EXECUTIVE SUMMARY

RETHINKING CARE

IMPROVING SUPPORT FOR
UNACCOMPANIED MIGRANT,
ASYLUM-SEEKING AND
REFUGEE CHILDREN IN
THE EUROPEAN UNION

LUMOS

AUTHORS

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With contributions from **UNHCR, UNICEF** and **IOM** as part of the Project Steering Committee.

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Lumos Foundation is an international non-governmental organisation, founded by author J.K. Rowling, working to end the institutionalisation of children globally by 2050. To achieve this aim, Lumos works in partnership with governments, UN agencies, civil society, communities, families, children, and caregivers to transform outdated and ineffective systems that separate families. Together with partners, Lumos replaces institutions with family and community-based services that provide children with access to health, education, and social care tailored to their needs. This support enables families to provide the care their children need to develop to their full potential. Lumos delivers a combination of country programmes; sharing expertise and provision of technical assistance; research and documentation of best practices; advocacy and policy influencing at the highest levels of government, funders and the international community to change attitudes and drive change forward.

PROJECT STEERING COMMITTEE

UNHCR, the UN Refugee Agency, is a global organization dedicated to saving lives, protecting rights and building a better future for refugees, forcibly displaced communities and stateless people.

UNHCR works to ensure that everybody has the right to seek asylum and find safe refuge, having fled violence, persecution, war or disaster at home.

UNHCR serves as the 'guardian' of the 1951 Convention and its 1967 Protocol. The 1951 Refugee Convention is the key legal document that forms the basis of its work. Ratified by 145 State parties, it defines the term 'refugee' and outlines the rights of the displaced, as well as the legal obligations of States to protect them.

An unprecedented 70.8 million people around the world have been forced from home. Among them are nearly 25.9 million refugees, over half of whom are under the age of 18.

There are also millions of stateless people who have been denied a nationality and access to basic rights such as education, healthcare, employment and freedom of movement. UNHCR helps to save lives and build better futures in a world where nearly 1 person is forcibly displaced every two seconds as a result of conflict or persecution.

IOM is the leading inter-governmental organisation in the field of migration and works closely with governmental, intergovernmental and non-governmental partners.

With 173 member states, a further 8 states holding observer status and offices in over 100 countries, IOM is dedicated to promoting humane and orderly migration for the benefit of all. It does so by providing services and advice to governments and migrants.

IOM works to help ensure the orderly and humane management of migration, to promote international cooperation on migration issues, to assist in the search for practical solutions to migration problems and to provide humanitarian assistance to migrants in need, including refugees and internally displaced people.

The IOM Constitution recognises the link between migration and economic, social and cultural development, as well as to the right of freedom of movement.

IOM works in the four broad areas of migration management: migration and development; facilitating migration; regulating migration; forced migration.

IOM activities that cut across these areas include the promotion of international migration law, policy debate and guidance, protection of migrants' rights, migration health and the gender dimension of migration.

UNICEF promotes the rights and well-being of every child, and together with its partners, works in 190 countries and territories to translate that commitment into practical action, focusing special effort on reaching the most vulnerable and excluded children, to the benefit of all children, everywhere.

In all of its work, UNICEF takes a life-cycle based approach, recognising the particular importance of early childhood development and adolescence.

UNICEF programmes focus on the most disadvantaged children, including those living in fragile contexts, those with disabilities, those who are affected by rapid urbanisation and those affected by environmental degradation.

UNICEF upholds the UN Convention on the Rights of the Child and works with others to overcome the obstacles that poverty, violence, disease and discrimination place in a child's path. UNICEF helps create protective environments for children and is present to relieve suffering during emergencies, and wherever children are threatened, because no child should be exposed to violence, abuse or exploitation.

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ABBREVIATIONS LIST

AMIF	EU Asylum Migration Integration Fund
CRC	Committee on the Rights of the Child
EASO	European Asylum Support Office
EKKA	Greek National Centre for Social Solidarity
EMN	European Migration Network
ESIF	European Structural and Investment Funds
EU	European Union
FRA	European Agency for Fundamental Rights
IOM	International Organisation of Migration
IRC	International Rescue Committee
NGO	Non-Governmental Organisation
Q4C	Quality4Children Standards for Out-of-Home Child Care in Europe
RCD	Reception Conditions Directive
RIC	Reception and Identification Centre
RRC	Registration and Reception Centre
SGH	Small Group Home
SIL	Supported Independent Living
UAC	Unaccompanied Child / Children
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNHCR	The United Nations High Commissioner for Refugees
UNICEF	The United Nations International Children's Fund

EXECUTIVE SUMMARY

All children have a right to care and protection irrespective of their asylum or migration status or nationality. In the case of unaccompanied children, this applies from the point of identification within a country's jurisdiction until a durable solution in their best interests has been secured.

The European Union (EU) has prioritised the transition from institutional to family- and community-based care in Member States,[14] inferring that residential institutions do not meet the needs of children.

More than 200,000 unaccompanied children applied for asylum in the EU between 2015-2018,[15] and significantly more unaccompanied children entered the region during this time without applying for asylum. These large numbers have challenged Member States to provide care and protection that meets the needs and best interests of these girls and boys.

However, evidence indicates that the systems of care being provided to these children are not adequately recognising and responding to their needs and are providing forms of care, such as residential institutions, that fail to meet their needs and uphold their rights.

Approaches are inconsistent within and between countries. In some countries parallel care systems for children have been established which miss the opportunity to develop and strengthen a long term and sustainable system that works for all children, whereas in other countries, unaccompanied children are placed in care systems which do little to recognise and support their, sometimes unique, needs.

200,000

MORE THAN 200,000 UNACCOMPANIED CHILDREN APPLIED FOR ASYLUM IN THE EU BETWEEN 2015–2018

PURPOSE

The aim of this research is to inform policy and decision making, as well as promote further funding investments, towards integrated, child rights centred, family- and community-based care for unaccompanied migrant, asylum-seeking and refugee children.

The results of this research will benefit local and national authorities, EU institutions, international organisations and civil society organisations in advocacy, policy making and improving the quality of care for unaccompanied migrant, asylum-seeking and refugee children.

The research documents and analyses different types of care currently provided to unaccompanied migrant, asylum-seeking and refugee children in the European Union.

The research maps care arrangements in Bulgaria, France, Greece, Italy, the Netherlands, and Spain – which were purposefully selected to illustrate care arrangements for unaccompanied children on arrival in the EU through the three Mediterranean routes, in transit and at their destination, and help understand patterns across the region.

Elements of the care such as service provision, the level of supervision, privacy and support, and the best interests of the child, have been analysed through the framework of international and EU law and standards and non-binding guidelines, namely – the UN Convention on the Rights of the Child (1989), the UN Guidelines for the Alternative Care of Children (2009), the EU Reception Conditions Directive (2013), the Quality4Children Standards for Out-Of-Home Child Care in Europe (2007) and the EASO Guidance on Reception Conditions for Unaccompanied Children (2018). These documents formed the benchmarks of quality care which were used for the analysis throughout the research.

METHODOLOGY

This research was conducted through partnership between Lumos Foundation, the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF) and the International Organization for Migration (IOM).

The project was framed around the key research questions outlined on page 22 of this report. As a first step, an extensive desk review of secondary sources was conducted, with the aim to address the research questions to the extent possible. In particular the desk review gathered information on relevant legal provisions and policy frameworks, available data related to unaccompanied migrant, asylum-seeking and refugee children which provided the background section of this report, and examples of care arrangements in the six countries.

The second phase of the research focused on qualitative research including primary source data collection through a survey and key informant interviews. Respondents included national and regional government authorities, non-governmental organisations and care providers. The survey was designed to gather information relevant to the EU and international law and standards listed above, in order to benchmark care provision against these frameworks.

CLASSIFICATION AND ANALYSIS

Based on the data collected, six categories of accommodation and care arrangements for unaccompanied migrant, asylum-seeking and refugee children can be distinguished:

Reception centres

- Institutional culture, fail to meet many of the benchmarks of the international and EU legal frameworks and guidelines,
- large scale accommodation, ranging from 30 to 1,000 children, with a migration focus, some run by migration authorities and some run by child protection authorities,
- Intended to provide initial, temporary accommodation for asylum seekers,
- Often accommodating both adults and children,
- Main focus is administrative asylum processing and provision of basic services.
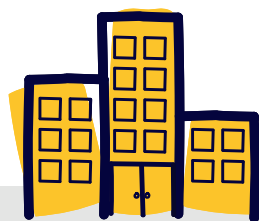
Medium-scale facilities

- Often demonstrate institutional culture and fail to meet a number of benchmarks,
- Medium to large capacity for children only – ranging from 10-60 children,
- Intended to provide longer-term care than reception centres,
- Run by government (child protection or migration authorities) or NGOs with a focus on child protection services, provision of social workers, legal assistance, education and activities, as well as basic services.

Small-scale facilities

- Aim to avoid institutional culture, but do not meet all the benchmarks,
- Capacity of up to 8 children,
- Intended to provide longer-term care for children only,
- 24-hour care and supervision,
- Provided by NGOs or child protection authorities,
- Aim to provide individualised support, with social workers, education, activities, as well as basic services.

Supported independent living

- Meet most benchmarks of appropriate care,
- Small capacity – 4-6 children,
- Intended for long-term accommodation, until the child reaches adulthood,
- Accommodation for adolescents, usually over 15 years old,
- Provided by NGOs or child protection authorities,
- Social workers and support available, but no 24-hour supervision, with the aim of preparing children for independent adulthood.

Family-based care

- Meet most benchmarks of appropriate care,
- Care in a family environment through foster carers,
- Child-centred approach,
- Access to services and integration in community,
- Mostly provided through NGOs.

Other arrangements

- Including emergency accommodation in response to influx, or informal accommodation without oversight from relevant authorities,
- Demonstrates a lack of capacity in care services.

Institutions are never a suitable care option for any child, including refugee and migrant unaccompanied children. Yet, despite dedicated efforts and significant progress towards deinstitutionalisation across Europe in recent years,[16] institutional care is too often the default response to unaccompanied migrant, asylum-seeking and refugee children.

This research shows that, while there are some positive examples of quality care for unaccompanied migrant, asylum-seeking and refugee children in the six EU Member States, most of these children are accommodated at some point in care with an institutional culture.

"EVERY CHILD AND YOUNG PERSON SHOULD LIVE IN A SUPPORTIVE, PROTECTIVE AND CARING ENVIRONMENT THAT PROMOTES HIS/HER FULL POTENTIAL. CHILDREN WITH INADEQUATE OR NO PARENTAL CARE ARE AT SPECIAL RISK OF BEING DENIED SUCH A NURTURING ENVIRONMENT."

(UN GUIDELINES FOR ALTERNATIVE CARE OF CHILDREN)[17]

KEY FINDINGS

THE BENCHMARKS OF QUALITY CARE

There is an over-reliance on institutional care provision, without sufficient resources to respond to the needs and best interests of children, exposing them to harm.

While positive examples of quality care were identified, the majority of unaccompanied children have been accommodated at some point within an institutional setting, and many remain in institutional care for extended periods of time. Institutions fail to meet many of the benchmarks of good alternative care; their structure and size prohibits individualised support, the centres are designed around the needs of the institution, rather than the child, while inadequate supervision and overcrowding expose children to risk of harm or abuse and negatively impact their development and well-being (p. 13 & 24).

There is a notable focus on developing small-scale residential care in response to unaccompanied migrant, asylum-seeking and refugee children, instead of investing in alternative family-based care. Residential facilities lock financial resources into buildings, rather than responding to the individual needs of children, and are likely to be a more expensive approach to care.

Transforming care takes time and must be carried out carefully to ensure that children's safety is central to the process, but the development of family- and community-based care is essential to ensure that children are protected and their rights are upheld.

Family- and community-based care, such as foster care and supported independent living, better meet international and European standards and benchmarks, as well as children's best interests.

Across all countries analysed, family-based care and supported independent living are considered to be the most appropriate care arrangements for children, but they are under-utilised in response to unaccompanied migrant, asylum-seeking and refugee children. Most countries analysed provide family-based care to at most 4% or less of the unaccompanied children in their care. This shows that in many cases authorities struggle to bring these small examples to scale at the right pace to address the rate of arrivals, even in countries which are familiar with the family-based care approach for national children.

Many unaccompanied migrant, asylum-seeking and refugee children are falling through the cracks of the formal care response, leaving them to fend for themselves on the streets, or to rely on informal care arrangements.

Informal care options, which are unregulated and unsupervised, expose children to greater risk of abuse and harm. Many examples exist of children left to live on the streets outside any formal system of care, often due to a lack of capacity or adequate support in care facilities. The prevalence of cases where children are not in suitable care arrangements shows a failure to adhere to the Reception Conditions Directive (p. 67).

Children often lack support and representation through guardianship, and avenues for participation in decision-making are limited.

Too often, these girls and boys are unable to contribute their views, with insufficient investment in systems for them to participate in decision-making about their care arrangements, or to provide feedback or make complaints about the care provided to them (p. 52).

Inconsistent application of guardianship, which in many cases results in a lack of support and representation, compounds the lack of suitable care arrangements for children. Skilled, independent guardianship is essential to ensure quality care for children and has a key role in advocating for improvements in care where needed. (p. 40)

Intended temporary care may become long term in practice.

In many cases, while reception centres are intended to provide temporary accommodation, children remain for prolonged periods of time in conditions which do not meet their needs or best interests (p. 45).

ACCESS TO EXISTING CARE SERVICES AND NATIONAL CHILD PROTECTION SYSTEMS

Unaccompanied migrant, asylum-seeking and refugee children often do not have access to existing systems of care and hence do not receive the same level of care as national children.

The research showed that in many cases, unaccompanied migrant, asylum-seeking and refugee children are not offered the same standards of alternative care as children already in the country. In several countries, care for unaccompanied migrant, asylum-seeking and refugee children is the responsibility of migration authorities, rather than child protection authorities. This leads to a reduced focus on the child's specific vulnerabilities and needs. It also creates a parallel system of care which prohibits children's integration in the national child protection system.

POSITIVE PRACTICES

Positive practices were identified, although in most countries these were small-scale examples.

Positive examples were identified which demonstrate the willingness of many organisations and Member States to move toward family-based care and supported independent living (SIL) (p. 58).

In the Netherlands, approximately 50% of unaccompanied migrant, asylum-seeking and refugee children are in family-based care, and 14% are in SIL. While this number is much smaller in other countries, promising examples of family-based care and supported independent living were found in four other countries in the research, mostly run by NGOs or local and regional authorities who have identified a gap in services and the need for alternative family-based care. These practices could be scaled-up and replicated in other regions and countries with appropriate funding and support.

KEY CHALLENGES

In a number of European Member States, the care system is decentralised, which leads to differing standards and forms of care.

The forms of care provided to unaccompanied migrant, asylum-seeking and refugee children are varied across the region and within countries. This is largely due to the decentralised nature of national child protection systems, where the care for refugee and migrant children is the responsibility of regional authorities and/or delegated to NGOs (p. 28 & 39). This can lead to inconsistent implementation of legislative provisions, a lack of coordination and varying standards of care. However, it can also allow for more appropriate care provision which fits the needs of children in the community. Child protection services which fall within the remit of local authorities, but with standards monitored by a national body would ensure appropriate care solutions for children.

There is a lack of centralised and inter-operable data systems which poses challenges for monitoring and evidence-based decision making.

Data collection and management systems are decentralised, and data is often not collected, analysed or adequately disaggregated at both national and subnational level in many countries.

This makes it difficult to conduct country-wide or multi-country analysis and hampers policy making, planning and programming in each country (p. 28).

With insufficient monitoring of care provision, it is difficult to understand the short- and long-term impact of different approaches regarding care across the region.

RECOMMENDATIONS

TO MEMBER STATES

Care system transformation
1. Develop a long-term vision for care for unaccompanied migrant, asylum-seeking and refugee children, which includes strategies to invest in alternatives to institutional care.

2. Design national strategies for the inclusion of unaccompanied migrant, asylum-seeking and refugee children into national child protection systems in a non-discriminatory manner, which recognise the need to support additional and different vulnerabilities, and which meet international, regional and national standards.

Strategy development and action planning
3. Prioritise the development of strategies and action plans to improve care provision. Key elements of such strategies should include high-quality effective guardianship, more integrated child protection systems, and greater focus on transition from institutional responses to family- and community-based care for all children in the country.

Strategies should be evidence-based, resulting from an inclusive and consultative process involving practitioners and reflecting children's views, and should include clear and time-bound actions towards:

- Legislative and policy changes as necessary to enable and promote reform,
- Reviewing of public expenditure schemes considering both migration and social services budgets, strengthening and streamlining resource allocation towards quality care systems,
- Strengthening workforce capacity, including through additional resources and training as necessary,
- Increasing access to durable solutions (international protection for those in need, integration, voluntary return, family reunification, residence and study permits, community sponsorship schemes etc.),
- Increasing access to justice (e.g. administrative justice), social services including legal aid, guardianship, education, skills building, health care including mental health care, gender-based violence prevention and response,
- Strengthening cultural mediation within the child protection system, as well as safeguarding policies and participation,
- Awareness raising to address potential cultural misconceptions with foster care and guardianship.

Views of children

4. Establish mechanisms to promote the meaningful involvement of unaccompanied migrant, asylum-seeking and refugee children in decision-making processes related to their placement, care and access to services. Ensuring access to existing independent complaints and feedback mechanisms and strengthen these mechanisms to ensure that they are accessible and effective for all children.

Managing influx

5. Use periods of slower arrival rates to establish and strengthen national alternative care systems to be prepared to care for varying numbers of unaccompanied children, ensuring their protection and best interests are central to any reception response. Member States should use this time to take stock, strengthen human resources capacity, develop cross-border cooperation, document lessons learned, and evaluate models of care that were implemented to prepare for influx.

6. Demonstrate solidarity during periods of high arrivals, through establishing appropriate distribution mechanisms which include unaccompanied migrant, asylum-seeking and refugee children and which will consider the best interests of the child.

Data and monitoring

7. Ensure systematic collection and publication of data on the forms of care provided to unaccompanied migrant, asylum-seeking and refugee children to improve evidence-based planning and to ensure timely referral and placement of children into appropriate care.

8. Establish effective monitoring systems and centralised databases with regionally comparable key indicators and a key accountability framework for timely decision making and funds allocation.

9. Make provisions for the independent monitoring of care facilities and schemes through Ombudspersons offices and child rights organisations.

TO THE EUROPEAN COMMISSION

Care system transformation

10. Encourage Member States with guidance and allocation of financial resources to transition from institutional responses to unaccompanied migrant, asylum-seeking and refugee children towards family- and community-based care which is integrated in the national child protection systems, in line with the EU's commitment to deinstitutionalisation and reception standards.

11. Ensure that EU funds directed towards children on the move are spent on the provision of family- and community-based care and not on residential institutions. EU funds should be used to strengthen the overall system of care and access to justice, avoiding the establishment of parallel systems and leading to the development of sustainable, long-term child care systems that have the capacity to absorb newly arrived refugee and migrant children.

12. Along the same lines, ensure future EU funding for deinstitutionalization and access to justice support the inclusion of unaccompanied migrant, asylum-seeking and refugee children, and make provisions to address their specific needs.

Data and monitoring

13. Support the establishment of standardised migration-sensitive child protection indicators to allow for comparable data and regional monitoring of alternative care arrangements.

Data collection and research on outcomes for children, should also be considered to help identify promote and scale up best practice models.

14. Facilitate the identification, costing, sharing and learning from emerging promising practices across Member States, encouraging the scaling-up of successful models of quality alternative care systems for unaccompanied migrant, asylum-seeking and refugee children.

TO CIVIL SOCIETY

15. Ensure project implementation in care provision for unaccompanied migrant, asylum-seeking and refugee children systematically includes comprehensive monitoring and evaluation of the quality of care, outcomes for children, and cost-benefit of care arrangements.

16. Continue to advocate for the provision of family- and community-based care for all children, including unaccompanied children, using existing advocacy platforms or by creating new ones and considering advocacy coalitions to increase impact.

17. Mobilise existing child rights monitoring mechanisms and support sustainable mechanisms to allow the views and voices of children to influence care provision, in order to promote governments' accountability, and ensure children's needs and best interests are realised.

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For the full report and annexes please go to
www.wearelumos.org/resources/rethinking-care

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