

## *The role of quality care in encouraging children and youth on the move in Europe to seek support in protected spaces*

Conclusions from the workshop held in the framework of the conference “Lost in Migration: Working Together In Protecting Children from Disappearance”, 26-27 January 2017, Malta



This document presents the conclusions of the workshop on “The role of quality care in encouraging children and youth on the move in Europe to seek support in protected spaces” which was held at the [conference “Lost in Migration: Working Together In Protecting Children from Disappearance”](#) organised by Missing Children Europe and the Maltese President’s Foundation for the Wellbeing of Society, on 27 January 2017. The aim of the workshop was for the grantee organisations of the [European Programme for Integration and Migration \(EPIM\) Fund “Never Alone – Building our future with children and youth arriving in Europe”](#) to share their knowledge and exchange ideas in relation to their work with children and youth and to explore how this knowhow may translate into policy recommendations for improving the quality of care and hereby working on some of the reasons for children going missing in Europe.

Workshop participants argued that making quality care available is a first fundamental step for encouraging children on the move to seek support in reception facilities or protective spaces and to stay there; ensuring that children perceive the care offered as of high quality and responsive to their needs, mandate and broader interests is a second one. This requires a commitment of organisations to remain observant of the (shifting) profile, needs and interests of the target group; to continuously review the structures, processes and practices that organisations deploy to pursue their aims; and to draw on a menu of options to adapt organisational approaches and practices. Organisations could be supported in this process by a more comprehensive and updated data analysis of the profile of the children arriving and the creation of a solid evidence basis as to what care packages to offer to which profile of children in which type of settings. Making sure that the child perceives the care provided as of a high standard and responsive to his/her needs and interests was a reoccurring concern among practitioners. Best practices exchanged related to reducing the time needed to develop the ‘confidence trajectory’ of the child; communicating information in a swift, effective and child-friendly manner; involving children in the development and assessment of care packages; and doing this in a manner that duly recognises the strengths and resources that children bring along.

These points were integrated in the [policy recommendations](#) that were developed within the framework of the conference.

## Introduction

This document presents the conclusions of the workshop on “The role of quality care in encouraging children and youth on the move in Europe to seek support in protected spaces” which was held at the [conference “Lost in Migration: Working Together In Protecting Children from Disappearance”](#) organised by Missing Children Europe and the Maltese President’s Foundation for the Wellbeing of Society, on 27 January 2017. At the heart of the workshop was the question of how to provide quality of care that is tailored to the mandate of each child and perceived as such by the individual. The hypothesis that quality of care, and the child’s perception thereof, matter in the prevention of children going missing has recently gained support. In the wake of the so-called migration and refugee crisis, the closure of the borders along the Balkan route as well as the disappearance of children in transit and destination countries have reconfirmed that children and youth leave reception facilities for a variety of reasons, beyond simply the desire to move on. Other significant factors include fearing a negative decision on their asylum application, poor conditions in shelters, ineffective guardian systems or being influenced by a smuggling or trafficking gang.

In this workshop, representatives from civil society organisations in Belgium, Germany, Greece and Italy who are grantee organisations of the [European Programme for Integration and Migration \(EPIM\) Sub-Fund “Never Alone – Building our future with children and youth arriving in Europe”](#) discussed the practices they have adopted in pursuit of providing quality care to the children they work with and ensuring that this resonates with the child’s mandate for his/her journey to Europe. Workshop participants gained insight into those practices, how these are tailored to the (shifting) profile of the child, the dilemmas that practitioners have – and continue to face – in this respect, and the transferable lessons that can be drawn for other Member States and the EU as a supportive environment. The workshop also indirectly included the voices from children and youth who are or have been in care while on the move in Europe, with the aim of shaping the set of recommendations emerging from the Missing Children Europe conference.

## Who is the child/the target group of the services?

The children who arrive in EU Member States without a parent or caretaker are neither a homogeneous nor static group. EU institutions, such as EUROSTAT and the European Migration Network<sup>1</sup>, have documented the (mostly demographic) characteristics of these children, with the archetype of the teenage boy from Afghanistan emerging. There is, however, a significant time lag between the collection and analysis of this data, reducing its potential to inform and shape practices geared towards this group.

Indeed, over the last two years, practitioners across Europe have noticed a significant shift in the profile(s) of children arriving in terms of, for example, age; country of origin; exposure to armed conflict/violence; educational attainment/any experience of school; impact of the journey through Europe (e.g. sexual abuse; staying under the radar). Practitioners working with (unaccompanied or separated) children in Belgium highlighted that recent arrivals often included children who were much more vulnerable. This is due to a younger age, their situation in the home country (“war children”), additional trauma caused by the dangerous travel to and in Europe, and their unpreparedness for a new life (i.e. they do not come with a plan).

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<sup>1</sup> See for example: EMN *Policies, practices and data on unaccompanied minors in the EU Member States and Norway: Synthesis Report May 2015* EC (2015) Brussels

Alongside the socio-demographic characteristics of the target group, practitioners and actors representing children in Belgium, Germany, Greece and Italy emphasised that the “mandate” of the child needs to feed into the definition and assessment of the care package offered to the child. The mandate of the child refers to his/her needs, interests, projects, etc. and, where applicable, the family or community that sent him/her to Europe. While this mandate has remained largely absent in the EU legislative and policy framework devised to adequately receive children and youth on the move, practitioners pointed out how it affects the child’s likelihood to remain in care facilities.

A representative from a self-organisation of migrant youth in Germany stressed the often contradictory expectations placed on children’s shoulders when arriving in Europe. On the one hand, these children often feel responsible for those who they left behind (i.e. family/community in country of origin or first asylum), who may expect them to pay back the costs for the smugglers, to financially support the family and/or to foster migration opportunities for other family members. The child may also have (additional) plans or ambitions. On the other hand, the society they arrive in expects them to integrate and to demonstrate commitment in pursuing this objective by, for example, learning the language, attending school, staying in care, etc. Those expectations often conflict (e.g. seeking employment and pursuing (further) education). The representative pointed out that, if these expectations are ignored, children will need to find ways to satisfy them on their own and may decide to leave services/care for this purpose. Although national laws and regulations may prevent service providers from actively assisting an unaccompanied minor to fulfil his/her mandate, particularly when this involves travel to another country, working with these expectations may include being in touch with the family back home to find joint solutions.

There was consensus among workshop participants that, as the profile, needs and interests of (unaccompanied or separated) children vary over time, it is important that care providers and authorities allocating funding to reception services are attuned and responsive to these changes. Next, the workshop turned to the question of what it means to provide quality care vis-à-vis this (shifting) target group.

**Key conclusions and recommendations from Session I:**

- Address the data gap on third-country nationals under the age of 18 years entering and residing in the EU;
- Set up data systems that are able to capture the mobility of these children, so that missing data do not become missing children;
- Reduce the time lag in present data collection and analysis mechanisms;
- Document not only the demographic profile of children arriving on the doorstep of EU countries and how this evolves over time, but research the broader mandate they bring along;
- Make this improved data and knowledge available to policymakers and practitioners to enable the adaptation of their practices.

## How can services provide quality care that engages with the child and the mandate he/she has brought along, while maintaining its mission and quality standards?

Having underscored the importance for service providers to remain observant of the (shifting) profile of the target group, representatives of civil society organisations in Belgium, Germany, Greece and Italy then investigated how organisations can be sufficiently agile and adapt to the changing needs and interests of the (unaccompanied or separated) children and young people they work with. To succeed, organizations need to continuously review whether their structures, processes and practices match their goals and experiment with a menu of different options rather than a one-size-fits-all model. Workshop participants indicated a preference for a diversity of options to choose from on the composition and roles of staff and volunteers; types of care arrangements; material assistance and other types of services.

The agility of organisations represented at the workshop was severely tested in the wake of the refugee crisis. Soon, these organisations found themselves operating as frontline services not only in first countries of arrival (e.g. Greece and Italy), but also in “destination countries” (e.g. Belgium and Germany). As a result, they had to rapidly adapt their service provision, tailor it to the changing profile of children arriving on their doorstep and devise a strategy to counter the worrying trend of children going missing from services. They provided several examples of the design questions and dilemmas that they, as care providers, have faced regarding what services to offer and who to involve in terms of staff in order to engage with the specificities of each child, while adhering to a particular mission and the quality standards set at national and EU level.

With regard to the size of reception facilities, Greek practitioners outlined that the pressure to accommodate all unaccompanied or separated children arriving in Greece has led to the setup of large-scale institutions. Their own experience, however, indicates that there should not be more than 20 children in a facility to ensure a tailored provision of care and build a relationship of trust. Both are considered crucial in the prevention of children going missing. Belgian practitioners echoed this view and added that, while some (initial) reception facilities for unaccompanied or separated children in Belgium have operated with a short-term care model before moving the child to a more permanent care setting, this practice has come under pressure. Some children protested as, after the long and arduous travel through Europe, they were unwilling to leave “the first safe camp” on their journey. As such, understandings of what type of care to offer (e.g. short vs long-term care settings; institutional vs family-based care), to which profile of (unaccompanied or separated) children and in what sequence, have been significantly questioned in the wake of the refugee crisis. Greek representatives have also approached and convinced their funders that the duration of their care model has to shift from temporary to longer term.

Confronted with increased levels of vulnerability of the children in their facilities, service providers in Belgium, Germany, Greece and Italy have also confronted the question of whether to offer psychosocial support and in which format. In Greece, the dilemma resides in whether to start up a psychotherapeutic trajectory with the child or young person, if there are ample signs that s/he is set on continuing his/her journey to another EU Member State. Is the risk not that more harm will be caused than addressed, if the child is encouraged to recount difficult experiences but the relationship with the psychotherapist is then severed? Indeed, civil society organisations operating in Greece and Italy have been forced to drastically rethink the services they offer to children on the move ‘transiting’ through the region they work in, including accommodation, material assistance and health care. Also in Belgium, care facilities

for (unaccompanied or separated) children have faced the dilemma of moving a child to a psychiatric ward, where specialist care can be offered, or maintaining continuity in care and drawing on an external therapist or psychiatrist. Some have moved towards a third option where an in-house psychotherapist works part-time at the reception facilities, allowing for a relationship of trust to build up between the residents and the therapist. Finally, next to measures for responding to high levels of vulnerability or trauma, workshop participants stressed the importance for each child to have a designated focal point in the facility. While all staff within a reception facility should be available and willing to respond to a query by the child, children need to have a main person of contact with whom they can build a relationship of trust.

Representatives of civil society organisations working with children also agreed that part of the strategy for providing quality care resides in the employment of the right staff. Reception facilities engage a range of staff and volunteers, including caretakers, housekeeping staff, interpreters, security and others, but also rely on external services in responding to the child's needs and interests. Workshop participants reflected on the staffing decisions they have made in the last 18 months, including: the actors they have incorporated in the package of care they offer to children; the role these play in upgrading the quality of care provided; and any challenges or dilemmas they have faced in this respect.

In addition to the dilemma of how to mobilise quality psychosocial support for those particularly vulnerable among the recently arrived children, Belgian practitioners reported challenges in deploying more "first-line" reception and staff with a migration background. This staffing decision followed the observation that having caretakers or service providers with a migration background work with newly arrived children shortened the "confidence trajectory". The latter refers to the time and process required to have the child trust, confide in and rely on the care settings they had been assigned to. In some cases, however, the management noticed that the pedagogical values of these staff members were not aligned with the values of the organization and/or that their own (potential) trauma interfered with their work and their interactions with the children in the centre. Providing support and guidance to these staff members with a migration background, as well as a regular review of their performance, were deemed essential measures to ensure that the desired upgrade in the quality of care provided to the (separated or unaccompanied) children was realised. In the discussion following the workshop, participants pointed out that there was considerable (anecdotal) evidence that the presence of persons with a migration background in care settings fostered the protection as well as the integration of the child<sup>2</sup>, but that knowledge was presently scarce as to in what settings, for which (groups of) children and at which stage of the reception or integration process this practice was particularly meaningful.

In general, workshop participants identified longitudinal research on the effects of different types of care arrangements for (unaccompanied or separated) children as a glaring gap in current data collection and analysis. Over the years, a variety of care arrangements have emerged and been set up in (different) EU member states (e.g. institutional or family-based care; independent or semi-independent living units; same ethnic origin care settings or with a focus on mixing children of a migrant background with local children). While this myriad of options was welcomed by workshop participants, they pointed out that the question of "what type of care arrangement is suitable for whom" remains without an evidence-based answer to date. As a result, workshop participants called for longitudinal research on the

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<sup>2</sup> Workshop participants illustrated this point by referring to the practice adopted by NIDOS to take account of ethnicity and other related characteristics of the family and the child when placing unaccompanied children in foster care.

appropriateness and impact of these different care arrangements for separated or unaccompanied children, in general, and for specific profiles among those.

**Recommendations** concentrated on the need for organisations to be sufficiently agile and adapt to changing circumstances in order to offer quality care. This encompasses a commitment:

- To remain observant of the (shifting) profile, needs and interests of the target group;
- To continuously review the structures, processes and practices that organisations devised to pursue their aims; and
- To draw on a menu of options to adapt organisational approaches and practices.

Practitioners identified the following design questions and tradeoffs:

- Striking a balance between the speed with which new arrivals are accommodated and the quality of that accommodation. As such, deploying a reception system of large-scale facilities for initial reception that then redistributes children to more permanent facilities may meet the plea for swift action. However, it cannot be ignored that children also yearn for a place that feels safe, warm and stable and may decide to move on if confronted with instability, makeshift measures and no focal point among the staff.
- Treading the thin line between addressing the psychosocial needs of a child in a swift and proficient manner and not undermining his/her budding relationship of trust with carers within the reception centre. The protective value of the child finally enjoying a general sense of stability after his/her journey should not be underestimated. With children intent on moving, delaying the start of the psychotherapeutic trajectory may also be necessary.
- Employing staff with a migration background in the reception facilities to reduce the time needed to build a relationship of trust with the child and to help the creation of a warm and familiar environment can bolster the organisation's strategy to prevent children from going missing. However, this approach also warrants maintaining a close eye on whether the pedagogical values conveyed by that person and his/her own migration experiences do not counter the journey of care and development that the centre has set out to pursue.

The need for a solid evidence basis as to what care packages to offer to which profile of children in which type of settings was also emphasised and future research should seek to address this.

## How to ensure that the child perceives he/she is being offered quality care that serves his/her best interests?

Making quality care available is a first fundamental step for encouraging child migrants to seek support in reception facilities or protective spaces and to stay there; ensuring that children *perceive* the care offered as of high quality and responsive to their needs, mandate and broader interests is a second one. Drawing on their first set of interviews with children who disappeared from Greek reception centres and reappeared in others in Greece<sup>3</sup>, practitioners at a Greek reception centre for unaccompanied or separated children confirmed the hypothesis that the child's assessment of the quality of care provided is a key determinant for disappearance.

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<sup>3</sup> These interviews are conducted by Faros as part of the EPIM-funded project "[Following their footsteps](#)".

Therefore, in the third part of the workshop, practitioners explored how the quality of the care package can permeate, or be duly captured in, the perception and experience of the child. Reducing the ‘confidence trajectory’ of the child; communicating information in a swift, effective and child-friendly manner; involving children in the development and assessment of care packages; and doing this in a manner that duly recognises the strengths and resources that children bring along, were mentioned by the representatives of civil society organisations operating in Belgium, Germany and Greece.

Many children go missing in the first hours following their detection by police authorities or placement in a care centre, creating a narrow window of time in which to collect information and establishing confidence and dialogue to encourage children to seek support. Practitioners discussed the range of practices they tested for quickly developing a rapport and building trust with the newly arrived. These include: assigning a child considered at risk of going missing to a remote reception centre, hereby carving out more time to speak with him/her on route; offering the child to wash and dry his/her clothes immediately upon arrival and then selecting elaborate washing and drying programmes to lengthen his/her stay at the centre; introducing the recent arrival to all staff members at the centre, so that also kitchen or cleaning personnel can keep an eye on them, and to the other children staying at the facility so the new child can access their views on the mission, quality and trustworthiness of the centre.

Similarly, swiftly and effectively communicating complex information regarding the safety and security of the care centre, the asylum process, and the risks associated with absconding is not an easy feat. Some children may have faced traumatic experiences either before or during their migration journey, making them mistrustful of adults and authorities. They may have misrepresented or exaggerated elements of their story or identity and may be afraid of being ‘found out’. For those with interrupted or no schooling, they may be unable to read, even in their native language, making written forms of communication ineffective. Therefore, the medium of communication—whether through brochures, videos, or spokespersons—must account for the needs and abilities of the child. Some care centres use videos with children speaking in their native languages or other peer-to-peer communication modes to add legitimacy and authenticity to their messages. Others rely on employees who speak the same language as the child and/or have a migration background to build their trust (see previous section).

In order to improve the quality of care for children, it is vital to seek their opinion. This process not only allows practitioners to glean key insights from the child’s perspective but also makes children feel their needs and interests are being heard. Practitioners operating in Belgium, Germany and Greece underscored the importance of allowing children to participate in assessments, evaluations and research into reception centres and other care settings, and alluded to the resistance that some children may demonstrate if no formal or informal channels for feedback are made available. Discussions referred to the spectrum of child participation modalities (e.g. satisfaction survey; consultation; allowing them to choose the next step in their care arrangements; children forging change within the institution)<sup>4</sup>, the conditions for it (e.g. age, maturity), and the challenges faced in implementing it (e.g. what if the child

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<sup>4</sup> For example, in Sweden, Save the Children Sweden has conducted ‘Meeting Places’ for children who were either seeking asylum, had a permanent residence permit or had their applications for asylum or a permit rejected. The one-day workshops allow the children to share and discuss their experiences and identify gaps and areas for improvement in a relaxed atmosphere. Other organisations have utilised youth panels and informal feedback mechanisms to solicit the perspectives of children. However, some children may be more reluctant than others to voice their experiences and concerns publicly, particularly in the presence of adults.



refuses to leave the residential care arrangement to move to a family?). Offering quality translation and interpretation services is a key condition for enabling children to voice their views.

Moreover, the representative of the self-organisation of migrant youth in Germany argued for an overarching approach in services working with the target group of migrant children and youth that duly recognises and seeks to mobilise their strengths and resources. Empowerment includes helping children and youth to (re)discover what they can provide for themselves and offer to others as opposed to finding themselves and/or being perceived by others as merely at the “receiving end” of services.

### **Key conclusions and recommendations**

In order to prevent children from going missing from care settings, workshop participants emphasised the value of the following approach: Making quality care available is a first fundamental step for encouraging child migrants to seek support in reception facilities or protective spaces and to stay there; ensuring that children perceive the care offered as of high quality and responsive to their needs, motivations and broader interests is a second one.

Affecting the perspective of the child so as to have him/her trust in the care offered and grasp its (medium-term) value, can be pursued by:

- Reducing the ‘confidence trajectory’ of the child (e.g. deploying staff with a migration background; introducing the new arrival to his/her peers at the reception centre, who may be able to reassure him/her that the staff can be trusted);
- Communicating information in a swift, effective and child-friendly manner (e.g. using videos in which young people explain what the new arrival may expect with regard to reception, the asylum procedure, etc. those very first days or weeks);
- Involving children in the development and assessment of care packages, via a variety of consultation and participatory methods; and
- Doing this in a manner that duly recognises the strengths and resources that children bring along and build upon that in the reception context.

### **What are the policy changes needed at the EU level to make quality care recognized as important and supported by states?**

At the end of the workshop, the European Council for Refugees and Exiles (ECRE) reflected on the role that the EU has played to date in fostering quality care for (unaccompanied and separated) children, for example, via legislation, action plans and funding but also via its relocation mechanism. Subsequently, workshop participants presented concrete recommendations as to how the EU and Member States can support practitioners and care facilities as they face an increase in the number of (unaccompanied or separated) children arriving in Europe; tighter budgets; stretched service providers; and a shift in public opinion concerning migration.



These **recommendations** highlighted the following opportunities:

- I. Legislative reform: e.g. ensuring that the “best interests of the child” principle is maintained and further elaborated in the upcoming reform of the Common European Asylum System (CEAS);
- II. Policy initiatives: e.g. updating the EU Action Plan on Unaccompanied Children and placing greater emphasis on the role of quality care and the mandate that children may bring along;
- III. The work programme of funding streams: e.g. earmarking funding from the Asylum, Migration and Integration Fund (AMIF) for capacity building activities dedicated to improve the quality of care provided to this target group; investing in procedures and tools that allow for individual assessments of the child to be conducted in a timely and consistent manner and to generate data to support the decision on care arrangements;
- IV. The mandate of EU actors: e.g. the European Asylum Support Office (EASO) translating the knowledge acquired by practitioners working with (unaccompanied or separated) children into training modules and into a robust set of indicators to monitor and evaluate reception for this group in EU Member States; EUROSTAT gathering data on the target group in a timely and scientifically robust manner in order to prevent missing data turning into “missing children” and to better inform policy-makers and services providers as to their (shifting) needs and interests.

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