor should be extended during minors’ transition period. Migrants who were staying in the care centres for unaccompanied minors could become mentors to support minors who are still staying in the centres as they would be able to share the real experiences and provide with the guidance.

Table 6 Needs of professionals

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Brief description</th>
<th>Key competences (From most to least relevant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autonomous use of a foreign language(s)</td>
<td>Professionals should have better linguistic competencies as they often speak only the local language. For the provision of more effective support to minors in a care system, professionals should increase their language skills that would also facilitate the communication with minors.</td>
<td>• Communication competences</td>
</tr>
<tr>
<td>Cultural diversity awareness</td>
<td>It was mentioned that professionals should increase their intercultural competencies, such as cultural diversity, conflict resolution, group work. For working with minors from such a diverse cultural backgrounds, care professionals should be able to know about communication particularities, non-verbal signs, traditions and customs of different cultures.</td>
<td>• Cultural awareness and expression • Communication competences • Transversal elements</td>
</tr>
<tr>
<td>Education/training promotion</td>
<td>Professionals would need to know where to look for information about educational, training, professional courses, internships and volunteering opportunities available for the minors at the local level and should provide this information to the minors in a systemic</td>
<td>• Transversal elements</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
<td>Additional Notes</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>Knowledge of specific legislation/country</td>
<td>Professionals expressed the need for more knowledge about legal aspects, relevant services for minors’ and procedures for documents, timing, offices.</td>
<td>Transversal elements</td>
</tr>
<tr>
<td>Promotion of basic daily living skills</td>
<td>It was expressed that professionals (and management of the care centres in general) should provide more freedom and autonomy for minors who are staying in the care centre. For example, allowing and supporting minors to cook for themselves and explaining to them in more details about what is autonomous life.</td>
<td>Transversal elements</td>
</tr>
<tr>
<td>Promotion of self-determination, learn how to</td>
<td>Professionals should have strong inner motivation to work in a care system, therefore the training on increasing motivation for the professionals would be needed. Professionals expressed the need for continuous training and professional development as well as regular update on their competencies and skills. Moreover, professionals mentioned the need for a regular evaluation and feedback sessions from other staff members and their clients.</td>
<td>Transversal elements</td>
</tr>
<tr>
<td>Stakeholder network</td>
<td>All participants expressed that it is important and very needed to ensure better communication and coordination between the reception centre for minors and centre for adults, as well as different centres for minors. As minors are often transferred from one centre to another one, the professionals should be informed and updated about the educational, professional and personal achievements and developments of minors. The need for more cooperation between different authorities, organisations and public offices was also expressed. As an example, a mapping system or a network among stakeholders allowing better communication and information flow regarding opportunities existing for minors and migrants in general and for providing suggestions was mentioned.</td>
<td>Social and civic competence</td>
</tr>
</tbody>
</table>

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Relational competencies
It was expressed that care professionals should hold better relationships with minors staying in the care centres and they should pay more attention to their needs and listen more attentively. Professionals should have better relational skills, including emotional support, empathy, knowledge on motivational strategies and cultural diversity (that are transversal).

3.1.2.3 Interviews with post care stakeholders

The following two tables present a summary of the identified needs (of minors in care and care professionals) and their relationship with key competences, taking in consideration the narratives of post-care stakeholders during the individual interviews.

Table 7 Needs of minors in care

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Brief description</th>
<th>Key competences (From most to least relevant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bureaucracy/documents/legislation management</td>
<td>Minors staying in the care centres should have legal independency, they should know how to register at the Municipality, how to get the ID number. It is important for them to know how the legal system works and the processes for residency permit and actors involved.</td>
<td>• Transversal elements</td>
</tr>
<tr>
<td>Community participation</td>
<td>It is very important to support the exchange of approaches between local community and migrants as well as migrants coming from different cultural backgrounds.</td>
<td>• Social and civic competence</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Relevant Competences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education/training</td>
<td>Participants mentioned that it is of great importance for minors to have local language skills, because without it the integration is slow. Moreover, individual previous knowledge and competencies that minors already have and brought from the home countries should be assessed; and minors would need a support in developing those competencies further.</td>
<td>Communication competences, Transversal elements</td>
</tr>
<tr>
<td>Employment/Career Development</td>
<td>Economic independency was expressed as important for minors. They should need to have relevant professional competencies that could be developed based on their needs and relevant for a particular job placement.</td>
<td>Transversal elements</td>
</tr>
<tr>
<td>Financial/money management</td>
<td>Minors need information on how to manage their own expenses, pay the rent and organise the budget for that.</td>
<td>Transversal elements</td>
</tr>
<tr>
<td>Interpersonal relationships establishment</td>
<td>It was mentioned that it is very important for minors to establish relationships with others, especially with local people. They would feel more confident and included in the society.</td>
<td>Social and civic competence, Communication competences</td>
</tr>
<tr>
<td>Self-determination</td>
<td>Minors staying in the care centres need a support for finding solutions to their problems. Also, it is very important that they have a high in self-esteem because migrants are in a constant search of identity, they are facing dilemma: to close themselves and maintain the identity or to open themselves completely adapting the identity of a host country.</td>
<td>Transversal elements</td>
</tr>
</tbody>
</table>
Intercultural and local territory knowledge

It was stated that minors need more knowledge and information about local services and relevant for them offices (they need to know who is responsible for what, how health system functions, how to change the place of residence, cultural aspects and how things are changing when they reach 18-years old). It would be relevant to provide them with a map with all services at the local level.

Table 8 Needs of professionals

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Brief description</th>
<th>Key competences (From most to least relevant)</th>
</tr>
</thead>
</table>
| Autonomous use of children native language(s) | Professionals should have better foreign language skills. | • Learning to learn  
• Communication competences |
| Cultural diversity awareness | Professionals should need to have a different approach to migration: they should learn how to focus on effective integration of migrants and not on just providing help to poor migrants. Professionals should be equipped with competencies of intercultural mediator. Professionals should have knowledge and competencies on cultural diversity, conflict resolution, group work. Professionals should be flexible and ready to work with minors from different cultural backgrounds. They should be aware of cultural peculiarities. | • Cultural awareness and expression  
• Learning to learn  
• Transversal elements |
### Education/training promotion
Professionals should have knowledge and provide information to minors about internships, job opportunities because this would support minors towards orienteering better in the local territory.

- **Transversal elements**

### Knowledge of specific legislation/country guidelines
Care professionals should have knowledge about the legal system and provide information to minors about the services that exist at the local level. They should know well the law, legal regulations and other aspects relevant for minors.

- **Transversal elements**

### Promotion of self-determination, learn how to learn and autonomy skills
Professionals should be able to listen to the needs and dreams of minors, to support them in developing the competencies that minors’ already have.

- **Transversal elements**
  - Learning to learn

### Stakeholder network
More professionals in different fields to support minors are needed: Career counsellors, psychologists, intercultural mediators. The network at the local level would be relevant where professionals could find and exchange information easier and in a more coordinated manner. A portal would be needed where professionals could ask questions/suggestions from other professionals at the local level and announce opportunities available for migrants. Also, another separate structure for ageing-out youth would be needed where they could be transferred after the shelter for minors and where they would get skills and competencies for autonomy.

- **Transversal elements**

### Relational competencies
Professionals should be motivated and passionate to work in this field and to support minors towards autonomy. Professionals should know well the competencies and desires that minors have. Professionals should be curious, good in establishing and nurturing relationships with other people, should be self-aware.

- **Transversal elements**
  - Social and civic competence
3.3 Discussion and Conclusion

Participants of the research expressed their needs regarding the autonomy processes. Taking in consideration the diversity of data collected (through observation, interviews with different actors, and Children Consultancy group) it is interesting to notice the similar needs expressed by children about to leave the care system, Caregivers, Guardians, Teachers and Educators, and Post-care stakeholders.

The principal needs of minors are linked to the knowledge of legal system and documentation. It is important that children in care system understand legal peculiarities, processes and know services that are responsible for legal aspects and issuing of documents. Secondly, it is fundamental that children in care are actively involved in community activities through projects, initiatives, non-formal activities. This would facilitate the integration into the host society, would allow better knowledge and understanding about the local culture, would help to establish closer relationships with local people. As for education, training, employment and career development, the need for more information about existing educational opportunities (studies, courses, workshops, volunteering opportunities) and support in applying is fundamental. Besides that, there is a need for an external support in a job search, including information about job and internship opportunities and where to look for it, understanding specific job requirements, preparation of a CV, participation in a selection process, simulations of interviews, acquisition of job-specific skills.

The main needs of care professionals are knowledge on where to look for information about educational, training, professional courses, internships and volunteering opportunities available at the local level that they could provide this information to the minors in a systemic manner. Also, professionals should have an extensive knowledge about legal aspects, relevant services for minors’ in care and procedures for documents, timing, offices. Considering that professionals are working with minors from different cultures, care professionals should increase their intercultural competencies, such as cultural diversity, conflict resolution, group work, communication, non-verbal signs, traditions and customs of different cultures.

The research findings revealed the importance to ensure better communication and coordination between the reception centre for minors and centre for adults, as well as different centres for minors. As minors are often transferred from one centre to another one, the professionals should be informed and updated about the educational, professional and personal achievements and developments of minors. Cooperation between different authorities, organisations and public offices should be encouraged and organised in a systematic manner. As an example, a mapping system or a network (portal) among stakeholders...
allowing better communication and information flow regarding opportunities existing for minors and migrants in general and for providing suggestions could be created.

Residential care centers in Italy implement some activities to promote autonomy of children in care, however that highly depends on a single center capacity and educators’ motivation. Lack of financial and human resources for residential care centres in Italy and absence of national guidelines to support transition to autonomy limits the actions and initiatives supporting the autonomy. Better communication and resource allocation among different reception facilities would be of a great importance, as well as clear minimum standards of support towards autonomy.

Finally, the main difficulties in the Italian residential care system currently are linked to the new legislation that came into force in December 2018. According to the new legislation, the number of secondary reception facilities (SPRAR) will be downsized and places will be limited, therefore minors reaching the age of majority will be excluded from SPRAR and would have access only to first reception centres and temporary reception centres limiting the effective transition to autonomy.
Bibliographic references


