



# **RETHINKING CARE**

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

# 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partnership with governments, UN agencies, civil society, communities, families, children, and caregivers to transform outdated and ineffective systems that separate families.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.

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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.



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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.

# CONTENTS

# PAGE

<b>ACKNOWLEDGEMENTS</b>	<b>6</b>
<b>ABBREVIATIONS LIST</b>	<b>7</b>
<b>GLOSSARY</b>	<b>8</b>
<b>EXECUTIVE SUMMARY</b>	<b>10</b>
Purpose	12
Methodology	12
Classification and analysis	13
<b>KEY FINDINGS</b>	<b>17</b>
<b>RECOMMENDATIONS</b>	<b>20</b>
<b>1.</b> Purpose and aims	22
1.1 Focus of the report	23
<b>2.</b> Methodology	23
2.1 Limitations	30
2.2 Ethical considerations	30
<b>3.</b> Findings from the Desk Review	31
3.1 Background	33
3.2 Facts and Figures	34
3.3 International Standards and Normative Frameworks on Quality Care Arrangements	37
3.4 Implementation of these frameworks into national legislation	40

<b>4. Primary Source Findings</b>	<b>42</b>
4.1 Guardianship	42
4.2 Types of accommodation and care arrangements	45
4.2.1 Reception Centres	47
4.2.2 Medium Scale Care Facilities for longer term care	55
4.2.3 Small Scale Facilities	59
4.2.4 Supported Independent Living (SIL)	60
4.2.5 Family-Based Care – including Foster Care	64
4.2.6 Other Accommodation and Care Arrangements – including hotels & private arrangements	69
<b>5. Patterns and Conclusions</b>	<b>71</b>
5.1 Lessons learned	72
5.2 Key findings	74
5.3 Recommendations	76
<b>ANNEX A: SURVEY</b>	<b>76</b>
<b>ANNEX B: SURVEY ASSESSMENT FRAMEWORK</b>	<b>78</b>
<b>ANNEX C: INTERVIEW PROTOCOL</b>	<b>80</b>
<b>ANNEX D: LIST OF SURVEY RESPONDENTS</b>	<b>80</b>
<b>ANNEX E: LIST OF INTERVIEWEES AND KEY INFORMANTS</b>	<b>81</b>
<b>ANNEX F: DESK RESEARCH DATA</b>	<b>82</b>
<b>REFERENCES:</b>	<b>84</b>

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# ABBREVIATIONS LIST

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

# GLOSSARY

**Alternative care** relates to the protection and well-being of children who are deprived of parental care or who are at risk of being so.<sup>1</sup>

**Asylum systems** are the legislative, policy and administrative systems of Member States which are set up to protect and manage asylum seekers and refugees.

**Child protection system** is the system of services to protect children who are suffering, or are likely to suffer, significant harm as a result of violence, abuse, neglect or exploitation.

**Community-based care** refers to the spectrum of services that enable individuals to live in the community and, in the case of children, to grow up in a family or family-like environment. It encompasses mainstream services, such as housing, healthcare, education, employment, culture and leisure, which are accessible to everyone regardless of the nature of their impairment or the required level of support. It also refers to specialised services, such as personal assistance for people with disabilities, respite care and others. In addition, the term includes family-based and family-like care for children, including substitute family care, preventative measures and family support.<sup>2</sup>

**Family-based care** refers to care for a child in a family-like situation, as opposed to institutional or residential care. This includes kinship care and foster care.<sup>3</sup>

**Foster care** are situations where children are placed, by a competent authority, in a family other than the children's own that has been selected, qualified, approved and supervised for providing such care.

**Guardian** is an individual who safeguards a child's best interests and general well-being, complementing the limited legal capacity of the child. This might be a parent, or other individual when parents are unable, unwilling or precluded from guardianship.<sup>4</sup> A guardian should not be someone whose interests could potentially conflict with those of the child.<sup>5</sup>



**Institutional care** is a form of residential care where residents are compelled to live together within an 'institutional culture'. It segregates residents from the broader community and tends to be characterised by depersonalisation, rigid routines, block treatment and isolation. The requirements of the institution take precedence over individual needs.<sup>6</sup>

**Residential care** is care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes.<sup>7</sup>

**Safe zones** are designated supervised spaces or accommodation facilities dedicated to unaccompanied children which are provided within open reception centres or camps which also accommodate adults.<sup>8</sup>

**Separated children** are children under the age of 18 who are separated from both parents, or from their previous legal or customary primary care-giver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.<sup>9</sup> Separated children are not the focus of this report, however some statistics provided include both unaccompanied and separated children.

**Shelter** is defined as a habitable covered living space providing a secure and healthy living environment with privacy and dignity.<sup>10</sup> In the context of this research it refers to specific facilities for unaccompanied migrant, asylum-seeking and refugee children, designed to provide longer-term accommodation and care than reception centres.

**Small group home** is a type of residential care in which a small number of children live in a house that is similar to others in the neighbourhood, and are cared for in an environment that is as family-like as possible.<sup>11</sup>

**Supported independent living** is where a young person is supported in their own home, a group home, hostel, or other form of accommodation, to become independent.<sup>12</sup>

**Unaccompanied children** are children under the age of 18 who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.<sup>13</sup> According to Article 2(e) of the Reception Conditions Directive, an unaccompanied child is "a minor who arrives on the territory of the Member States unaccompanied by an adult responsible for him or her whether by law or by the practice of the Member State concerned, and for as long as he or she is not effectively taken into the care of such a person; it includes a minor who is left unaccompanied after he or she has entered the territory of the Member States."

# 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,<sup>14</sup> 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,<sup>15</sup> 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.

A young girl with dark hair, wearing a pink t-shirt and a patterned skirt, stands with her back to the camera, looking out a window with white curtains. Her hands are on her hips. The scene is brightly lit, suggesting daylight.

*A 16-year-old Nigerian girl, at Rainbow, a government-administered centre for unaccompanied girls that provides shelter, food, education and legal help for unaccompanied asylum-seekers in Palermo, Sicily*

**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.

*A 12-year-old unaccompanied asylum-seeker from Eritrea sits in his tent in the 'Jungle' in Calais in 2016, waiting for the camp to be closed*





## 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,<sup>16</sup> 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)<sup>17</sup>**



# 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.



# 1. PURPOSE AND AIMS

This research aims to address a critical knowledge gap related to the forms of care currently provided to unaccompanied migrant, asylum-seeking and refugee children in Europe. Care provision is mapped in six EU Member States - Bulgaria, France, Greece, Italy, Netherlands, Spain - representing first arrival, transit and destination countries in the EU. It aims to document and analyse the types of care provided, from reception centres, to medium and small-scale facilities, supported independent living, family-based care and other arrangements. Within the different accommodation arrangements, the research looked at the services provided, the level of supervision and support, and how they meet the best interests of the child.

These elements were analysed through the framework of five different EU and international guidelines and standards, to assess the extent to which these forms of care meet these standards, and to support the identification of promising practices that can be promoted across the region.

This report complements the 2018 European Migration Network (EMN) study *Approaches to Unaccompanied Minors Following Status Determination in the EU plus Norway*,<sup>18</sup> which included an overview of care provision and accommodation for unaccompanied children in Europe. More specifically, the present report provides an in-depth assessment of the types of accommodation and care provided to unaccompanied children in the six countries, which are outlined in paragraph 2.3.1 of the EMN study.

The report also builds on other reports such as *Children on the Move in Italy and Greece*,<sup>19</sup> *Desperate Journeys*,<sup>20</sup> and *Harrowing Journeys*,<sup>21</sup> which have documented the abuse and exploitation faced by children on their journey to and after arrival in Europe. Quality care provision is an essential service to prevent such abuse and exploitation.

Noting that the situation in Europe has stabilised, this is an opportune time to reflect on what has worked well in the European response to unaccompanied migrant, asylum-seeking and refugee children and what challenges or gaps require further attention to ensure sustainable solutions within broader child protection system reform.

Moreover, many countries including Greece and Italy have been reviewing their legislation with the aim

of improving their child protection systems to better serve children on the move. This provides an important opportunity to learn from, scale up and replicate emerging promising practices across countries which are still facing multiple challenges.

The results of this research will benefit local and national authorities, EU institutions, international organisations and civil society organisations in policy making and improving the quality of care for unaccompanied migrant, asylum-seeking and refugee children. The report will be used as a tool to advocate towards improved care arrangements for unaccompanied migrant, asylum-seeking and refugee children in Europe to be child rights centred, small scale, family and community-based.

In line with various efforts made by international and UN organisations,<sup>22</sup> this report will further inform service providers and national child protection authorities to ensure they can provide adequate, well-resourced and standardised care for unaccompanied migrant, asylum-seeking and refugee children, which keep them safe from violence, abuse and exploitation. It also aims to support the development of national and regional strategies and theories of change to address the needs of refugee and migrant unaccompanied children in and outside care.

The findings of this report will help map progress over time towards transforming care in Europe, towards a system where no child, regardless of their asylum or migration status, is placed in institutions and that all children are provided with family- or community-based care which meets their needs and best interests.

The research will also help inform the partners' regional and country advocacy with national stakeholders (asylum, migration, child protection, internal affairs, ombudspersons, civil society) and international actors (EU institutions, Council of Europe CAHENF-Safeguards group, European Network of Ombudspersons for Children, etc.).

It can also influence the design of regional and national child protection programmes for children on the move, supporting policy reform to address existing bottlenecks, improving standards in reception for unaccompanied children on the move, setting up monitoring systems in care and other reception facilities, expanding community and family-based care for children on the move and building the capacity of social workers and other frontline workers supporting unaccompanied migrant, asylum-seeking and refugee children.

## 1.1. FOCUS OF THE REPORT

The research does not focus on immigration detention or placement of refugee and migrant children in other detention-like conditions. Immigration detention has been deemed to constitute a child rights violation and contravenes the principle of the best interests of the child,<sup>23</sup> and therefore, cannot be classified as a form of care. Moreover, the topic has already been researched by organisations such as the International Detention Coalition.<sup>24</sup>

This report concentrates on unaccompanied children, defined as boys and girls under the age of 18 who have been separated from both parents and are not being cared for by an adult who, by law or custom, is responsible for doing so. Therefore, the report does not assess the care provision to separated children (those who are accompanied by an adult family member who is not their parent) or to anyone over the age of 18.

Although the research attempted to address all unaccompanied migrant, asylum-seeking and refugee children in the six countries, children who are undocumented and have not reported to any authority are likely to be under-represented in this research due to the inability of key informants to provide reliable data on this group of children.

## 2. METHODOLOGY

### RESEARCH MANAGEMENT

This research was conducted through partnership between Lumos Foundation, UNHCR, UNICEF and IOM. Lumos led on the main research elements, while UNHCR, UNICEF and IOM formed a steering committee for the report, providing expertise on the situation, introductions to key informants, distributing the surveys and reviewing drafts. Lumos held regular update meetings with the steering committee throughout the research period to evaluate progress and amend project plans as required. UNHCR, UNICEF and IOM offices in each of the countries, as well as Lumos Bulgaria, reviewed the draft report and validated information from their country's perspective. Due to the complex situation and scarcity of information in Spain and Italy, UNHCR in Spain and IOM in Italy funded and managed country researchers who conducted research on the situation and primary source data collection in these two countries.

## KEY RESEARCH QUESTIONS

The key research questions which framed the project were:

1. How is care provided to unaccompanied migrant, asylum-seeking and refugee children in the EU, based on findings from the sample group of the six chosen EU member states?
  - a. What are the commonalities and identifying features of the different forms of care?
  - b. Who is providing care in each country (asylum/migration authorities, child protection authorities, NGOs)?
2. To what extent do the forms of care in the sample countries meet international and regional legal standards and policy guidelines?
3. To what extent do unaccompanied migrant, asylum-seeking and refugee children have access to existing care services and national child protection systems, and how does their care compare with the care provided for national children?
4. What are the promising practices in caring for unaccompanied migrant, asylum-seeking and refugee children in the sample that can be promoted across the region? What are the key features and requirements of these promising practices?
5. What are the key challenges and issues related to reception and care of unaccompanied migrant, asylum-seeking and refugee children?

## CHOICE OF COUNTRIES

**Six countries** were selected from a more extensive list by the project steering committee based on factors including their position in the child's journey (entry, transit or destination) along the three Mediterranean routes, caseload of unaccompanied children on the move, richness of available data, perceived risks and positive practices, and capacity of the partner organisations to support data collection and analysis in each country.

The six countries chosen were **Bulgaria, France, Greece, Italy, Netherlands, and Spain.**

These countries were purposefully selected to illustrate care arrangements for unaccompanied children on arrival, in transit and at their destination, and help understand patterns across the region.

**Arrival and Transit:** Bulgaria, Greece, Spain, Italy  
**Destination:** France, Netherlands







*Ibrahim rides the train with his foster brother Andrea in August 2019. Ibrahim travelled from Sierra Leone through multiple countries into Libya. Through traffickers, he finally crossed Libya to Italy, spending days at sea, until an NGO boat rescued him and others on board. He arrived in Italy in 2017, where he spent 11 months in a reception centre. He now lives with his foster family in Italy.*

## METHODOLOGY PHASE ONE: DESK REVIEW

The first stage of the research involved an extensive desk review of secondary sources, with the aim of addressing the research questions, in particular gathering 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 desk review was also used to map key stakeholders, including those responsible for care provision and possible survey respondents.

Core questions guiding the desk review included: What different examples of care provision can be identified in each country; how many unaccompanied migrant, asylum-seeking and refugee children are registered in the country; what legislation guides care provision for these children; which government and non-governmental bodies are responsible for their care. Key search terms included 'unaccompanied children/minors', 'reception', 'guardian', 'family-based care'.

The reviewer searched publicly available information provided by international and regional sources, such as UNHCR, UNICEF, IOM, Eurostat, the EU Agency for Fundamental Rights (FRA), Council of Europe, UNHCR Mediterranean Situations portal and Reliefweb. The researcher also reviewed reports from national authorities, such as legislation, justice and migration departments, and Ombudspersons' reports. This official information was then complemented by grey literature reports from NGOs and human rights groups, as well as academic sources. A bibliography is provided in Annex F.

The initial review was conducted in March–May 2018, with further updated information gathered until March 2019.

The results of the desk review provided answers to some of the research questions and informed the second phase of the research by:

- Contextualising the data collected during the second phase,
- Outlining the policy and legal framework through which to view the practical elements of care provision,
- Providing an understanding of the broader situation of the numbers of unaccompanied

children in the country and the resources dedicated to care response,

- Identifying key informants to approach in the second phase of the research.

## METHODOLOGY PHASE TWO: PRIMARY DATA COLLECTION

The second phase of the research was focused on qualitative research including primary data collection through a survey and key informant interviews.

A survey was developed to enable and support the systematic data collection for this research phase (Annex A), to capture both national policies on care for unaccompanied children and conditions at facility level. The questions were developed using the UN Alternative Care Guidelines<sup>25</sup> and the Quality4Children Standards,<sup>26</sup> detailed in the next chapter of this report, to benchmark different forms of care available in the six countries (Annex B).

The survey was also designed to collect information which was unable to be identified through the desk review, such as facility-level information and practical information on how the facilities function, rather than focusing on legal and policy-level information.

The survey was first piloted and tested with UNHCR, UNICEF and IOM country offices to ascertain the likelihood of data availability and to clarify questions and language. The survey was then translated as necessary and distributed via email to key stakeholders including national authorities, civil society and agencies working in the countries, identified through partners' networks and the preceding desk review.

These key stakeholders were selected based on their knowledge of the area through their role and organisation, and ability to provide accurate and representative data on the care arrangements in their country. A range of respondents were also selected with the intention to be able to triangulate and validate data from multiple sources (Annexes D and E). Stakeholders responded as representatives of their organisations, rather than in their personal capacity.

The survey was distributed to as many suitable stakeholders as possible through snowball sampling, based on contact details available either through public sources, networks of partners, and introductions to national authorities. The survey received approximately a 65% response rate across all countries.



Consultations and interviews were then held with relevant stakeholders (Annex E) which included representatives from local authorities, NGOs, and consultants with expertise on particular countries. These interviews attempted to address gaps in the data and to elucidate the substance of unclear survey responses, or where the stakeholder had indicated that an interview would be preferred to a survey response. Interviews and correspondence were selected as the research method in this phase to provide more nuanced and rich information than survey responses and allowed clarifications during the research process (see Annex C). Researchers funded by UNHCR in Spain and IOM in Italy conducted the primary data collection in these two countries.

In total, responses were gathered from 70 unique stakeholders, with 25 written survey responses (Annex D) and 51 interviews via telephone, email or in person (Annex E). Data collection was completed between June 2018 and March 2019.

## COUNTRY SPECIFIC METHODS

The research methodology was adapted to each country to maximise effective compilation of data.

In Italy, due to the complex nature of the reception system, as for Spain the large number of UASC in reception and types of facilities it was decided that the survey approach would not attain sufficient information for this research. Therefore, a researcher was funded by IOM in Italy to conduct interviews with stakeholders to complement information obtained through the desk review of secondary sources. Based on the information collected during these interviews, three locations, Palermo (Sicily), Florence (Tuscany) and Rome (Latium), were selected for their specific features which were most relevant for the research namely reception facilities, services available to children, activation of foster care and an extended network of authorities and entities involved in the provision of care for children.

Field visits to these three cities were held to investigate in detail the wide regional and local differences that exist in Italy, and to outline how some reception centres and projects function in a local context.

In Spain, the responsibility for care is delegated to regional authorities. Due to the large numbers of unaccompanied migrant, asylum-seeking and refugee children in the country, and the number of regions, a

decision was taken to focus on six regions and cities which host the highest number of these children according to the available data: Andalucía, Madrid, Catalunya, Bizkaia, Valencian Community, Ceuta and Melilla. Some regional authorities (Catalunya, Madrid, Melilla and Ceuta) completed the survey directly. In other cases, the researcher funded by UNHCR in Spain interviewed child protection authorities in order to obtain the information (Valencia and Bizkaia).

Finally, information from Andalucía was obtained through the research already completed by UNICEF Comité Español and published in February 2019: *Los derechos de los niños y niñas migrantes no acompañados en la Frontera Sur española* (2019). The data collected in this report proved useful to answer many of the survey questions for this research.

In Bulgaria and the Netherlands, the centralised reception system meant that data could be obtained by a lower number of key centralised respondents, rather than distributing several surveys. In Greece and France, while some data was gathered by authorities, the majority of information was provided by a range of non-governmental facility providers and organisations, through a combination of survey responses and semi-structured interviews via telephone and email.

In all six countries, the interview protocols were based around the survey questions, focusing in some cases on particular questions where information was missing, or where it was identified that the interviewee was likely to hold relevant information. Interviewees were informed via email prior to the interview about the topic and purpose of the research. A semi-structured approach allowed interviewers to clarify information, or to follow leads provided by respondents to deepen the understanding of the situation (Annex C).



## DATA ANALYSIS

The analysis phase of the project aimed to map and identify patterns and similar forms of care across the different Member States, as well as positive practices. During this analysis, information from both the desk review and primary data gathering were coded to analyse data based on common characteristics, such as capacity of facilities, profile of children hosted, average length of stay, etc.

The practices identified were cross-referenced and assessed against the benchmark frameworks to determine their alignment with international standards. As the survey was initially designed to frame questions based on statements made in the standards and guidelines, the responses were therefore assessed against their adherence to these standards.

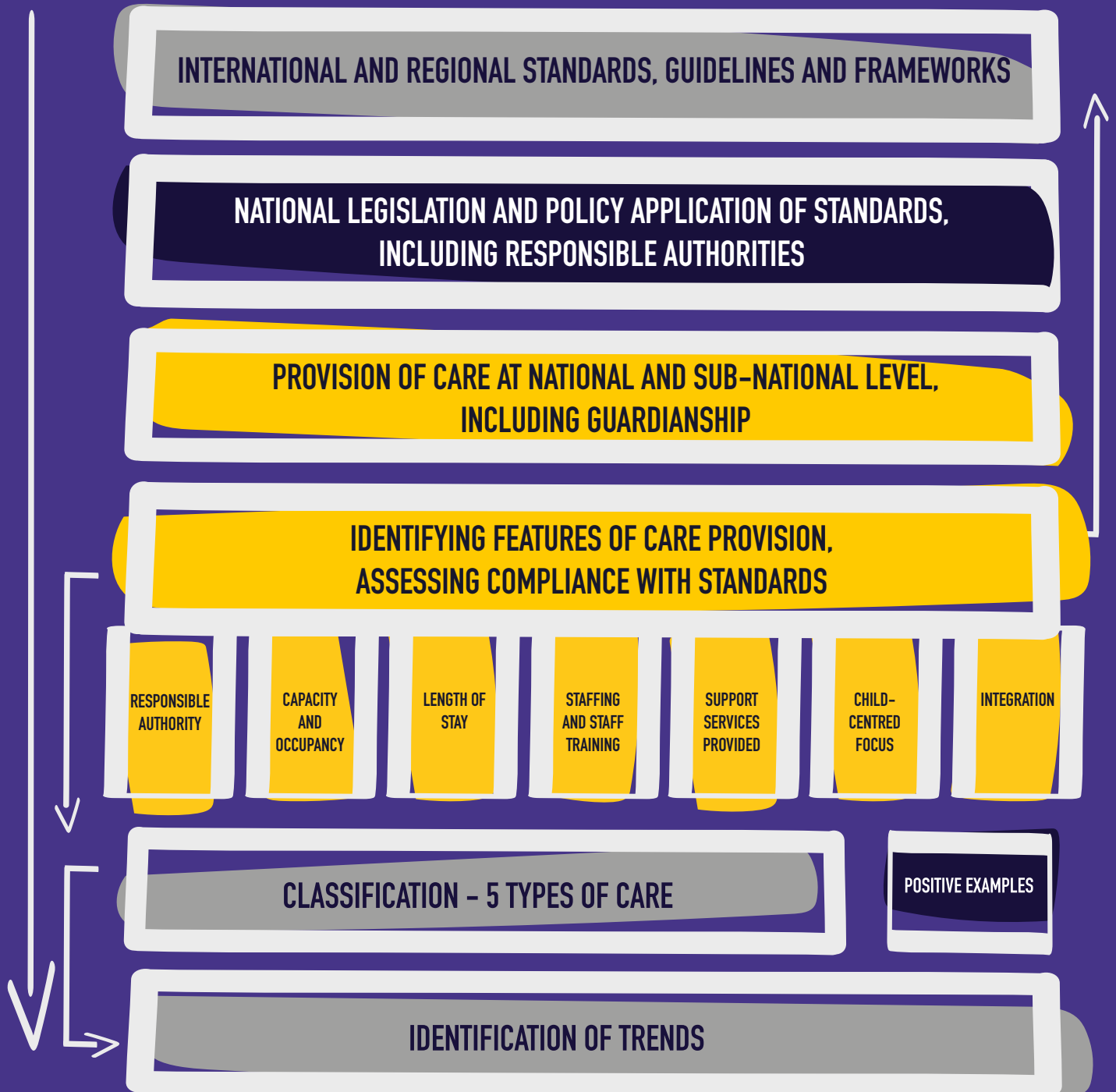
Quantitative data collected through the surveys on the capacity and occupancy in a facility was used for descriptive analysis to categorise facilities into small, medium or large. Simple calculations were made on this data to produce information such as average facility sizes, average numbers of children per bedroom/bathroom, and ratios of carer to child.

The length of stay was used to assess whether the facility was providing temporary care and was compared against policy and descriptions of the centre to determine whether practice met policy requirements in relation to temporary care. Further data such as ratio of carers to children, and questions under the sub-heading “best interests of the child” were used to identify whether the facility had a child-centred approach or displayed qualities of an institutional culture. Information on the staffing, support services provided and measures toward integration with the community were also used to assess the standards of care provision against the benchmarks.

Common characteristics across different facilities in assessed countries could be drawn, allowing to group them into the six different categories of care. The report is therefore structured around these categories to allow some regional patterns to be identified, and to illustrate positive examples that might be promoted across countries.

# ANALYSIS FRAMEWORK

The analytical framework for this research can be visualised as follows:



## PRESENTATION OF DATA

The overlap and complementarity between the desk review and the primary source data gathering allows the findings and analysis from both research phases to be integrated throughout this report. The desk review provided the majority of information for following three chapters (background, international standards, and guardianship), while the types of care chapters were informed by both the desk review and the primary data collection. The steering committee was consulted throughout the report drafting process, and partner organisations in all six countries ensured the report review, quality assurance and validation of the findings.

### 2.1 LIMITATIONS

The forms of care provided to unaccompanied migrant, asylum-seeking and refugee children vary across the region and even within countries, which makes it difficult to undertake systematic comparison and to draw broad conclusions for the European region as a whole. This study was necessarily exploratory in nature given the extant status of the evidence base.

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 non-governmental organisations, is one issue leading to this variation in data. The lack of standardised and sufficiently disaggregated data collection and recording at national level further affects the quality and comparability of data. Data is scarce, sometimes completely missing, both at national and subnational level, which makes it difficult to conduct multi-country analysis.

Stakeholders were under no obligation to respond to the survey or to partake in interviews, as such the lack of response by some stakeholders limited the data gathered for this research. However additional desk review and information gathering from a wide range of stakeholders was gathered to mitigate the potential gaps.

The survey requested information on the numbers of children, bedrooms and bathrooms in a facility to be disaggregated by gender and age, however it was not possible to report in a disaggregated manner due to incomplete survey responses or unavailability of disaggregated data.

Other survey questions relating to staffing, guardianship or provision of legal, health and other services did not ask for disaggregation of data.

Possible biases in responses from stakeholders are likely to occur, especially from facility providers and authorities who want to ensure that their activities are presented in a positive light. To mitigate the risk of self-reported responses which could not be validated through any formal and independent monitoring or feedback mechanism, or of publications which may be presenting information in a biased manner for advocacy purposes, measures were taken to triangulate data collected with secondary sources wherever possible, and through gathering responses from a range of government and non-governmental sources in each country.

While the project partners recognise the importance of children's voices in influencing research, policy and practice, this research did not include interviews with unaccompanied migrant, asylum-seeking and refugee children. As the purpose of this research is to map care provision and analyse it against the normative standards, interviews with children were not deemed essential to this research.

Further research is highly recommended to provide information on about children's perceptions of the forms of care and to analyse the outcomes for unaccompanied migrant, asylum-seeking and refugee children in different forms of care.

### 2.2. ETHICAL CONSIDERATIONS

The survey distributed for this research contained an introductory informative text, explaining to respondents the aims of the research, the request for information, and how their responses would be used.

The survey requested respondents to include their name and organisation details, and it was expected that respondents complete the survey in their professional capacity and on behalf of their organisation, rather than their personal capacity.

The survey did not collect any personal data, sensitive data or identifying information on children. Data was also further aggregated in such a way to avoid possible identification of individual children, and to ensure the anonymity of individuals interviewed.



There was no obligation or incentive to respond to the survey, and all respondents participated in the research on a voluntary basis. Some information from government sources was collected through freedom of information requests, in line with the procedure for such a request in the relevant country.

Participation in interviews was on a fully voluntary basis, and interviews were undertaken with the consent of the interviewee. Information about the research and the participating organisations was presented to participants prior to the interview. No children or other vulnerable persons were interviewed for this research.

### 3. FINDINGS FROM THE DESK REVIEW

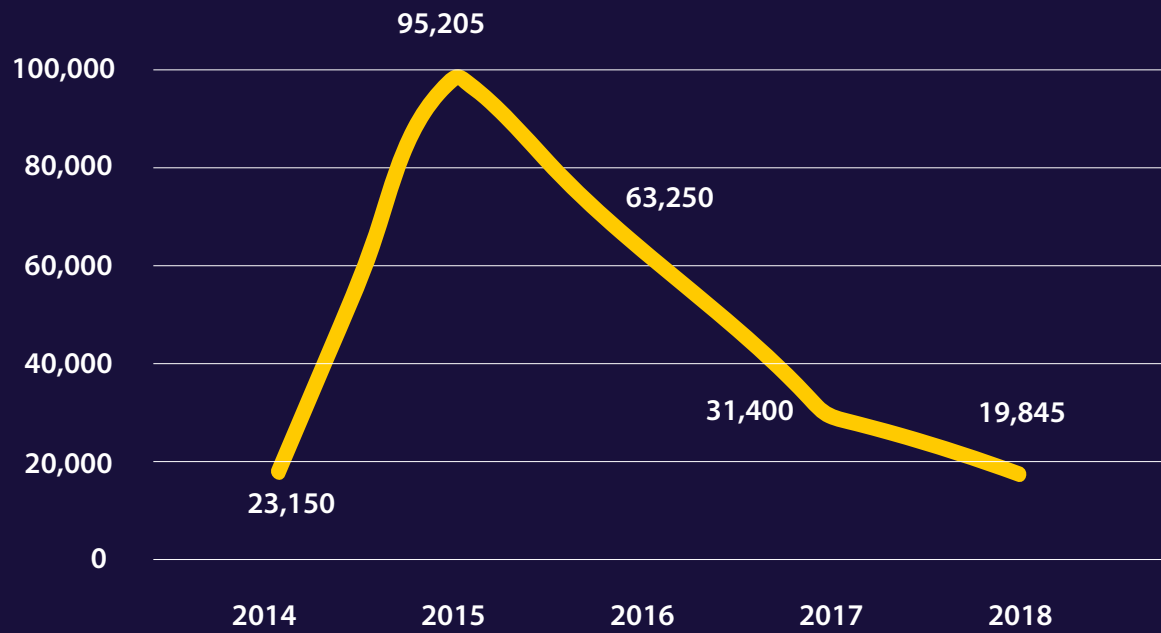
The secondary desk review gathered data and findings on the following areas:

- The geo-political background to the issue of children on the move in Europe
- Context on the use of institutional care for children in the region
- The caseload of unaccompanied migrant, asylum-seeking and refugee children
- International and regional standards and normative frameworks, and national legislative application of these frameworks

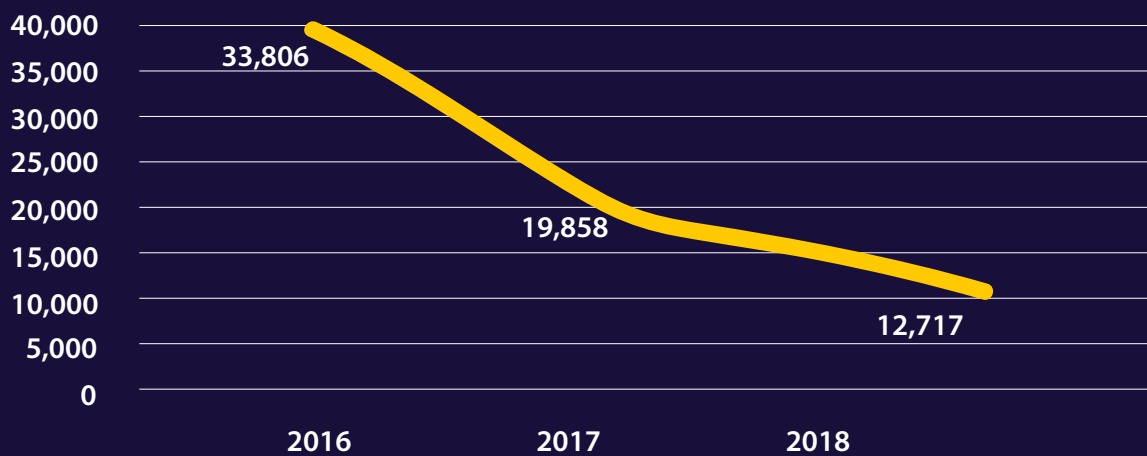
In general, the desk review provided an overview of the situation of unaccompanied migrant, asylum-seeking and refugee children in the EU and the contexts which guide Member States' responses to their care, including the responsible authorities. The desk research contributed to the findings on care provision which are outlined in section 4.2 of this report, however it also identified the gaps in knowledge around the research questions which needed to be filled by primary source data collection.

These gaps were notably with regards to the specific features of care provision which would allow the research to assess forms of care against the benchmarks, the practical application of legislation around care provision, and examples of positive practice.





**Figure 1:**  
**Number of asylum applicants considered to be unaccompanied children in the EU 28**  
 Source: Eurostat, Asylum applicants considered to be unaccompanied minors – annual data



**Figure 2:**  
**Number of estimated UAC arrivals in Bulgaria, Greece, Italy and Spain**  
 Source: UNHCR, UNICEF and IOM, Interagency factsheets, Latest Statistics and Graphics on Refugee and Migrant Children, 2018, 2017, 2016



### 3.1 BACKGROUND

Political unrest, conflict, discrimination and poverty force millions of people, including children, to leave their homes in efforts to reach stable countries with the hope of a better future. Many children either leave their homes without their parents or caregivers, or become separated along the journey, arriving in Europe unaccompanied. Unaccompanied migrant, asylum-seeking and refugee children who travel to Europe face many challenges during their journey, arrival and stay in the region: detention, discrimination and receiving poor or no access to services, inter alia.

In 2018, more than 12,700 unaccompanied and separated children were reported to have arrived in Greece, Italy, Bulgaria and Spain,<sup>27</sup> and more than 19,800 unaccompanied children applied for asylum in the European Union.<sup>28</sup>

This is significantly less than the peak of 2015, when 95,200 unaccompanied children applied for asylum<sup>29</sup>. The rise in migration towards Europe which led to this peak was influenced by crises in the Middle East and North Africa<sup>30</sup>.

The reduction after 2015 is largely due to the EU-Turkey Statement of March 2016, which led to a 97% lower rate of irregular arrivals,<sup>31</sup> and to measures by Italian and EU authorities to stop irregular sea crossings through the Central Mediterranean route<sup>32</sup>.

The numbers of unaccompanied migrant, asylum-seeking and refugee children in EU Member States in 2018 were still high, challenging their ability to provide them with appropriate care.

Unaccompanied migrant, asylum-seeking and refugee children are at high risk of abuse and exploitation, without the care and protection of their families.<sup>33</sup>

They have often experienced trauma before leaving their home country, and many boys and girls face abuse, trafficking and exploitation on their journey to and through Europe.<sup>34</sup>

In interviews with young people who travelled along the Central Mediterranean Route to Europe, approximately 77% reported exploitation on their journey.<sup>35</sup> These children should be given care and protection that responds to their individual needs and reflects their best interests.

Consideration should be given to the child's age, culture and characteristics, as well as additional needs such as due to disability, to determine an appropriate placement for the child. This should be in the form of a stable protective environment which allows them to recover from trauma, receive necessary medical and psychosocial support, rebuild social networks and to develop life skills.

On arrival in Europe, unaccompanied children may be placed in large reception facilities, hosting hundreds of boys and girls and sometimes adults too. These can be compared to traditional institutional facilities, still in use in a number of European countries. While some EU Member States have a long history of family and community-based care systems, others historically relied on institutional care for children outside families, those with disabilities, and other vulnerable groups.

Over 80 years of research from across the world has demonstrated the significant harm caused to children in institutions.<sup>36</sup>

The prevalence of physical and sexual abuse in institutional care is higher than in other forms of care, even in countries where institutional care is better resourced with smaller facilities.<sup>37</sup> Institutionalisation can lead to attachment disorders, cognitive and developmental delays, and a lack of social and life skills, limiting the life chances of children who grow up in institutions and leading to multiple disadvantages during adulthood.<sup>38</sup> Institutions are not a suitable care option for any child, including unaccompanied migrant, asylum-seeking and refugee children.<sup>39</sup>

Family and community-based care has the potential to better meet unaccompanied migrant, asylum-seeking and refugee children's needs based on individual considerations including age, gender and background, and to help them integrate into the community.<sup>40</sup>

# 77%

**IN INTERVIEWS WITH YOUNG PEOPLE WHO TRAVELLED ALONG THE CENTRAL MEDITERRANEAN ROUTE TO EUROPE, APPROXIMATELY 77% REPORTED EXPLOITATION ON THEIR JOURNEY**

## 3.2. FACTS AND FIGURES

### Bulgaria

**Number of UAC:** 2750 asylum applications in 2016, 440 in 2017 <sup>46</sup>, 480 in 2018 <sup>47</sup>

**Main countries of origin:** Afghanistan, Pakistan, Syria, Iraq <sup>48</sup>

**Responsible Authority:** State Agency for Refugees

### France

**Number of UAC:** 17,002 UAC were integrated in the national mechanism for childcare protection in 2018, an increase from 8,054 in 2016. <sup>49</sup>

**Main countries of origin:** Guinea, Ivory Coast, Mali <sup>50</sup>

**Responsible Authority:** Departmental authorities

### Greece

**Number of UAC:** Estimated 32,000 children present in Greece as of June 2019. Of them, 60% are in urban areas (apartments, hotels, shelters for UAC, etc.); 26% are in accommodation sites; 13% are in Reception and Identification Centre; and 1% are in safe zones for UAC. <sup>51</sup>

**Main countries of origin:** Pakistan, Syrian Arab Republic and Afghanistan

**Responsible Authority:** National Centre for Social Solidarity (EKKA)

### Italy

**Number of UAC:** A total of 10,787 children (93% boys and 7% girls) were present in shelters for UASC run by State authorities and non-profit entities at the end of December 2018. This represents a 13% decrease compared to December 2017 <sup>52</sup>

**Main countries of origin:** Albania, Egypt, the Gambia, Guinea, Eritrea and Côte d'Ivoire <sup>53</sup>

**Responsible Authority:** Ministry of Interior, Ministry of Labour and Social Policy, SPRAR/SIPROIMI, municipal authorities

### Netherlands

**Number of UAC:** 3199 in August 2018 <sup>54</sup>

**Main countries of origin:** Eritrea, Syria, Afghanistan <sup>55</sup>

**Responsible Authority:** Nidos, COA and municipalities

### Spain

**Number of UAC:** 13,012 in 2018, up from 6,414 in 2017 and 3,997 in 2016 <sup>56</sup>

**Main countries of origin:** Morocco, Guinea, Cote d'Ivoire, Gambia, Syria, Algeria, Cameroon <sup>57</sup>

**Responsible Authority:** Regional Authorities (Autonomous Communities and Cities)





The European region has made great progress to transform the care of children over the last decade, with many countries in the region implementing deinstitutionalisation strategies and establishing family and community-based alternative care services for their national children.<sup>41</sup> For example in Bulgaria the number of children in institutions has reduced by 86% since 2010, with a national plan in place to close all institutions by 2025.<sup>42</sup> The European Union was pivotal in this transformation through its 2013 Regulations for the EU Cohesion Policy investment, which prohibited the expenditure of European Structural and Investment Funds (ESIF) for any action that contributes to segregation or social exclusion,<sup>43</sup> and included specific calls for the funds to be used to support the “transition from institutional to community-based services”.<sup>44</sup> Despite this progress, institutional care facilities are predominantly used as a default response to unaccompanied migrant, asylum-seeking and refugee children in many Member States.<sup>45</sup>

In the aftermath of the 2015 peak, when the situation is no longer considered an emergency, the EU could prepare for any future influx by ensuring that structures for care provision are in place, including that Member States have integrated and child-focused care systems which allow arriving unaccompanied migrant, asylum-seeking and refugee children to be cared for in a way which meets their needs and best interests. This report can assist in this preparation by mapping current care provision, identifying barriers to good care, and promising practices which could be expanded or adapted to other EU contexts.

### Additional Gender Considerations

Nearly two thirds of children who arrived in Greece, Italy, Bulgaria and Spain in 2018 were boys. However, the gender balance varies between countries and among different nationalities - boys made up 93% of children arriving in Italy in 2018, compared to 58% in Greece. The vulnerable situation that unaccompanied children find themselves in before, during and after their journey to Europe requires an age- and gender-sensitive approach and individualised care.

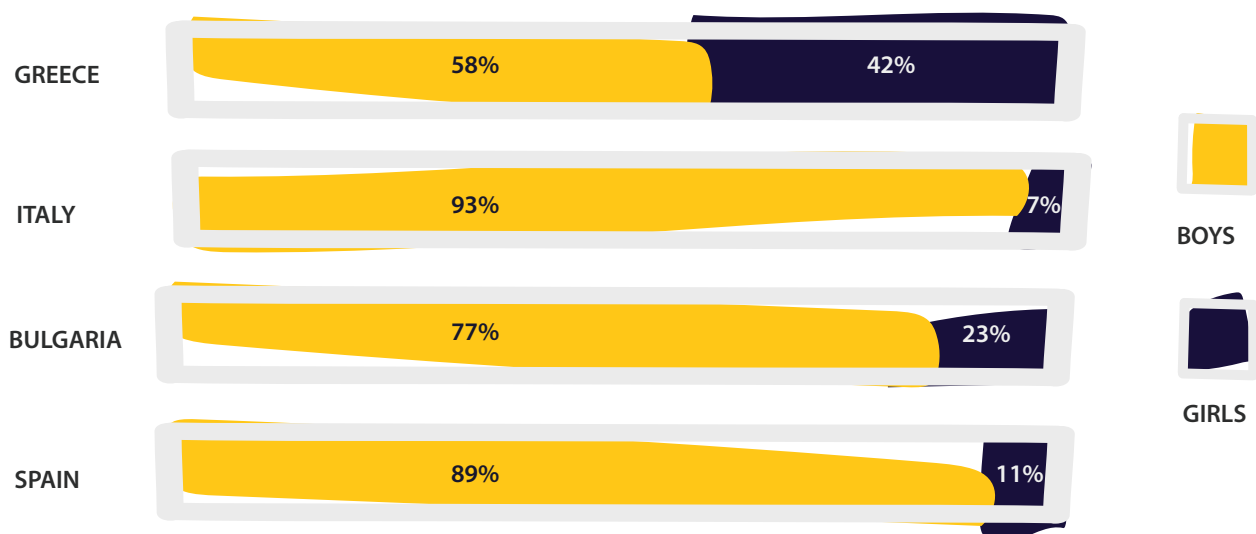
Much of the data provided for this study was not adequately disaggregated to allow for analysis of any differences in care provision between boys and girls. However, in general, forms of care which are not designed around the individual needs of the child, including their gender-based needs, are not appropriate.

*European Migration Network (2018) op. cit.; UNHCR, UNICEF, IOM (2018) Refugee and Migrant Children in Europe, Overview of Trends January – December 2018*

[unicef.org/eca/sites/unicef.org/eca/files/2019-05/Infographic%20Children%20and%20UASC%202018%20FINAL.pdf](https://unicef.org/eca/sites/unicef.org/eca/files/2019-05/Infographic%20Children%20and%20UASC%202018%20FINAL.pdf)

**Figure 3 : Gender breakdown of accompanied, unaccompanied and separated children, Jan-Dec 2018**

Source: UNICEF Latest Statistics and Graphics on Refugee and Migrant Children [unicef.org/eca/emergencies/latest-statistics-and-graphics-refugee-and-migrant-children](https://unicef.org/eca/emergencies/latest-statistics-and-graphics-refugee-and-migrant-children)



### 3.3. INTERNATIONAL STANDARDS AND NORMATIVE FRAMEWORKS ON QUALITY CARE ARRANGEMENTS

Five international and regional sources form the assessment framework by which the data collected in this research are benchmarked.

Name	Year	Geographical scope	Binding nature and implementation	Benchmark articles
UN Convention on the Rights of the Child	1989	Global	Binding and ratified by all six states.	Art. 9: all children have a right to live with their families, unless this goes against their best interests, and parents or other legal guardians have the primary responsibility to protect and care for the child. Art. 22: States have a responsibility to provide “appropriate protection and humanitarian assistance” to unaccompanied children who are refugees or seeking refugee status, and to uphold the rights of the child set out in the convention. <sup>58</sup>
EU Reception Conditions Directive	2013	EU	Binding on all six states. Transposition: BG: Law on Asylum and Refugees (LAR) 2015 ES: not yet transposed <sup>59</sup> FR: Law 2015-925 <sup>60</sup> GR: Law 4540/20186 <sup>61</sup> IT: Legislative Decree 142/2015 NL: Law 292/2015 <sup>62</sup>	Art. 24(1): ensure appointment of representative as soon as possible to represent and assist the unaccompanied child to benefit from the rights and comply with obligations of the Directive. Art. 24(2): “unaccompanied minors who make an application for international protection shall, from the moment they are admitted to the territory until the moment when they are obliged to leave the Member State in which the application for international protection was made or is being examined, be placed: (a) with adult relatives; (b) with a foster family; (c) in accommodation centres with special provisions for minors; (d) in other accommodation suitable for minors.” <sup>63</sup>
UN Guidelines on Alternative Care of Children	2009	Global	Non-binding	Par. 23: “where large residential care facilities (institutions) remain, alternatives should be developed in the context of an overall deinstitutionalisation strategy, with precise goals and objectives, which will allow for their progressive elimination.” <sup>64</sup> Par. 123: [care should be] small and organised around the rights and needs of the child, in a setting as close as possible to a family or small group situation. Objective: to provide temporary care. Par. 126: sufficient carers to allow individualised attention. Par. 141: unaccompanied children should enjoy the same level of protection and care as national children. Par. 145: appoint a guardian. Par. 146: trace family and re-establish family ties. Par. 154: (a) all responders sufficiently experienced, trained, resourceful and equipped; (b) temporary and long-term family-based care; (c) residential care only a temporary measure until family-based care can be developed; (d) prohibit the establishment of new residential facilities; (f) cooperation with family tracing and reintegration efforts.
Quality4Children Standards for Out-Of-Home Child Care in Europe	2007	EU	Non-Binding	Std. 2: the child is empowered to participate in the decision-making process. Std. 3: professional decision-making process ensures best possible care for the child. Std. 7: the child’s placement matches his/her needs, life situation and original social environment. Std. 9: caregivers are qualified and have adequate working conditions. Std. 12: the child is cared for in appropriate living conditions. Std. 14: the child/young adult is continuously prepared for independent living.
EASO Guidance on reception conditions for unaccompanied children: operational standards and indicators	2018	EU	Non-Binding	Std. 3: Ensure children’s views/opinions are considered and acted upon. Std. 4: Appointment of a representative as soon as possible and enable them to assist children as related to their legal obligations. Std. 13: Specific and objective reasons linked to the individual situation of children, the specific care offered by the facility, the type of facility and possibilities of non-institutionalised forms of care are taken into account when allocating children. Std. 16: Ensure day-to-day care of unaccompanied children in the accommodation centre or in individual housing. Std. 19: Safeguard and promote children’s health and wellbeing, strengthen resilience. Std. 22: Ensure sufficiently qualified staff for the day-to-day care of children. Std. 43: Ensure effective geographic access to relevant services. Std. 45: Respect for the privacy and safety of children in collective housing.





The principles of the **UN Convention on the Rights of the Child (UNCRC)** should be applied as a minimum in the care provision to all children. However, the UNCRC does not go into prescriptive detail on how the standards should be implemented.<sup>65</sup>

#### **The EU Reception Conditions Directive (RCD)**

lays down minimum standards for the reception of applicants for international protection in the EU and is binding on the Member States, but it leaves a degree of discretion to define what constitutes an “adequate standard of living” and how it should be achieved. As a result, reception conditions and systems continue to vary between Member States.

The RCD is not a child-specific directive, but Article 24 relates to unaccompanied children. Article 24(2) of the RCD (as in the table above) allows for interpretation by Member States on what constitutes ‘suitable’ accommodation. Also, although it lists the forms of care in an order from the best option “with adult relatives” through to the least preferred “in other accommodation suitable for minors”, the RCD does not explicitly state any requirement to prioritise care in this order. Implementation by states shows that options (c) and (d) are more widely utilised than (a) and (b).<sup>66</sup>

#### **The EASO Guidance on Reception Conditions for Unaccompanied Children**

is intended to support Member States in the implementation of the RCD, ensuring an adequate standard of living for unaccompanied children that takes into account their special reception needs and best interests. The EASO Guidance was published in December 2018, so was not included in the research and data collection design, however the general provisions of the guidance were applied retroactively as an assessment framework.

#### **The Quality4Children (Q4C) Standards for Out-Of-Home Child Care in Europe**

were also developed in the framework of the UNCRC, by the Federation Internationale des Communautés Educatives, International Foster Care Organisation and SOS Children’s Villages. While the UN Guidelines are aimed at States, the Q4C Standards and intended as best practice standards which can be practically applied by practitioners working directly on alternative care provision.

**“THE CHILD, FOR THE FULL AND HARMONIOUS DEVELOPMENT OF HIS OR HER PERSONALITY, SHOULD GROW UP IN A FAMILY ENVIRONMENT, IN AN ATMOSPHERE OF HAPPINESS, LOVE AND UNDERSTANDING.”<sup>67</sup>**

**- UNCRC PREAMBLE**

### 3.4. IMPLEMENTATION OF THESE FRAMEWORKS INTO NATIONAL LEGISLATION

Responses to migrant, asylum-seeking and refugee children across the six Member States reflected in this report vary in terms of whether they fall under the responsibility of the child protection system or the migration/asylum system. There are often discrepancies between migration/asylum and child protection policies and legislation, while legislative ambiguity may lead to children ‘falling through the cracks’, with neither system taking responsibility. States such as Bulgaria, which is transitioning towards family-based care, do not include children on the move in the action plan for this transition. In many EU Member States, national standards for residential care are also not applied to reception facilities for unaccompanied children.<sup>69</sup>

In **Bulgaria**, unaccompanied children who apply for international protection fall under the responsibility of the State Agency for Refugees and the majority go into institutional reception centres along with asylum-seeking adults and families while their application is being processed. This contrasts with national children deprived of parental care, and unaccompanied migrant children who have been given a permit to stay. These children are cared for through family or community-based services in accordance with the Child Protection Act and in line with the country’s continued progress towards deinstitutionalisation.<sup>70</sup>

In **France**, the official status as a child takes precedence over migration status, so all children on French soil are considered legal by default. Unaccompanied migrant, asylum-seeking and refugee children thus fall under the same authority and care system as French children who are deprived of family care.<sup>71</sup> However, there is a lack of disaggregated data based on nationality or migration status, which makes it difficult to analyse the quality of care of unaccompanied migrant, asylum-seeking and refugee children.

In most cases, children do not receive assistance from the state prior to their registration with the prefecture, so during this time they are cared for in facilities run by NGOs or in informal care arrangements.

Moreover, with the entrance into force of the Law 2019-57 (January 2019), new biometric data files and modified age assessment procedures have been introduced for unaccompanied children.<sup>72</sup> The data collected under this regulation is transferable to a database on irregular migration, meaning that if a child is assessed as being over 18, they may be deprived of care or subjected to return procedures.<sup>73</sup>

The **Greek** Law 4540/2018 Article 22, which transposes the RCD requires the competent authorities to take responsibility for placement of unaccompanied migrant, asylum-seeking and refugee children in; (paragraph c) foster care and the supervision of carers, (d) in other suitable accommodation for the time the child remains in the country, or until they are placed in a foster family or supervised apartment, (e) with adult relatives or suitable adult persons if all legal procedures for their guardianship are completed, (g) or in supervised apartments (for those aged 16 and over).<sup>74</sup> Any changes in the residence of these children should be kept to a minimum and implemented only if necessary. The Law ensures that siblings are placed together, taking in to account their age, gender, maturity and the best interest of the child. Unaccompanied asylum-seeking children are exempted from the territorial restriction to the Greek islands and should be transferred to the mainland swiftly. However, in practice, these provisions are not implemented efficiently due to the shortage of suitable accommodation on the mainland.

The Greek National Centre for Social Solidarity (EKKA) is the responsible authority for managing referrals and placements of unaccompanied migrant, asylum-seeking and refugee children. EKKA is an entity under the supervision of the Ministry of Labour, Social Security and Social Solidarity, responsible for coordinating social support services to individuals, families and groups in emergencies.<sup>75</sup>

In November 2019, the Prime Minister of Greece announced a plan to protect unaccompanied children called “No Child Alone”, including a commitment to provide accommodation for 4000 unaccompanied children, as well as healthcare, food, education, legal services and psychological support for a small number of children. The programme is to fall under the responsibility of a newly appointed National Coordinator within the Prime Minister’s office.<sup>76</sup>



In **Italy**, Legislative Decree 142/2015 implemented the RCD, and Law 47/2017 (the Zampa Law) updated and systematised the measures to protect unaccompanied children. Under these laws children were first received in governmental facilities, then in facilities of the Protection System for Asylum Seekers and Refugees (SPRAR). Under more recent laws in 2018, the SPRAR became SIPROIMI (Protection System for International Protection Holders and Unaccompanied Migrant Children) and became the preferred reception solution for all unaccompanied children which could bring to the progressive closure of other types of facilities.<sup>80</sup>

The law says “foster family of unaccompanied foreign minors [is] a priority with respect to their admission to a reception facility”.<sup>81</sup> Unaccompanied migrant, asylum-seeking and refugee children have the same rights to access foster care as Italian children, as outlined in Law 184/83 which states that “Italian law in matters of adoption, foster care and measures necessary in cases of urgency applies also to the foreign child residing in the State in a situation of abandon”.<sup>82</sup> Despite this, only 4% of unaccompanied migrant, asylum-seeking and refugee children are in foster care in Italy, compared to approximately 49% of Italian children without parental care.<sup>83</sup>

In the **Netherlands**, unaccompanied children are cared for under a system for refugees, funded by the Ministry of Safety and Justice, which is separate from the Dutch youth care system. A distinction is made between those under 15 and those 15 or older. Under-15s and those with a residence permit are cared for by Nidos, the guardianship agency.

Those 15 or older without a residence permit are the responsibility of the Central Agency for the Reception of Asylum Seekers (COA). Nidos provides family-based care and small-scale facilities (up to 12 places), whereas smaller COA facilities have capacity of 16-20, and larger facilities of up to 50. The age distinction to separate children at 15 is not based on individual assessments.

A study from the University of Groningen also found that discrimination on the grounds of residence status is contrary to the non-discrimination principle laid down in Article 2 of the UNCRC.<sup>84</sup>

In **Spain**, there are no compulsory national standards on the operational framework of residential institutions, rather these standards are applied at a regional level, with national level standards developed in the form of recommendations without statutory value.<sup>85</sup> The asylum law in Spain requires unaccompanied asylum-seeking children to be referred to the child protection system,<sup>86</sup> and as such their care is often provided within the regional child protection system.

Spain is one of the countries in the EU that continues to use institutions for national children,<sup>87</sup> so some residential centres include both Spanish children and migrant children, although progressively more facilities are being used to house migrant, asylum-seeking and refugee children only, due to the recent increase in arrivals.<sup>88</sup>

### Decentralised systems

Italy, Spain and France have decentralised systems of governance when it comes to the care for unaccompanied children overall.

In practice this means that regional and local authorities have either exclusive or shared responsibility when it comes to care provision, which may result in uneven implementation of national legislative provisions, challenging coordination between regions and ultimately varying standards of care and protection.

This particularly affects frontline/entry point regions in such countries, which have to manage the highest number of refugee and migrant children.

## 4. PRIMARY SOURCE FINDINGS

### 4.1. GUARDIANSHIP

Guardians play a vital role in the protection of unaccompanied children, ensuring that their rights and needs are upheld and met, assuming legal capacity in the absence of a parent. The importance of guardianship is recognised in the RCD and the Alternative Care Guidelines, as well as by the Committee on the Rights of the Child.<sup>89</sup>

All frameworks highlight the obligation on states to appoint a guardian as soon as possible after the unaccompanied child is identified. Both the CRC and the RCD state that this guardian should have necessary expertise, and that representatives “whose interests could potentially be in conflict with those of the child’s should not be eligible for guardianship.”<sup>90</sup>

In practice, guardianship is variable, ranging from organisational/institutional guardianship, where the guardian function is filled by the authorities or facility director, to individual guardians, either voluntary or professional, who often also play a therapeutic role. The Bulgaria Helsinki Committee reported that unaccompanied children in **Bulgaria** were not appointed a legal guardian for status determination procedure in any of the cases which were monitored through 2018, despite the appointment of a legal representative being a requirement under the RCD.<sup>91</sup> Many of these children also registered their asylum application without the presence of either a legal representative or a social worker.<sup>92</sup>

In **France**, there is no uniform approach to guardianship<sup>93</sup> and its application is variable and unsystematic, with many children not being appointed a guardian prior to legal proceedings.<sup>94</sup> An ad hoc administrator is one type of guardian, appointed for asylum procedures when an unaccompanied child is held at the border. There is a lack of trained and available ad hoc administrators, in part because this is a voluntary role, and they are sometimes staff members of the department authority, which creates a potential conflict of interest if a child wants to lodge a complaint against the department.

A portrait of Christiane Frost, a woman with short grey hair, smiling. She is wearing a red top and a patterned scarf. The background is a plain, light-colored wall.

## CHRISTIANE'S STORY

Although Christiane Frost is from Frankfurt, Germany, she's lived in Palermo for 40 years. Now retired, she spent her career as a social worker for migrants. She's the guardian of a Bangladeshi boy. Their first meeting was tough because they couldn't speak the same language. But Christiane forged on. "I knew I had to help him with the bureaucratic things," she says. "And this I could do."

They've now built a rapport. They dine together and go to birthday parties together. But he will soon be turning 18, so Christiane will no longer be legally bound to him. But she doesn't see it that way. "When they're 18, they're not ready to be alone yet," she points out. "Of course, I won't abandon him from one day to the next."

Another thing is certain for Christiane: she's ready to be a legal guardian again. She has already volunteered for when the time comes.

*UNICEF (2019) A guardian's tale from Sicily; [www.unicef.org/eca/stories/guardians-tale-sicily](http://www.unicef.org/eca/stories/guardians-tale-sicily)*

In both **France** and **Spain**, an organisational guardian system is present for children placed in institutional care, where guardianship is delegated to the President of the department (France) or the autonomous community/city (Spain).

In practice, it is reported that a guardian is rarely appointed in France, due to capacity issues.<sup>95</sup> In Spain, due to the high numbers of children needing support in some regions, some unaccompanied children are not assigned a guardian prior to placement in the reception centre, and once assigned there is not always enough guardianship capacity to provide individual attention.<sup>96</sup> For example, one reception centre in Melilla has only one guardian responsible for 650 children.<sup>97</sup>

In both **Italy** and **Greece**, recent laws have been introduced to improve guardianship practices. In both countries until recently, similar organisational guardianship by public prosecutors, mayors or institution directors meant that in practice one guardian was potentially responsible for hundreds of unaccompanied children, which impairs their effective representation.<sup>98</sup> The lack of attention and individualised support from the guardian was highlighted as contributing reason for children trying to leave Italian reception centres autonomously.<sup>99</sup>

However, Italy's Zampa law introduced a new voluntary guardianship system, and Greece's law 4554/2018 which came into force on 1st September 2019 introduced professional guardians.

Both these laws introduce a centralised register of trained guardians, with the aim to increase the number of guardians<sup>100</sup> providing individualised support to unaccompanied children, facilitate their access to legal protection and basic social services as well as ensure the assessment and determination of the child's best interest.<sup>101</sup> By mid-2019, 1,700 voluntary guardians had been trained under the Italian initiative.<sup>102</sup> Each guardian can be responsible for a maximum of three children, which allows for higher quality care.<sup>103</sup> However, mechanisms to support and monitor these voluntary guardians require improvement.

In the **Netherlands**, Nidos is an independent organisation mandated by the government to provide guardianship to unaccompanied children who apply for asylum in the country. Nidos guardians meet children when they arrive at the central asylum centre, to inform them of the processes and to organise their placement into reception accommodation. The guardians remain responsible for these children for the length of their stay in the country, or until they reach adulthood. Evaluations have been made of the outcomes for children under Nidos' guardianship model in order to improve practice, including the use of end of guardianship forms to receive feedback from young people.<sup>104</sup>

The guardianship provisions noted here cut across the different care arrangements assessed in this report. These examples show that guardianship provision is inconsistently applied across the region, and within countries. In general, there is room to improve guardianship practices to ensure children's rights and needs are met. Italy and Greece are making progress to improve guardianship, and the application of these new laws should be monitored to ensure that they are suitably addressing the needs of 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.

## 4.2. TYPES OF ACCOMMODATION AND CARE ARRANGEMENTS

Six main types of accommodation and care arrangements were identified through this research. Most of the countries included use a combination of these, as seen in the table below. In general there is an over-reliance on institutional care, with fewer examples of established or widespread family-based care or supported independent living. Each form of care is defined and described in more detail below.

		Bulgaria	France	Greece	Italy	Netherlands	Spain
<b>Institutional</b>	Reception centres	X	X	X	X	X	X
	Medium scale care facilities	X	X	X	X	X	
<b>Community-based</b>	Small scale facilities				X		X
	Supported independent living		X	X	X	X	X
<b>Family-based</b>	Family-based care	X <sup>105</sup>	X	X	X	X	X
	Other		X	X	X		X

Institutional care refers to the provision of care within a residential setting with an ‘institutional culture’. An institutional culture can be identified when children are placed in facilities that are isolated from the broader community and obligated to live together without sufficient control over their lives and decisions that affect them. Moreover, the requirements of the institution, such as staff working hours, take precedence over children’s individual needs.<sup>106</sup>

While many such institutions are of large scale, some smaller facilities may also display an institutional culture. Under this description, most migrant, asylum-seeking and refugee reception centres, and some of the longer-term facilities identified in this research are examples of institutions.

### Distribution






The migration situation in the EU is characterised by unequal distribution of unaccompanied children both across and within Member States. Entry countries such as Greece and Spain have high numbers of migrant, asylum-seeking and refugee arrivals with irregular and unpredictable influx. Children then often move on from these countries when they can, towards destination countries in the centre and north of the EU where they aim to seek asylum. Within these countries, regions such as the Greek Islands and the Spanish enclaves often take the strain of arrivals due to their geographical location.

This unequal distribution is one of the key challenges identified, which impacts the ability of care providers to respond in the best way possible to the needs of unaccompanied children in these areas.



**A PLACE WITH PHYSICAL SAFETY  
DOES NOT AUTOMATICALLY QUALIFY  
AS A SAFE PLACE;  
IT HAS TO OFFER ENOUGH SOCIAL  
AND EMOTIONAL SAFETY THAT  
ALLOWS FOR THE STANDARD  
DEVELOPMENT OF THE CHILD.<sup>107</sup>**

## 4.2.1 RECEPTION CENTRES

	<b>VARIED, BUT USUALLY LARGE CAPACITY – RANGING FROM 30 TO 1,000 CHILDREN</b>
	<b>INTENDED TO PROVIDE INITIAL, TEMPORARY ACCOMMODATION, WHICH IN PRACTICE MAY RESULT IN CHILDREN REMAINING THERE FOR PROLONGED PERIODS OF TIME</b>
	<b>MAIN FOCUS IS ADMINISTRATIVE ASYLUM PROCESSING</b>
	<b>OFTEN ACCOMMODATION FOR BOTH ADULTS AND CHILDREN</b>
	<b>USUALLY ENSURES ONLY THE PROVISION OF BASIC SERVICES, SUCH AS FOOD AND MEDICAL ASSISTANCE</b>

Reception facilities are intended to provide temporary accommodation and administrative reception services for newly arrived asylum-seekers. They are usually large-scale facilities designed to manage a large influx of people. Asylum-seekers may stay in such facilities for varying lengths, sometimes until their claims are processed,<sup>108</sup> after which unaccompanied children may be moved into the national child protection system. As a key purpose of reception facilities is to accommodate asylum-seekers together for a faster asylum process, they are not designed to cater for the needs of children and do not aim to provide a family-like environment.

Research shows that placing children in reception centres increases the risk of them becoming a victim and/or witness of violence, especially if they live together with adults.<sup>109</sup>

One study has shown that the intention for reception centres to provide only temporary accommodation is often used by countries as an excuse to lower standards of care.<sup>110</sup> However, in many cases, children are accommodated in reception facilities for prolonged lengths of time.

For example, in Bulgaria and Spain there is no legal provision limiting the length of stay in reception centres. While the average length of stay of a child in a

Bulgarian reception centre is 3-6 months, respondents noted that some children have remained there for up to 18 months.<sup>111</sup> In Madrid, children can remain in reception facilities for up to 4.5 years, with an average stay of 6 months,<sup>112</sup> and in Melilla 95% children stay in the centre until they reach the age of 18.<sup>113</sup>

This report distinguishes between reception institutions managed by asylum/migration authorities, with limited or no involvement from child protection authorities, and those which are linked to child protection authorities.

### **Reception centres managed by asylum/migration authorities**

Child protection authorities often have limited authority and engagement in reception centres run by government bodies in charge of asylum and migration management. This demotes the status of the child, instead focusing on asylum or migration status.

It also hinders children's integration in the national child protection system, creating a parallel care system for migrant, asylum-seeking and refugee children.

*A 14-year-old Eritrean refugee outside a transit reception facility in Milan where he has been living alone, hoping to reach his relative in Holland. He left his home in Eritrea in 2013, at the age of just 10 and, after spending a year in an Ethiopian refugee camp, he set off for Europe where he hoped to rebuild his life. He is one of tens of thousands of unaccompanied children reaching Italy by sea.*



In **Bulgaria**, all unaccompanied asylum-seeking children at the time of data collection<sup>114</sup> were accommodated in Registration and Reception Centres (RRC) in Sofia and Harmanli, run by the State Agency for Refugees. These are large institutions, with capacity for over 2,000 people each, but in December 2018 accommodated only 267 asylum-seekers (184 in Sofia and 83 in Harmanli), including adults.<sup>115</sup> There have been concerns about a lack of care for children's well-being in the centres,<sup>116</sup> and children are unsupervised outside daytime working hours.<sup>117</sup>

In Sofia RRCs Ovcha Kupel and Voenna Rampa, children were accommodated on a separate floor to adults, and in Harmanli children were accommodated in a separate block for vulnerable groups.<sup>118</sup> In its National Preventive Mechanism report for 2017, the Bulgarian Ombudsperson highlighted a lack of specialised reception facilities for unaccompanied children and recommended that a separate specialised facility should be established.<sup>119</sup>

At the time of writing, a new block of the Harmanli RRC was being refurbished to accommodate vulnerable groups, including unaccompanied children, which will include separate living, dining and recreation rooms.<sup>120</sup> IOM with support from other UN agencies built a first 'safe zone' for unaccompanied children in RRC Voenna Rampa with 24-hour care. The space was officially inaugurated at the end of May 2019.<sup>121</sup>

In November 2019, 271 unaccompanied children were in 'safe zones' within open accommodation sites in **Greece**.<sup>122</sup> Safe zones were established as a temporary accommodation modality in order to reduce the time unaccompanied children stay in protective custody.

These safe zones are under the authority of EKKK but are managed by IOM and situated within the larger Reception and Identification Centres (RICs) run by the Ministry of Migration Policy. There is a maximum of 30 children per safe zone, where they are provided with case management and related support for up to three months.<sup>123</sup>

Throughout 2018 and 2019, EKKK has worked to significantly increase its capacity to process referrals and provide real-time monitoring of available places.

EKKK regularly analyses and publishes data in a transparent manner, which helps improve the situation by highlighting gaps and needs in order to direct funding and resources.<sup>124</sup>

The new guardianship system introduced in September 2019 is expected to improve the situation for children living in reception and accommodation facilities in Greece.

Most unaccompanied children in the **Netherlands**, with a permit to stay in the country or who are younger than 14, are accommodated in family-based care or small group homes. Older children (a total of 407 children as of August 2018) are accommodated in Process Reception Locations (POL), during their asylum process.<sup>125</sup>

When they are unable to be placed in foster families, however, children aged 13-14 may also be accommodated in a POL. POLs, which are run by the Central Agency for the Reception of Asylum Seekers (COA), have a capacity of up to 50 children. They are situated within larger Centres for Asylum Seekers but provide protection measures for children ensuring that they are not accommodated with adults.

The average stay in a POL is three months, although delays have recently seen this waiting time extend to more than five months, after which time more suitable care arrangements are sought depending on the age, vulnerability and asylum status of children.<sup>126</sup>

## Greek Islands Reception and Identification Centres (RICs)

The 'hotspot approach' was developed by the European Commission in 2015 to assist EU Member States to manage the identification and registration process for the disproportionate numbers of arriving migrants and asylum seekers. The hotspot approach has been implemented in both Italy and Greece through the establishment of Reception and Identification Centres (RICs).

In Italy, three of the four hotspots are not operational at the time of writing, due to lower numbers of arrivals in these locations. The only operational hotspot remains in Lampedusa with unaccompanied children being processed quickly and moved to reception facilities within one or two days.

In Greece, however, unaccompanied children often remain in RICs on the islands longer than the 25-day maximum stipulated by Greek law because of a lack of capacity in suitable accommodation on the Greek mainland preventing their transfer. Data from early 2019 shows that of the approximately 700 unaccompanied children in the Greek RICs, 226 had remained there for over 91 days, and four of these children had been there for over 361 days. Prolonged stays in overcrowded RICs leave unaccompanied children at high risk of exploitation and abuse.

By nature, RICs are processing facilities for both adults and children, which cannot be considered as providing care. Moreover, both adults and children present in RICs often face restricted freedom of movement and have access to basic services only. For these reasons, RICs have been deliberately excluded from the analysis in this report. Nevertheless, the stark reality on the ground in Greece has highlighted the need for additional resource allocation to increase the capacity of child protection facilities on the Greek mainland to allow for the prompt transfer of unaccompanied children from these centres to care facilities.

*European Parliament (2018) Hotspots at EU external borders [www.europarl.europa.eu/RegData/etudes/BRIE/2018/623563/EPRS\\_BRI\(2018\)623563\\_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/BRIE/2018/623563/EPRS_BRI(2018)623563_EN.pdf); Research response, key informant #23; Greek Council for Refugees (2018) The European Union policy framework: 'hotspots' [www.asylumineurope.org/reports/country/greece/asylum-procedure/access-procedure-and-registration/reception-and-IRC](http://www.asylumineurope.org/reports/country/greece/asylum-procedure/access-procedure-and-registration/reception-and-IRC) (2018) *Unprotected, Unsupported, Uncertain* [www.rescue.org/report/](http://www.rescue.org/report/)*

## Reception centres managed by child protection authorities

Reception centres in Italy and Spain are part of the national child protection system, in contrast to the examples of reception centres run by asylum/migration authorities. This is an important prerequisite for the integration of unaccompanied migrant, asylum-seeking and refugee children into national child protection systems.

In **Italy**, based on information from the Ministry of Labour and Social Policies, around 8,971 unaccompanied migrant children were registered at the end of January 2019.<sup>127</sup> Despite a general agreement among authorities that family-based care is the preferred option for unaccompanied children, 96% of unaccompanied children were living in institutional reception centres.<sup>128</sup>

This is an increase from 85% in 2015, and is significantly higher than the 48% of national children outside parental care who are placed in institutions.<sup>129</sup>

There are two stages of reception in Italy, the first of which is reception as defined in this section of the report, intended to be temporary, the second stage is longer-term care outlined in sections 4.2.1 and 4.2.2 of this report.

In 2018 there were three different types of first reception:

- Governmental facilities funded by the EU Asylum Migration and Integration Fund (AMIF)
- Municipal facilities
- CAS (Centri di Accoglienza Straordinaria) emergency accommodation centres managed by prefectures



AMIF facilities host up to 30 children each, while CAS facilities can host up to 50 children.<sup>130</sup>

Municipal and CAS facilities are typically used when AMIF-funded facilities lack capacity.

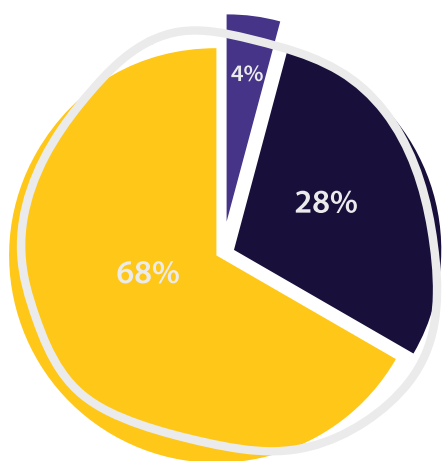
Although by law children should only remain in first reception centres for a maximum of 30 days<sup>131</sup>, this is not always the case. In Sicily, for example, children have reportedly spent up to 13 months in local first reception centres.<sup>132</sup>

Concerns have been raised about the lack of systematic monitoring of reception conditions, with some centres not providing services despite receiving public funds for these.

In some cases children reportedly did not have access to telephone or internet facilities to contact their families, were provided with insufficient food or clothes, or could not access any education, psychosocial or legal support.

Many reportedly also felt isolated in centres in peripheral or rural areas with no public transport and few social activities or opportunities to interact with their peers and local communities overall.<sup>133</sup>

The majority of the AMIF and CAS facilities are now closed, due to legislative changes and the decrease in arrivals, with all children transferred to SIPROIMI facilities (second reception stage). The final AMIF facilities are due to close by June 2020.<sup>134</sup>



**Figure 4:**  
**Unaccompanied children in different forms of care in Italy, December 2018**



Source: Ministry of Labour and Social Policy (2019) Report di Monitoraggio – I minori stranieri non accompagnati (MSNA) in Italia, 31 December 2018

A set of guidelines for best interests' assessments in the primary reception centres was developed by UNHCR, IOM and Save the Children in 2016 with endorsement from the Italian Ministry of Interior.<sup>135</sup> Integration of migrant, asylum-seeking and refugee children into the community will be more streamlined by integrating their care into the national child protection system, rather than by providing parallel initiatives.

In **Spain**, almost all unaccompanied children are accommodated in institutional reception facilities run by the regional public administrations or by non-profit private entities under agreements with the public administrations. Due to the increased influx to Spain in recent years, many reception facilities have seen severe overcrowding. One facility in Melilla, for example, has a capacity of 180 children but was accommodating 650 children at the time of data collection, with 15 carers per shift, and only one guardian and two social

workers for the entire centre.<sup>136</sup> In Bizkaia province 938 unaccompanied children were living in a reception system designed for 244,<sup>137</sup> with insufficient staff and service provision.<sup>138</sup>

Generally, facilities for unaccompanied children in Spain are located close to urban areas, but there are cases where facilities are located in peripheral areas, which might lead to isolation.

Many of the reception centres also do not provide sufficient access to telephone and internet for children to contact their families. In its observations on Spain in 2018, the Committee on the Rights of the Child raised concerns about the deficiencies of the facilities and the overcrowding of some centres, as well as cases of ill-treatment of children in reception centres, including isolation of children, a lack of surveillance and reporting mechanisms.<sup>139</sup>







*Radi [name changed] poses in front of one of the murals that presides over the centre for minors in Ceuta where he has lived for more than a year. Radi, who is from Guinea, promised to care for his little sister, Zania, when his mother died. At age 15, he travelled more than 5,000 kilometres, crossing four countries: Guinea, Mali, Algeria and Morocco*

## THESE EXAMPLES DEMONSTRATE THAT INSTITUTIONAL RECEPTION CENTRES DO NOT MEET THE BENCHMARKS OF APPROPRIATE CARE:

- Large size and structure of operation, which prevents individualised support for children,
- In cases where the primary focus is on the asylum administration process, the best interest of the child might be compromised, Absence or limited engagement of the child protection authorities in contexts where centres are managed by migration authorities, which compromises the primacy of the rights of the child,
- Establishing parallel systems, rather than encouraging integration into national child protection mechanisms,
- Insufficient psychosocial support for children who have experienced trauma,
- Lack of adequate monitoring and complaint mechanisms,
- Inadequate supervision, overcrowding and the accommodation of children in centres with adults, exposing them to risk of violence or abuse.






The intention for these centres to only provide temporary care often results in lower standards, but in practice many children stay there for long periods of time, exposed to conditions that potentially expose them to harm. No child should be subjected to this type of institutional care, even if considered only a temporary solution, and authorities should work towards a safe transition to alternative forms of care.

### Complaint mechanisms

Across different forms of care, complaint mechanisms and avenues for children's voices to be heard were found to be limited. In many facilities, key informants noted that children are required to raise their concerns with either the director of the centre, their social worker, the Ombudsperson, or through a 'complaints box' system. Yet, such options may be inaccessible, considered insufficiently reliable by children, or evoke a conflict of interest if the children are expected to submit complaints to facility employees. In some cases, there were no reported mechanisms in place for children's voices to be heard at all.

A good practice with this regard, however, was noted in the Netherlands, where children in care provided by Nidos are assigned a "person of trust", who can help them launch a complaint, while an organised group of unaccompanied children, the Connected Juniors, visits reception facilities to explain complaints procedures and mechanisms to their peers.

## 4.2.2 MEDIUM SCALE CARE FACILITIES FOR LONGER TERM CARE

	<b>MEDIUM TO LARGE CAPACITY – RANGING FROM 10-60 CHILDREN</b>
	<b>INTENDED TO PROVIDE LONGER-TERM CARE</b>
	<b>GENERALLY FOR CHILDREN ONLY</b>
	<b>RUN BY GOVERNMENT OR NON-GOVERNMENTAL BODIES WITH FOCUS ON CHILD PROTECTION SERVICES</b>
	<b>PROVISION OF SOCIAL WORKERS, LEGAL ASSISTANCE, EDUCATION AND ACTIVITIES, AS WELL AS OTHER BASIC SERVICES</b>

This section focuses on facilities and shelters for unaccompanied migrant, asylum-seeking and refugee children, designed to provide smaller scale and longer-term accommodation and care than reception centres. Most shelters identified in this research are managed by non-governmental organisations, with oversight from government child protection authorities, although Bulgaria and Italy provide examples of facilities managed by governmental authorities. There is an overlap in the capacity range for the reception centres and the medium scale facilities. However, the main difference relates to the intention for long term care and the child-specific focus. According to the Alternative Care Guidelines, actions should be implemented for the elimination of institutional forms of care, and even the residential facilities which aim to be more child-centred should be included in this strategy to move towards family-based care for all children.

Some of these examples demonstrate characteristics of institutional care, while others display a more child-centred approach. Nevertheless, all examples appear to fall short of some of the benchmarks of quality care.

In **Bulgaria**, nine children with international protection status were placed in small group homes in 2018, and 14 children were placed in these facilities in 2017.<sup>140</sup> These homes have a capacity to care for up to 12 children and provide a mix of social services with a focus on individualised provision of care and education, with links to community-based services to encourage integration in the community.<sup>141</sup>

These homes are not specific to refugee and migrant children, but also care for Bulgarian children outside family care. They were established as an alternative to large institutions as part of Bulgaria's action towards deinstitutionalisation. Children who do not apply for international protection fall under the responsibility of the Agency for Social Assistance (ASA), rather than the State Agency for Refugees, and therefore can be placed in a small group home or other form of care under the Child Protection Act.<sup>142</sup> However, the majority of asylum-seeking children are placed in Reception Centres run by SAR as noted above for the duration of the application process, and are only likely to be placed in a small group home after having been granted protection status.<sup>143</sup>



Similar approaches were found in **Greece** and **France**, where unaccompanied migrant, asylum-seeking and refugee children may be placed in shelters run by non-governmental organisations, with oversight from authorities (EKKA in Greece and departmental child protection authorities in France). While NGO management may lead to inconsistency in standards, it can also allow for more flexibility to adapt to the specific needs of children in each shelter.

These shelters provide basic services such as food, hygiene and health care, as well as legal assistance with asylum claims, language classes and psychosocial support through a multidisciplinary approach. Some shelters provide education services internally, while others enrol children in national education or apprenticeships. However, these appear not to be offered in a systematic manner, and are often aimed at addressing immediate needs, rather than long-term social inclusion needs and open prospects for solutions.<sup>144</sup>

In **France**, there is no available comprehensive database of all shelters. However, the shelters identified through the research had an average capacity of 42 places per shelter. They vary in the length of stay provided, ranging from emergency shelter for average of five days, to average stays of 1-2 years.<sup>145</sup>

In Greece, 55 shelters were operating in August 2018 as specific accommodation facilities for unaccompanied children, with an overall capacity of 1,191 places, and total occupancy of 932 boys and girls.<sup>146</sup> 46 of these shelters were funded by the EU through AMIF funding.<sup>147</sup> These shelters range in capacity from 8-40 children, but the majority are on the larger end of this scale, with 17 having capacity for 30 or more children.<sup>148</sup> It is concerning to note that in early 2019 there were 11 unaccompanied children under the age of four living in shelters in Greece.<sup>149</sup> EKKA is the national authority responsible for the management and of referrals and placements for children into shelters in Greece.<sup>150</sup> The newly adopted Guardianship Law 4554 gave additional responsibility to EKKA for the shelters from September 2019 onwards, which will likely lead to more consistency in care provision. The Deputy Ombudsperson for children's rights in Greece also plays a role in this process.

Her office has developed a monitoring plan, based on data provided by EKKA, and ensures regular monitoring through spot visits to selected shelters.<sup>151</sup>

In **Italy**, after they leave first reception centres, unaccompanied children are transferred to second-level SIPROIMI reception facilities. SIPROIMI centres can care for 10-60 children,<sup>154</sup> and should comply with regional legislation and norms concerning the care of children. There is no legally provided maximum duration for a child to stay in a secondary reception centre, it varies depending on their legal status. These centres provide basic services as well as services to support social inclusion and preparation for autonomy. The system aims to improve services through coordination and exchange of practices with local social services.<sup>155</sup>

In the **Netherlands**, some children who are over the age of 14 and have a permit to stay are placed in 'small living groups' (KWG), managed by Nidos under its mandate from the government. At the time of data collection this form of care accounted for approximately 8% of unaccompanied migrant and refugee children in the Netherlands. These have a capacity for around 12 children, with carers present at all times, including one overnight. Most children in the KWG have their own rooms and cook their own food. The children attend school, and are provided with access to legal, health and psychosocial services as required. Contact with family members is promoted, enabled and supported by the guardians.

Children aged 15 and older who do not have a residence permit are cared for in facilities under the authority of the Central Agency for the Reception of Asylum Seekers (COA). While these facilities are referred to as small housing facilities (KWV), they have capacity for 16-20 children, which is too large to provide a family-like environment.<sup>156</sup> The KWV facilities are sometimes located on the grounds of a larger asylum seekers' centre, and those which are outside the asylum seekers' centre have 24-hour supervision by COA employees. Children in KWVs attend school, receive mentoring and skills development, and are provided with leisure activities.<sup>157</sup>

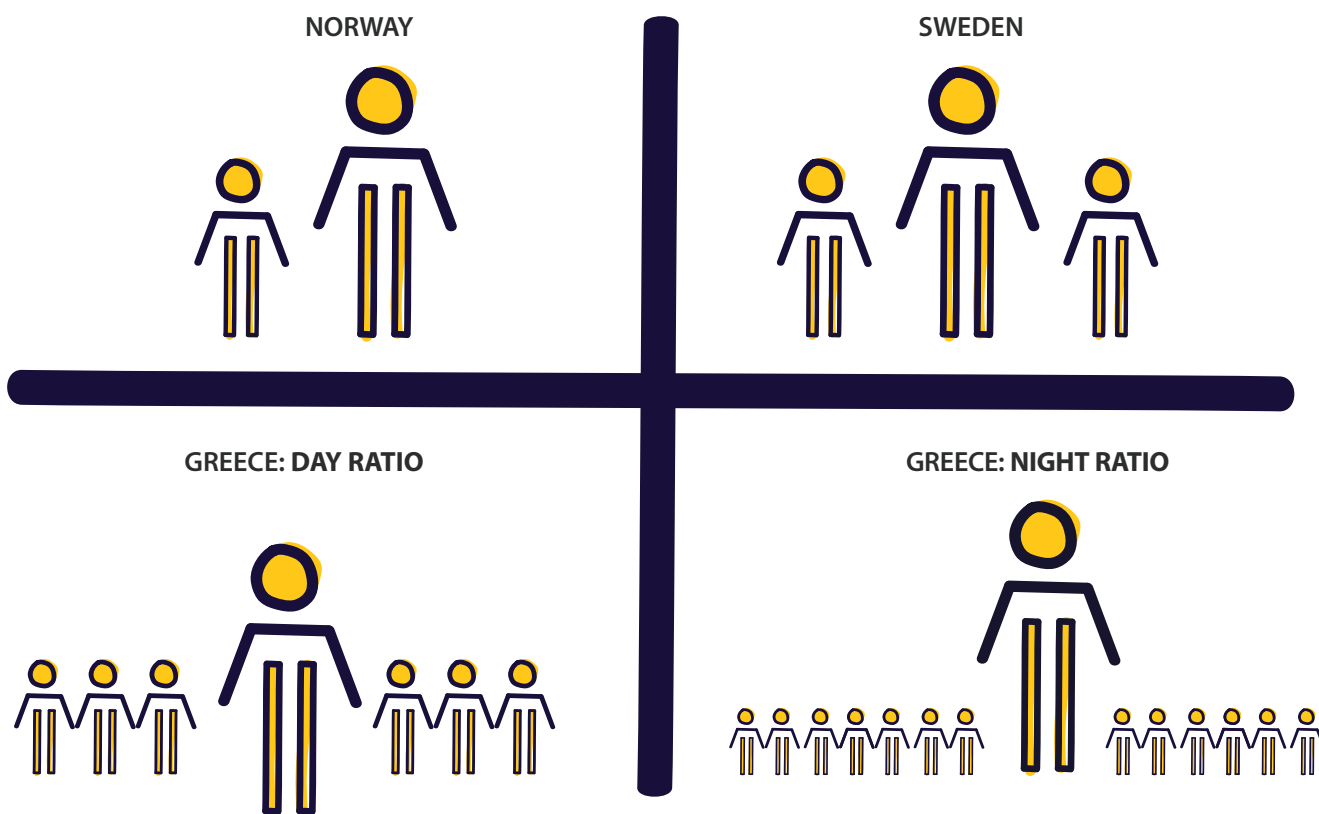
Children in the Netherlands who are identified as victims or at risk of trafficking, are accommodated in protected shelters, which have a capacity of up to 24 and high levels of supervision and security.

These are managed by youth care organisations contracted by COA.<sup>158</sup> Recent reports claim that in the past five years, 60 children have disappeared from these protective shelters.<sup>159</sup> This is part of a larger issue, with 1,600 children reported missing from the Dutch asylum system over 4.5 years until mid-2019.<sup>160</sup>

In contrast to reception centres, the different facilities and shelters described in this section are intended to provide long-term care for children until they reach adulthood. These facilities are in many cases better meeting the needs of children by providing services such as education, legal assistance and psychosocial services. Some of these are aiming towards a more family-like living situation, with smaller houses and suitably qualified live-in carers who can respond to individual needs.

### Staff to child ratios

A report on conditions in Nordic countries notes that the ratio of staff to children in reception facilities is approximately 1:1 in Norway and at most 1:2 in Sweden.<sup>152</sup> In comparison, shelters in Greece which provided information for this report have an average staff to child ratio of 1:6 during the day and 1:15 overnight.<sup>153</sup> This limits the provision of individualised care to meet children’s needs.



## YET, MANY OF THE EXAMPLES HERE DO NOT MEET THE BENCHMARKS OF QUALITY ALTERNATIVE CARE FOR CHILDREN:





- These shelters and facilities are **too large** to provide a family-like environment.
- Many have **insufficient levels of supervision**.
- The care is **not integrated** with the broader community, leading to parallel systems of care.
- Most of these centres are designed with the aim to facilitate the operation of the institution at the forefront, rather than being centred around the needs and rights of the child.

### Funding of residential care

Residential facilities lock financial resources into buildings, rather than being able to flexibly respond to the individual needs of children. By directing funding at these facilities, rather than children's individual care needs, donors create an incentive to keep the facilities full, rather than ensuring that children transition into stable family-based care arrangements. The financing through migration focused donors also could be a barrier to integrating children into care provided through national child protection systems.

This creation of parallel systems of care is an inefficient use of resource and creates a missed opportunity to strengthen sustainable child protection systems where all children have equal access to care and protection which meets their individual needs.

### 4.2.3 SMALL SCALE FACILITIES

	<b>SMALL CAPACITY, UP TO 8 CHILDREN</b>
	<b>INTENDED TO PROVIDE LONGER-TERM CARE FOR CHILDREN ONLY</b>
	<b>24-HOUR CARE AND SUPERVISION</b>
	<b>INTEND TO PROVIDE INDIVIDUALISED SUPPORT, WITH SOCIAL WORKERS, EDUCATION, ACTIVITIES, AS WELL AS BASIC SERVICES</b>

Small-scale residential care can provide higher quality care, organised around the rights and needs of the child. The Alternative Care Guidelines note that the objective of small scale residential care should be “to provide temporary care and to contribute actively to the child’s family reintegration or... stable care in an alternative family setting”.<sup>161</sup> While there is no commonly agreed definition of a small group home, for the purposes of this report, they are defined as residential facilities where a group of up to eight children live together under the care of consistent live-in caregivers who are trained to respond to child protection needs.

A well-run small group home does not have an institutional culture and instead is designed around the best interests of the child. The home should be integrated with community services to prevent segregation. A high ratio of carers to children helps provide individualised and child-centred support. While the previous section included many facilities which are described as small group homes, a distinction is made between them and the facilities in this section, which are small enough to provide individualised care.

In December 2017, the **Italian** Ministry of Labour and Social Policy (MLSP) hosted a Joint Conference which resulted in a set of non-binding recommendations about the criteria defining different kinds of residential facilities, which would be applicable to Italian as well as refugee, asylum-seeking and migrant children.<sup>162</sup> One type of facility included was the *comunità di tipo familiare* (family community for children). These are apartments with a maximum of six children or adolescents who live with two or more educators who have parental functions and roles.<sup>163</sup>

This ratio of educator to child is similar to the Nordic examples, it allows for a family-like environment, where educators have the capacity to provide individualised attention to each child, and to respond to their psychosocial, medical and emotional needs.

In **Spain**, the non-governmental organisation Aldeas Infantiles manages some small group homes for migrant, asylum-seeking and refugee children as well as Spanish children.<sup>164</sup> These houses have six children with a live-in educator and support staff such as social workers and psychologists.<sup>165</sup> The houses are often set up as small villages, either in rural or urban areas. The Common European Guidelines on the Transition from Institutional to Community-based Care note that housing which is dispersed among the community, rather than clustered in such village set-ups, provides better quality outcomes for its inhabitants.<sup>166</sup> However, care has been taken to mitigate the risks, for example, the children in these houses are allocated different schools to encourage their integration with the wider community.<sup>167</sup>

While these are two promising initiatives, it is evident that the use of small group facilities for younger children who would benefit from higher levels of supervision is not widespread in response to unaccompanied migrant, asylum-seeking and refugee children.

Available data demonstrates that, while the medium and the small group facilities may be smaller than reception centres, there is variation in the quality of care provided when assessed against the benchmarks. Both types of facilities found in this research provide long-term care, and measures should be taken to transition these to temporary care as envisioned by the Alternative Care Guidelines.

## SMALL GROUP HOMES ARE BETTER ABLE TO MEET SOME BENCHMARKS OF QUALITY CARE, WITH:

- Potential to provide more individualised, child-centred care than larger shelters,
- Appropriate levels of supervision and support.

However, while this report has classified the forms of care based on the capacity of the facility, size is not the only factor in defining a type of care for children as a good practice.

Instead, each facility needs to be assessed individually to determine whether the quality of care meets children’s needs and best interests, or whether an institutional culture is prevalent.

It is important to ensure that a small group home is not just a small-scale institution but provides quality care, designed around the individual needs of the child. Such facilities should also be actively working on permanency planning for the child, preparing them for family reintegration in the host country or upon return to their country of origin, family-based alternative care or transition to adulthood, as envisioned in the Alternative Care Guidelines.

### 4.2.4 SUPPORTED INDEPENDENT LIVING (SIL)

- ✓ **SMALL CAPACITY, 4-6 CHILDREN**
- ✓ **INTENDED FOR LONG-TERM ACCOMMODATION, UNTIL THE CHILD REACHES ADULTHOOD**
- ✓ **ACCOMMODATION FOR ADOLESCENTS, USUALLY OVER 15 YEARS OLD**
- ✓ **SOCIAL WORKERS AND SUPPORT AVAILABLE, BUT NOT 24 HOUR LIVE-IN CARE, WITH THE AIM OF PREPARING CHILDREN FOR INDEPENDENT ADULTHOOD**

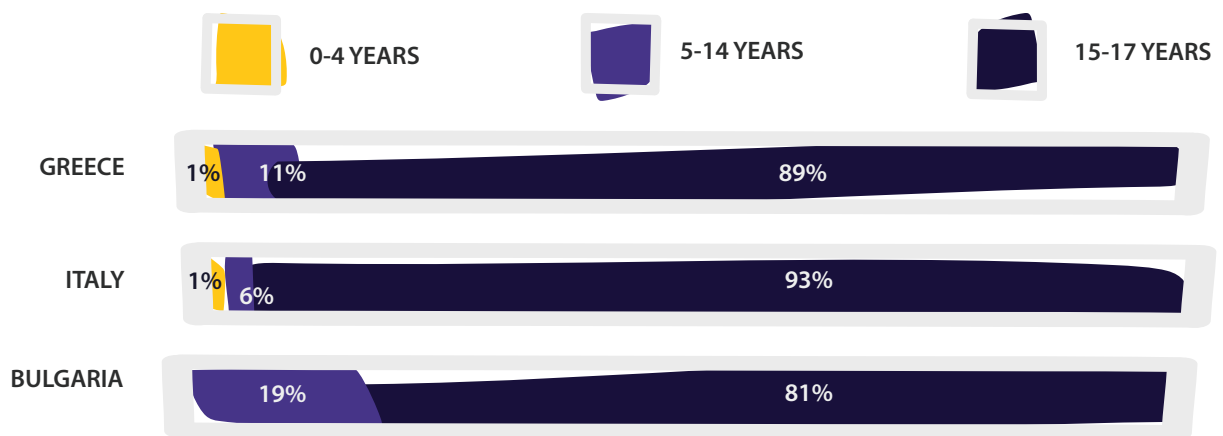


Figure 5 : Age breakdown of accompanied, unaccompanied and separated children, Jan-Dec 2018  
 Source: UNICEF Latest Statistics and Graphics on Refugee and Migrant Children  
[www.unicef.org/eca/emergencies/latest-statistics-and-graphics-refugee-and-migrant-children](http://www.unicef.org/eca/emergencies/latest-statistics-and-graphics-refugee-and-migrant-children)



91% of unaccompanied children who arrived in Italy, Greece and Bulgaria in 2018 were over the age of 15.<sup>168</sup> These children have often been living and travelling independently throughout their journey to Europe. Supported independent living (SIL) is focused on the integration and preparation of children for adulthood. SIL is a form of small group care, which could be considered in the section above, but presents essential differences as related to the level of supervision. Specialised support is given to young people in SIL depending on their needs, but there is no 24-hour live-in supervision as in small-group homes. SIL can be a beneficial care option, in line with the best interests of older adolescents, where they can develop their independent living skills. Many positive examples of SIL were highlighted through this research.

In **France**, a number of departmental councils provide supported independent living arrangements for older children, including unaccompanied migrant, asylum-seeking and refugee children. This service is often provided in collaboration with non-governmental organisations, including France Terre D'Asile and Apprentis d'Auteuil.<sup>169</sup> Children who are placed in this service are accommodated together in small groups, and are provided with assistance including medical care, psycho-social support, legal support, education and vocational training. Staff are specially trained in areas such as social care and law to respond to the specific needs of refugee and migrant children.<sup>170</sup> France Terre d'Asile has programmes in 17 facilities across five departments in France.<sup>171</sup> Apprentis d'Auteuil has around 25 services which provide daytime support during the week for children in the SIL apartments, as well as for children who are accommodated in other facilities. The staff at these services will also visit the children in their SIL apartments during the weekend and evenings for meals or activities. The aim of these services is to assist young people towards autonomy, including assistance after turning 18.<sup>172</sup>

In **Greece**, with the implementation of the new guardianship law, SIL apartments hosting a maximum of four children each are provided for children who are over the age of 16. There is joint action between the Ministry of Labour, UNHCR, UNICEF and IOM to provide SIL placements for 260 young people, and 116 places were already available under this project as of December 2019.<sup>173</sup> These SIL apartments are currently being piloted by UNICEF and UNHCR, through DG Home EMAS funding, and implemented through national NGOs METAdrasi and Praksis.<sup>174</sup>

All children in SIL have an assigned representative fulfilling the role of their guardian pending the operationalisation of the guardianship law. Children are provided with case management including psychosocial support, legal assistance, access to formal education, medical care as needed, non-formal education, re-creational activities, coverage of basic needs and cash assistance.

In recent years, the **Italian** MLSP has outlined plans for a high-autonomy accommodation (Alloggio ad alta autonomia), where adolescents 16 or older can be offered semi-autonomous apartments where they cook and clean for themselves. This service may host up to five children and ensure low-level assistance and supervision by professional staff.<sup>175</sup> This arrangement is being implemented on a small scale at local level, but there is not yet any national level data available on the implementation or its impact on children. Positive examples of SIL, which are small, integrated into the community, provide flexible support and encourage independence for young people have been found in the city of Milan.<sup>176</sup>

In the **Netherlands**, some children who are older than 15 and have a residency permit are accommodated in small living units (KWE),<sup>177</sup> which display the characteristics of supported independent living. KWEs are apartments or houses in the community with four children per apartment. A carer is present eight hours per week for each child. Although carers are not present overnight, they are reachable by phone if needed by the children at any time. The children attend public school, and are provided with access to legal, health and psychosocial services as required.<sup>178</sup> In August 2018, there were 430 children in KWEs, approximately 14% of unaccompanied children in the Netherlands, under the responsibility of either Nidos or a contracted partner organisation.

In Bizkaia and Catalunya regions of **Spain**, supported living flats are provided for both migrant and Spanish children between 16 and 18 years old.<sup>180</sup> In these arrangements, four to six adolescents live semi-autonomously under the supervision of a director and social educators. The protection entity keeps the guardianship while this programme helps the children to become more independent. Respondents noted that these programmes provide accommodation, education, social inclusion measures, job counselling and employment services, and is coordinated with community services and civil society associations.<sup>181</sup>

## AS DEMONSTRATED THROUGH THE EXAMPLES IN THIS RESEARCH, THE INTENTION OF SIL IS TO PREPARE CHILDREN FOR INDEPENDENT LIVING AND TO SUIT THE CHILD'S NEEDS AND SITUATION.

- Provision of care and protection at levels which are appropriate for the **child's specific needs and life situation**,
- **small scale** apartments,
- enabling **integration** with the community,
- continuously preparing the child for independent living.
- The care is **not integrated** with the broader community, leading to parallel systems of care.
- Most of these centres are designed with the aim to facilitate the operation of the institution at the forefront, rather than being centred around the needs and rights of the child.

However, while for many older children SIL may be the better option, some children may still benefit from the enhanced support and supervision provided in family-based care or small group homes.

For this reason, it is important to ensure that comprehensive best interests' assessments are carried out to provide the right form of care and services for each individual child. Young refugees are finding shelter, protection and normalcy through UNICEF-IOM Supported Independent Living scheme.

**Mohammed, 16, from Afghanistan**, has been in Greece for the last two and a half years. He is currently living in a Supported Independent Living (SIL) apartment in central Athens with three more young boys from Afghanistan, Pakistan and Egypt, who also reached Greece alone. The apartment operates under the EU funded project PEDIA, implemented by UNICEF in collaboration with IOM and local partners, providing supported independent living accommodation and care to unaccompanied children in Greece.

His journey to Greece lasted more than a year and a half and it was not an easy one, something he knows he shares in common with more than 5,300 unaccompanied children in the country.

"Leaving my home was not easy. My father was a police officer and our family were continuously targeted and threatened. After losing my mother I couldn't imagine constantly living in hiding and fear, so I decided to take a step towards a safer life. From Afghanistan, I went to Pakistan, then to Iran and then Istanbul. My last stop was Lesbos".

Mohammed stayed in Moria RIC for four months before he was transferred to an emergency

hotel accommodation scheme in Athens with other unaccompanied children, where he stayed for a year before he was placed at the SIL scheme in late 2019. Mohammed and his three roommates registered for school as soon as they were placed in the apartment. Their everyday lives now include attending the local junior high school, doing their homework with support from educators provided by local partners, going to the gym and cooking all together. In the weekends he likes to explore the city go to the movies and spend more time exercising.

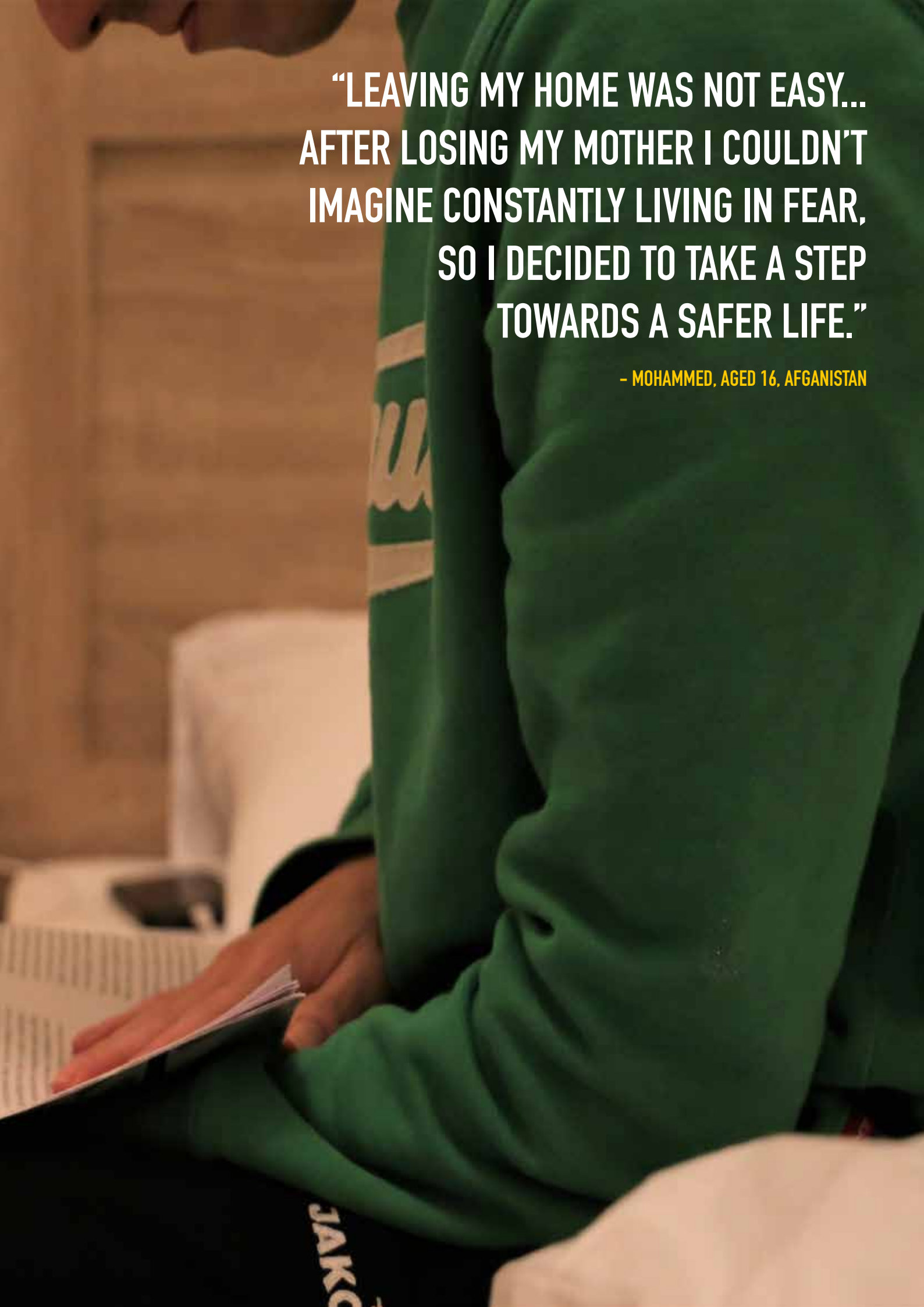
"Going back to school after almost three years of absence was difficult but my teacher and classmates have been very kind, welcoming and supportive, especially when it comes to helping me learn Greek which I find very challenging, yet I am eager to learn" he says with determination.

"When I was going to school back in Kabul, I really enjoyed biology and anatomy. I find the function of the human body fascinating. Now, in my new school, I would like to focus on computer science. This is something I want to also follow professionally if I can. Alternatively, I could also become a tailor! I'm really good at it and I find it very creative."

Mohammed has been granted international protection and is currently pending a family reunification appeal verdict with his paternal aunt who lives in Germany. In the meantime, he is slowly getting back to normalcy in Athens.

Mohammed's apartment is managed by UNICEF and IOM's implementing partner IRC. The EU supported SIL scheme in Greece has a capacity of over one hundred places for UAC as of today with plans for accelerated expansion in the coming months.

Source: IOM (2020) *Migrants' Stories*: [greece.iom.int/en/migrants-stories](https://greece.iom.int/en/migrants-stories)

A young man with dark hair, wearing a green hoodie, is looking down at a document or book he is holding. The background is a simple room with a wooden door and a white bed. The lighting is warm and indoor.

**“LEAVING MY HOME WAS NOT EASY...  
AFTER LOSING MY MOTHER I COULDN'T  
IMAGINE CONSTANTLY LIVING IN FEAR,  
SO I DECIDED TO TAKE A STEP  
TOWARDS A SAFER LIFE.”**

**- MOHAMMED, AGED 16, AFGANISTAN**

## 4.2.5 FAMILY-BASED CARE – INCLUDING FOSTER CARE

	<b>CARE IN A FAMILY THROUGH FOSTER CARERS</b>
	<b>SMALL SCALE, REFLECTING FAMILY ENVIRONMENT</b>
	<b>CHILD-CENTRED APPROACH</b>
	<b>ACCESS TO SERVICES AND INTEGRATION IN COMMUNITY</b>

The UNCRC and the Alternative Care Guidelines note that families are “the natural environment for the growth, well-being and protection of children.”<sup>183</sup> Family-based care can provide individualised support designed around the needs of the child. It is also more cost effective than institutional care arrangements.<sup>184</sup>

Foster care for unaccompanied migrant, asylum-seeking and refugee children is a form of care which meets the benchmarks of quality care, by:

- Focusing on the **needs and best interests of the child,**
- enabling a child’s right to **family life,**
- allowing **individualised** attention,
- supporting **integration** with the community.

Across all countries analysed, family-based care is considered to be the most appropriate form of care. However, it remains under-used by Member States in response to unaccompanied migrant, asylum-seeking and refugee children, due to barriers and challenges such as lack of capacity in the foster care system, cultural barriers to hosting foreign children, or lack of proper investment.

While the Netherlands provides family-based care to 50% of all unaccompanied children,<sup>185</sup> this research found that, according to available data, this modality is significantly under-utilised in other focus countries, where between 0 to 4% of unaccompanied migrant, asylum-seeking and refugee children were in family-based care at the time of the data collection.

In response to the survey, both the **Bulgarian** State Agency for Refugees and the Agency for Social Assistance noted that foster care is an option available to unaccompanied refugee and migrant children in Bulgaria as per existing legislation and policy frameworks. The Agency for Social Assistance, through partnership with UNICEF, UNHCR and the National Network for Children, provides expertise and training to professionals and carers on child protection, foster care, and working with unaccompanied migrant, asylum-seeking and refugee children.<sup>186</sup>

Since December 2015, the project Accept Me 2015 has also been working to refine and extend the scope of foster care as an alternative form of care for all children in Bulgaria.<sup>187</sup> This involved the development of professional, specialised foster care for children with additional vulnerabilities, including unaccompanied migrant, asylum-seeking and refugee children. However, despite these efforts and the legislation allowing for alternative care options, no unaccompanied children were in foster care placements in Bulgaria at the time of data collection.<sup>188</sup>

One survey response noted that one child was placed in a foster family in 2017,<sup>189</sup> but no information was provided on why this child is no longer in a foster placement, or why more children had not been placed since 2017. The general reasons for the lack of placements, according to one respondent, include various factors: lack of available foster placements, especially for older children, language and cultural barriers, and administrative difficulties coordinating between the different government agencies responsible.<sup>190</sup>

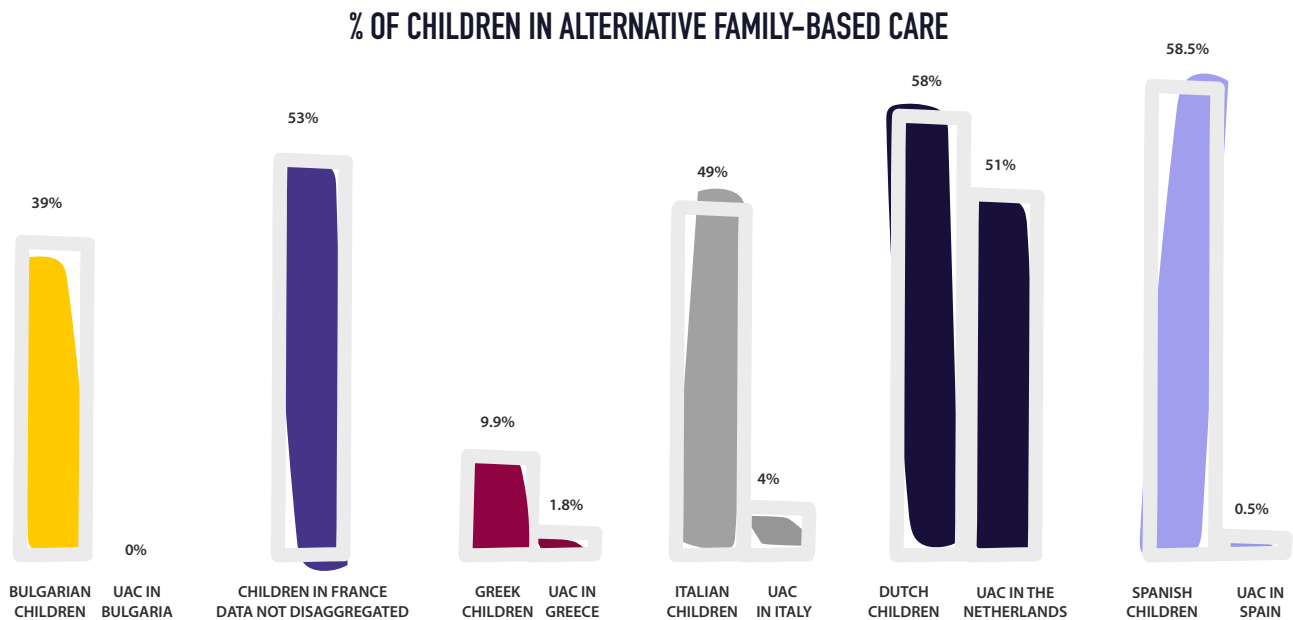
**“YOU HAVE MORE INTIMATE  
RELATIONSHIPS. YOU HAVE TWO  
PEOPLE WHO CARE ABOUT YOU  
ALL THE TIME... THEY TREAT ME  
LIKE A SON.” 182**

**- UNACCOMPANIED CHILD IN FOSTER CARE IN ITALY**



**Figure 6: Percentage of children in alternative family-based care**

Sources: Research responses, survey #2, key informant #16, #53; Lumos data; Nidos, SALAR, CHTB, (2015) op.cit; Opening Doors Europe (2015) Mapping institutional and residential care for children in Greece [www.openingdoors.eu/wp-content/uploads/2016/08/data\\_institutionalised\\_children\\_greece-pdf/](http://www.openingdoors.eu/wp-content/uploads/2016/08/data_institutionalised_children_greece-pdf/); EKKA (2019) op. cit; Harder, Annemiek & Zeller, Maren & López, Mónica & Koengeter, Stefan & Knorth, Erik. (2013). Different sizes, similar challenges: Out-of-home care for youth in Germany and the Netherlands. *Psychosocial Intervention*. 22. 203-213. 10.5093/in2013a24; Dutch News (2018) Minister: let children in foster families stay until 21 [www.dutchnews.nl/news/2018/01/minister-let-children-in-foster-families-stay-until-21/](http://www.dutchnews.nl/news/2018/01/minister-let-children-in-foster-families-stay-until-21/); Opening Doors Europe (2018) Spain country factsheet [www.openingdoors.eu/where-the-campaign-operates/spain/](http://www.openingdoors.eu/where-the-campaign-operates/spain/)



According to the Reception and Living in Families Report of 2015, 53% of all children in the child protection system in **France**, including French children, were in foster care. However, the number of unaccompanied migrant, asylum-seeking and refugee children in foster care was minimal, largely due to a lack of specialised training for the foster families.<sup>191</sup>

Some non-governmental organisations were identified through this research in France, which accommodate unaccompanied migrant, asylum-seeking and refugee children in foster families:<sup>192</sup>

Some non-governmental organisations were identified through this research in France, which accommodate unaccompanied migrant, asylum-seeking and refugee children in foster families:

- Fondation Grancher had 147 host family placements in Paris as of April 2019.<sup>193</sup>
- France Parrainages is also conducting a project in Val-de-Marne region calling for volunteers to host unaccompanied children, with 10 families hosting children in March 2019.<sup>194</sup>

Examples of foster care established by departmental authorities were also identified:

- Both Paris and Pas-de-Calais have hosted a small number of migrant, asylum-seeking and children in foster families. However, these departments report difficulty recruiting foster parents and placing children. They note cultural challenges of placing a child with a French family from a different cultural background, although one report notes that within France it is also considered discriminatory to place a child with a family of their own cultural background as this may inhibit integration.<sup>195</sup>
- In the Loire-Atlantique department, a voluntary family care system has been established. 30 children were living in families under the programme in 2017, with four social workers managing evaluations and supporting the families.<sup>196</sup>
- In 2018 the Department Council of Seine-Maritime called for foster families to host some of the 470 unaccompanied children under its authority.<sup>197</sup> They reported that this number represented a 100% increase in unaccompanied children in three years, and that along with 210 extra places to be opened in shelters and specialised facilities, reception in foster families would help to manage this increase.<sup>198</sup>

In **Greece**, the policies regarding the provision of family-based care for unaccompanied children, such as foster care and kinship care, fall under the national framework for the protection of children who cannot live in their family environment. However, for years the main model of care provided has been shelters. The recent introduction of Law 4538/2018 reforms and strengthens the legal provisions for the implementation of foster care for all children, including migrant, asylum-seeking and refugee children, with the introduction of professional foster carers.<sup>199</sup> However, this model has not been widely operationalised. The non-governmental organisation METADrasi was the only organisation providing foster care at the time of research. They have piloted a foster care programme specifically for unaccompanied refugee and migrant children, with funding from UNHCR and in close collaboration with the government authorities and the public prosecutor.

Between 2015 and August 2018, they placed 63 children in foster care.<sup>200</sup> METADrasi conducts initial assessments of potential foster carers, social services then conducts a further psychosocial assessment of the carer before the public prosecutor approves the carer. METADrasi's foster care team, comprising of social workers, psychologists and a lawyer, then conducts matching process to ensure the best match between the child and the carer.<sup>201</sup> This is a positive example of foster care which is centred around the child's needs and best interests.

Current **Italian** legislation identifies foster care as the most appropriate form of care for children deprived of parental care.<sup>202</sup> It states that a child who does not have an appropriate family environment should be assigned to a foster family, and should be received in a facility only in the absence of available foster families.<sup>203</sup>

This research identified some positive examples of foster care in Italy, led by non-governmental organisations:

- The Terreferme project<sup>204</sup> matches unaccompanied migrant, asylum-seeking and refugee children who arrive in Sicily with foster carers in the northern regions. This pilot project is testing tools for selecting the best placement of the child, training and support for families. Once the match between the foster family and the child is made by professionals in both regions, a first meeting via Skype or in person is arranged before the transfer of the child takes place, allowing the child and

family to become acquainted before placement. Terreferme professionals also ensure continuous support to the family and the child throughout the placement.

- The Movement of Foster and Supportive Families (MFAeS) in Rome<sup>205</sup> aims to provide individually tailored solutions for both migrant and Italian children. The project has more than 50 foster carers and supportive families trained to care for children.
- MetaCometa Onlus is an association of approximately 50 families who provide foster care for children upon their arrival in Sicily.<sup>206</sup> The association works with specialists including psychologists, social workers and cultural mediators to improve the care provided to children through the programme, and to encourage integration of children.

Despite these positive examples, however, available data and studies show that foster care remains underutilised, with only 4% of unaccompanied refugee and migrant children registered in Italy benefiting from family-based care.<sup>207</sup> There are many reasons for this: lack of human and financial resources dedicated to foster care, with no national database to identify available foster families<sup>208</sup> and a requirement for multi-sectoral and multi-regional involvement, which can pose a barrier to implementation.

Most families willing to receive a child also reportedly prefer and "expect young children",<sup>209</sup> while most unaccompanied children are adolescents. This demonstrates a lack of training and sensitisation for potential foster carers specifically around the demographic of this group of children. It may also reflect the need to consider individual circumstances carefully, and invest further in supported independent living arrangements for children in an older age group when this would be in their best interests. Finally, available families would need more monitoring, supervision and support throughout the process with the child or young person according to their national coordination mechanism.<sup>210</sup>

Nidos, the organisation responsible for guardianship of unaccompanied children in the **Netherlands**, places all children under the age of 15 in foster care, as well as those over the age of 15 who have additional vulnerabilities. In August 2018 there were 1,548 children in foster or kinship families under Nidos' programme - approximately 50% of all unaccompanied children in the Netherlands.<sup>211</sup>

A comprehensive matching process is undertaken to identify the family that can best meet the child's needs.<sup>212</sup> Social workers are responsible for recruitment of families, matching of children with families, and monitoring and supporting the foster placement.<sup>213</sup> Nidos also has temporary foster carers who live close to the asylum application centre in the north of the country. These families are available at all times to provide temporary care for children from the moment they arrive, while awaiting matching of a longer-term foster placement.

At the end of 2018, there were 607 families in Nidos' pool, with 248 of these having capacity to take a child.<sup>214</sup> This extra capacity is useful to manage any future influx of unaccompanied children. Many responses from across the Member States noted that family-based care is not possible due to the lack of availability and willingness of foster parents. However, the situation in the Netherlands demonstrates that foster care is possible, and has the ability to respond to fluctuating numbers, with enough resource and recruitment effort.

Nidos has its own pool of host families, who are mostly from the same ethnic background or who speak the same language as the children. This separate group of foster carers means that Nidos is not reliant on the general Dutch foster care system, and as such they do not suffer from a lack of suitable and willing carers, as is common in other EU countries.<sup>215</sup>

While there are advantages to providing foster care through the same linguistic and cultural background as the child, the parallel system may hinder integration of unaccompanied children into their new community. However, several Dutch studies have found that children placed in foster care are more satisfied with their living environment and feel better integrated into Dutch society than those in the larger reception centres.<sup>216</sup>

The foster care system in the Netherlands is a good example of appropriate child-centred care, and Nidos is using its expertise in this area to promote regional implementation of their model through training and capacity building in other EU Member States.<sup>217</sup>

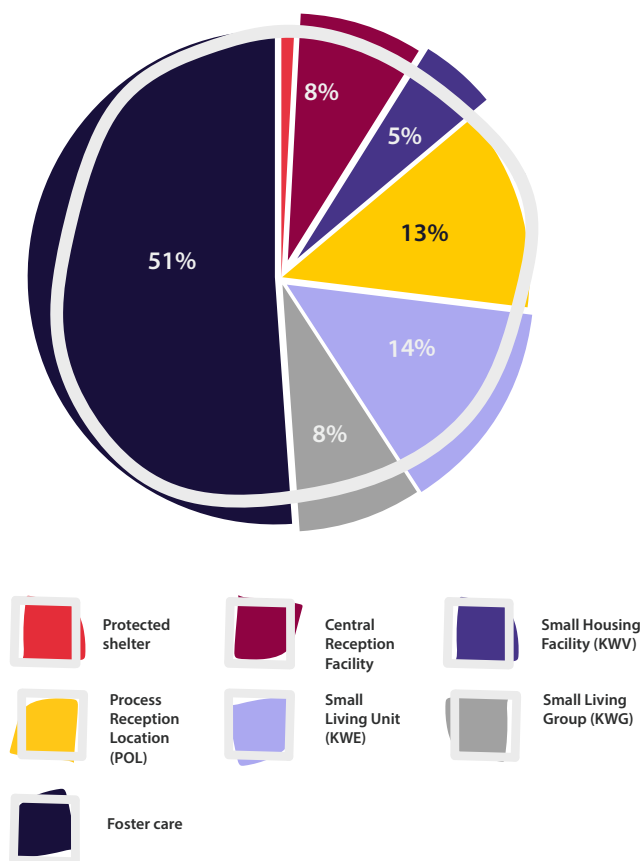
In contrast with the Netherlands, only 0.5% of the unaccompanied children in **Spain** are in family-based care.<sup>218</sup> Key informants in both Valencia and Catalunya highlighted initiatives to implement foster care for unaccompanied Moroccan children, with Catalunya

expecting to have 20 children in foster families by the end of 2019.<sup>219</sup> However, difficulties were related to false assumptions by children and families that children in centres are prioritised for residence, and concerns over fostering adolescent boys. Respondents from Bizkaia also noted that past attempts to implement foster care have been unsuccessful due to lack of willingness from families to become foster carers.<sup>220</sup>

A number of research respondents pointed to the PROFUCE Project (Promoting Foster Care for Unaccompanied Children in Europe) as a positive example of regional initiatives, involving several NGOs in seven municipalities in three countries – **Bulgaria, Greece and Italy**.<sup>221</sup> This EU-funded project aims to increase the number of unaccompanied children placed with foster parents in the three countries, as well as to improve competencies of foster parents, educators and social workers by training through Nidos methodologies. The project held training and communications campaigns from November 2017

**Figure 7:**  
**Unaccompanied children in the Netherlands**

Source: Research response, survey and key informant #53



to October 2019. This is a very positive example of regional cooperation and information sharing to increase family-based care.

These positive examples demonstrate the willingness of many organisations and Member States to move toward family-based care. However, many of the examples outlined here are small-scale projects which are not integrated with existing care services, and the majority of children in most of the Member States remain in residential or institutional care arrangements. The main barriers to family-based care reportedly relate to foster carers' reluctance to welcome foreign children (due to different cultural background, age, etc.). The examples where an investment has been made to develop foster care for refugees and migrants, however, demonstrate positive initiatives which could be scaled up to allow more unaccompanied children to access family-based care.

#### 4.2.6 OTHER ACCOMMODATION AND CARE ARRANGEMENTS – INCLUDING HOTELS AND PRIVATE ARRANGEMENTS

In response to sudden influx, authorities and NGOs in a number of Member States have made use of informal accommodation arrangements for unaccompanied migrant, asylum-seeking and refugee children, such as hotels and camps, when reception centres and other facilities have exceeded capacity. Lack of capacity in the reception and child protection systems means many children end up in informal care arrangements, or on the streets, outside the regular care system. This section of the report provides examples of the different care responses in the six Member States which do not fall into any of the categories identified in this research. Some of these are well-intended attempts to provide innovative care in challenging situations, while others demonstrate a failure of the system to care for and protect all children.

Significantly, in January 2019, 583 unaccompanied and separated children in **Greece** were reported as homeless, and 107 of these had been without a home for over 361 days.<sup>222</sup> Reports of homelessness among unaccompanied migrant, asylum-seeking and refugee children were also identified in **France** and **Spain**.<sup>223</sup> This demonstrates the severe lack of capacity in care services for unaccompanied children, which leaves them vulnerable to abuse, sexual exploitation or drug addiction.

To address some of the most pressing capacity gaps in **Greece**, an Emergency Hotel Accommodation has been used to provide 24/7 emergency protection and care, in response to the shortage of long-term accommodation places. In early 2019, 533 unaccompanied children were living in emergency hotels in Greece.<sup>224</sup> Within these hotels, children are provided with case management including psychosocial support, legal assistance, access to formal education, medical care, non-formal education, recreational activities, and coverage of basic food and items. There is a maximum of 40 children per emergency hotel accommodation, with priority given to unaccompanied children in RICs.<sup>225</sup> The emergency hotel accommodation is currently funded through DG Home EMAS (Emergency Assistance Grant) channelled through IOM and managed by IOM implementing partners (ARSIS and GCR).<sup>226</sup>

In **France**, the lack of adequate accommodation and support services has led to protest occupations of vacant public buildings and the creation of informal welcome centres and support services, provided by private individuals and local NGOs. A lack of capacity in children's shelters also leads children to stay along with adults in camps, without appropriate safeguards or monitoring.<sup>227</sup> There are cases of children who have accepted offers of accommodation from adults who visit the camps, this puts the children at high risk of abuse and exploitation.<sup>228</sup> Many unaccompanied children are living in informal shelters or with adults in private residences, outside the care network of the child protection authorities.<sup>229</sup> While foster care is beneficial, it must be provided by appropriately selected and trained carers and with sufficient monitoring, which the above informal services are missing.

There are accounts of children in **Spain** being forced to sleep in police stations due to lack of capacity in reception centres or other safe accommodation.<sup>230</sup> In Valencia, attempts have been made to provide a better option for unaccompanied children during overcrowded periods, with the arrangement of some leisure campsites to free some space in the centres and provide a more enjoyable experience for unaccompanied refugee and migrant children.<sup>231</sup>

In some **Italian** cities there are centres for daytime activities and orientation for unaccompanied refugee and migrant children in transit and those outside the formal reception system. For example, Civico Zero in Rome provides basic services, safe space, legal assistance and recreational activities.<sup>232</sup> The managing NGO, Save the Children, operates street units to

establish first contact with children who might be out of the formal reception system.<sup>233</sup> Intersos24 is another facility offering shelter and basic services, including medical support, for children in Rome.<sup>234</sup>

Emergency or informal arrangements are often used to respond to the high number of children, which exceeds the national care capacity. Yet, many of these options expose children to high levels of abuse and harm, with children ending up in the streets in many cases. The prevalence of cases where children are not in suitable care arrangements shows a failure to adhere to the Reception Conditions Directive as well as other international standards.

## 5. PATTERNS AND CONCLUSIONS

Member States are bound by the Reception Conditions Directive and the Convention on the Rights of the Child, but they should also strive to adhere to the Alternative Care Guidelines, the EASO Guidance and the Quality4Children Standards when developing appropriate care responses for unaccompanied migrant, asylum-seeking and refugee children. All responses must be designed around the needs and best interests of the child, and unaccompanied migrant, asylum-seeking and refugee children should benefit from the same quality of care as national children. The European Commission can play an important role in coordinating and facilitating cross-country learning, policy reform and monitoring system strengthening.

**THIS RESEARCH SHOWS THAT, WHILE THERE ARE**

**SOME POSITIVE EXAMPLES OF QUALITY CARE FOR**

**UNACCOMPANIED CHILDREN IN THE SIX FOCUS**

**EU MEMBER STATES, MOST UNACCOMPANIED**

**MIGRANT, ASYLUM-SEEKING AND REFUGEE**

**CHILDREN ARE ACCOMMODATED AT SOME POINT**

**IN CARE WITH AN INSTITUTIONAL CULTURE, WITH**

**MANY REMAINING IN INSTITUTIONAL CARE FOR**

**EXTENDED PERIODS OF TIME.**

The institutional responses identified through this research fail to meet many of the benchmarks of good alternative care; they are not designed around the rights and needs of the child, they do not provide appropriate complaint mechanisms or avenues for children's voices to be heard, and they often provide long-term rather than temporary care, with insufficient carers to ensure individualised attention and support. For unaccompanied migrant, asylum-seeking and refugee children, who have often experienced trauma before or during their journey to Europe, these institutions do not provide the necessary care and protection and may even expose children to further harm and abuse.

The lack of engagement by national child protection authorities in responses for unaccompanied migrant, asylum-seeking and refugee children in some circumstances, leaving the responsibility to asylum and migration authorities, can lead to the creation of a parallel care system. Preventing unaccompanied migrant, asylum-seeking and refugee children from accessing mainstream child protection services in this way is neither an effective use of resources, nor likely to provide the best outcomes for children. Even in countries where care was provided by child protection actors, there is evidence that unaccompanied migrant, asylum-seeking and refugee children do not have equal access to services such as family-based care.

When faced with influx of large numbers, Member States default to institutional responses. But many reception centres are unable to cope with the increase in arrivals, and the resulting overcrowding puts children at risk. Subsequently, when the numbers decrease these large facilities operate under capacity, which is an inefficient use of resources.

Many of the medium scale facilities also often demonstrate an institutional culture, and do not adequately meet international benchmarks for quality care. Small-scale facilities generally meet these better as they deliver higher levels of quality supervision and individualised care. However, this research found only limited examples of quality small-scale facilities provided for unaccompanied migrant, asylum-seeking and refugee children. Even medium or small-scale residential care facilities prioritise the needs of the institution over the individual needs of the child.

Family-based care and supported independent living stand out as some of the most positive forms of care, which meet most of the benchmarks of alternative care. These forms of care are centred around the child's



needs, consider the life situation and original social environment of the child and facilitate their integration into the community. Supported independent living is a positive initiative which can enable and support the transition to adult independence for older unaccompanied migrant, asylum-seekers and refugee teenagers. Family-based care is widely recognised as the most beneficial option for all children. However, it is evident that this form of care remains underused in Europe, with only one Member State included in this research providing foster care to a significant proportion of unaccompanied migrant, asylum-seeking and refugee children.<sup>235</sup>

**Positive examples of care include individual assessments to match the child with the best placement for their life situation, and in the case of family-based care to match with a family who can best respond to their needs. They also include ongoing support to the level required by the child, and access to education, vocational and social opportunities which promote integration.**

As entry countries to the region, Spain, Greece and Italy face unpredictability in arrival rates and the responsibility for first response. Nevertheless, in all three countries there have been commendable efforts to develop family-based care and supported independent living. This shows good intentions, and that quality care for children is possible even in challenging circumstances.

A number of key challenges and issues relating to reception and care for unaccompanied migrant, asylum-seeking and refugee children include:

- A lack of resources, or a lack of mandate, for child protection systems to provide care to migrant, asylum-seeking and refugee children in addition to national children;
- Language, cultural barriers and the demographic characteristics of children (mostly adolescent boys), which makes foster care placements difficult;
- Insufficient guardianship capacity - if properly capacitated and resourced, guardians can advocate for children can go into care which meets their individual needs and best interests;
- A general absence of centralised databases was identified in some cases, which prevents timely assessment, matching and placement of children in foster families or community-based care.

Unaccompanied migrant, asylum-seeking and refugee children have the same rights as all children. Their status as children should take precedence over their nationality and migration status. They should be provided with care and protection which upholds their rights and meets their needs, which requires a shift away from institutional responses to individualised family- and community-based care.

## 5.1 LESSONS LEARNED

- A lack of obtainable or publicly available information about the services and processes in place for unaccompanied migrant, asylum-seeking and refugee children in some countries, including a lack of disaggregated data by sex, age and type of facility, makes it difficult to paint the full picture on how asylum, migration and child protection systems work and to what extent they integrate and provide appropriate response services for children on the move.
- There are many disparities even within countries, with variation in the numbers of unaccompanied children being hosted and the capacity and availability of resources in different regions, highlighting the need for better responsibility sharing not only across the European region but also within countries.
- Delegation of care provision for unaccompanied migrant, asylum-seeking and refugee children to regional authorities and non-government organisations can lead to varied standards of care and monitoring within countries, but may also provide care which is better suited to individual needs. For example, the NGO MetaDrasi is providing family-based care with psychosocial assessments of potential carers and a matching process between foster carer and child, which demonstrates individualised care provision for each child.
- It is common to have parallel systems for national and non-national children, which may create double standards of care between children of the host community and unaccompanied children. This can be detrimental to social cohesion and longer-term integration.
- Despite the pressure of unpredictable arrival rates, there are a number of positive examples of care provision across countries.

## 5.2 KEY FINDINGS

### Care provision and 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.

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. Language, cultural differences and the demographic characteristics of the children are often

reported as the main barriers to family-based care. 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.

**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. 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.

**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.

## 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). 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.

These examples are mostly run by NGOs, such as MetaDrasi's programme in Greece, or by 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. 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. 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.

## 5.3 RECOMMENDATIONS

### To Member States

#### Care system transformation

18. 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.

19. 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

20. 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

21. 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

22. 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.

23. 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

24. 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.

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

26. 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**

27. 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.

28. 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.

29. Along the same lines, ensure future EU funding for deinstitutionalisation 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**

30. 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.

31. 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**

32. 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.

33. 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.

34. 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.



## ANNEX A: SURVEY

Name:

Role / organisation:

Location:

Date:

### A. General Questions

#### Decisions on placement:

1. What happens at the point where a UAC is identified? Include detail on who is responsible for the child once identified, when and by who a BIA is conducted.
2. Who is responsible for deciding where a child is placed?
3. Who is involved in making this decision? e.g. consultation with child, BIA, legal representation

#### Family based care:

4. What are the policies regarding provision of family-based care for UAC?
  - a. How does this differ from alternative care for national children provided through national child protection systems?
5. Is foster care (either temporary or long-term) an option for UAC?
  - a. If yes, please describe number of children placed in foster care
  - b. If yes, what organisation/government department is responsible for foster care?

#### Siblings:

6. What actions are taken when UAC siblings are identified? Describe the Standard Operating Procedure (SOP).
7. What is the process in cases where one or more siblings are minors and others are over 18? Describe the SOP.

### B. List of Facilities

Complete the following table to list the facilities which accommodate UAC in the country:

1. Name of facility	2. Location (city/ province) and admin level	3. Date opened	4. Capacity	5. Number of people accommodated (including adults)	6. Number of UAC (with age and gender breakdown)	7. Description of facility (reception centre/informal accommodation/ family-based care)	8. Body responsible for facility (government department or NGO)	9. Is this considered a migrant facility or a child care facility (are national children present?)

## C. Specific Facility Questions

For each facility, answer the following:

### **Description of facility:**

1. Are any adults also accommodated in the facility?
  - a. If so, describe the measures taken to separate children and adults
2. Nationalities of children accommodated in the facility
3. Number of admissions and discharges over last month
4. Number of carers employed in facility
  - a. number present during day
  - b. number present overnight
5. How many bedrooms for UAC (divide boys and girls if separated)?
6. How many bathrooms (divide boys and girls)?
  - a. Are the bathrooms accessible for persons with disabilities?
  - b. Do the bathrooms have lockable cubicles or other privacy measures?
7. What is the length of stay for a UAC? List shortest, longest, and average stay?
8. Is food provided at the facility?
  - a. How often is food provided
  - b. Is specific food provided to children and/or adolescents?
9. What health and psycho-social services are available?
10. What mechanisms are there in the facility to enable UAC to contact family members? e.g. phones available for use, assistance tracing family members, internet access.
  - a. How often are children able to access these mechanisms?
11. What complaint facility is available?
12. Are UAC able to leave and return to the facility at own will? If this is limited to specified hours/times, please describe the policies.
13. Are UAC able to move around the facility to all areas at will? e.g. are internal doors ever locked?
14. Are means of restraints ever applied on UAC? e.g. restraints to beds, handcuffs.
  - a. If yes, under what circumstances are these applied? e.g. as disciplinary action, cases of public interest, as a standard practice for all children
  - b. How long are these restraints applied on an individual in the circumstances listed?
15. Are there accessible transport links between the facility and the nearest town/city?  
For example, a bus stop nearby
16. What supervision is provided for UAC? e.g. are child protection professionals monitoring children 24/7?
17. Is there a code of conduct and/or child safeguarding policy in place for the facility?
18. Do the staff at this facility receive training on the following? If so, please note the date of the most recent training:
  - a. Best interests assessments
  - b. Child protection
  - c. Code of conduct
  - d. Health and safety

### **Best Interests of the Child:**

19. Are all UAC assigned a guardian prior to placement in this facility?
  - a. If no, how many children in the facility have a guardian at the time of research?
  - b. How many children are assigned to one guardian?
20. Are all UAC assigned a social worker?
  - a. If yes, how many children are assigned to one social worker?
21. What, if any, actions are taken to enable family reunification?
22. Do all UAC have access to legal assistance in the facility?
23. What education services, including school transportation, are available?
24. What services are provided to UAC to improve their future life chances upon turning 18?  
(e.g. vocational training, assistance with applications to remain in country, assistance with search for accommodation)
25. Is the child actively included in decision making processes about their placement and their options on leaving care?

### **Funding sources:**

26. List the funding source for each of the facilities
27. If possible, provide details of the annual budget for each facility

## ANNEX B: SURVEY ASSESSMENT FRAMEWORK

AC = UN Alternative Care Guidelines

Q4C = Quality4Children Standards

Guidelines Paragraph	Guideline description	Question number	Question description
AC 6	Decision making on a case-by-case basis	A3	Responsibility for decision making and BIA
AC 7	Determination of best interests of the child		
Q4C 3	A professional decision-making process ensures the best possible care for the child		
Q4C 7	The child's placement matches his/her needs, life situation and original social environment		
AC 141	UAC should receive the same level of protection and care as national children	A4	Provision of care and differing treatment to national children
AC 154	Those providing services should ensure appropriately trained staff, family-based care, residential care only as a temporary measure, prohibit establishment of new residential facilities, prevent cross-border displacement, and cooperate with family tracing and reintegration efforts.		
AC 37	Support services to siblings who choose to remain together	A7	Keeping siblings together / family unity
Q4C 4	Siblings are cared for together		
Q4C 12	Appropriate living conditions	B7	Description of facility
		C1	Adults accommodated
AC 123	Small and organised around rights and needs of child	B4	overall capacity
		B5, B6	# accommodated
		C5	# bedrooms
		C25	Child actively included in decision making process
AC 126	Sufficient carers to allow individualised attention and bonding	C4	# carers
		C4a	carers present day
		C4b	carers present night
		C16	Supervision
AC 89	Privacy, including hygiene facilities	C6	# bathrooms
		C6a	disability access
		C6b	lockable
AC 123	Temporary care contributing to family reintegration	C7	length of stay
		C3	Admissions and discharges
AC 83	Adequate wholesome nutritious food	C8	provision of food
AC 84	medical care and counselling	C9	health and psycho-social provision
AC 81	contact with family and close people encouraged and facilitated	C10	contact with family members
Q4C 8	The child maintains contact with his/her family of origin	C10a	contact how often
AC 151	Regular communication with family		
AC 99	Access to known, effective impartial complaint mechanism	C11	complaint facility
AC 93	Adequate protection from abduction/trafficking, constraints on liberty no more than strictly necessary	C12	Leave and return at will
AC 97	No use of force or restraints	C13	free movement around facility
		C14	Use of restraints

		C15	Access to transport
AC 107	Staff code of conduct	C17	Code of conduct / safeguarding policy
AC 93	Adequate protection from abduction/trafficking, constraints on liberty no more than strictly necessary	C18	staff training
AC 106	Written policy and practice statements		
AC 113	Staff undergo appropriate suitability assessment		
AC 115	Training on specific vulnerability of children		
AC 154	All persons are sufficiently trained		
Q4C 9	Caregivers are qualified and have adequate working conditions		
AC 145	Appoint guardian as soon as identified	C19	guardian assigned
		C19a	how may assigned guardian
		C19b	how many children per guardian
AC 146	Trace and re-establish family as soon as taken in to care	C21	actions for family reunification
AC 151	Regular communication with family		
AC 57	legal representation on behalf of children	C22	legal assistance provided
AC 103	child has access to legal and other representation where necessary		
AC 136	Access to social, legal, health during leaving and after care		
AC 135	Educational and vocational opportunities	C23	education services
AC 131	Prepare for self-reliance and integration, social and life skills	C24	improve future life chances
AC 136	Access to social, legal, health during leaving and after care		
Q4C 14	The child/young adult is continuously prepared for independent living		
Q4C 15	The leaving-care process is thoroughly planned and implemented		

## ANNEX C: INTERVIEW PROTOCOL

Interviews with key informants were semi-structured, based on the questions in the survey (Annex A).

Interviewers asked questions around the following themes, with appropriate themes selected depending on the key informant's role, area of work, and knowledge.

- Reception System for unaccompanied migrant, asylum-seeking and refugee children
- Numbers and characteristics of unaccompanied children in the reception and asylum system
- The types of facilities and structures where care is provided
- Funding and financing
- Legislative changes
- Guardianship
- Reception and care with private individuals or foster families
- Process for requests for international protection
- Process to respond to victims of trafficking
- Social inclusion
- Education
- Health
- Job placements or vocational training
- Children in transit, those not applying for protection
- Untraceable children
- Criminal Proceedings

Key informants included authorities who were responsible for care and protection of the target group of children, either national, regional or local depending on the delegation of authority in each country.

Interviews with NGOs were selected to provide complementary responses to authorities. NGOs informants were chosen to illustrate the reality on the ground, and their implementation of care provision under government delegation. The selection process was based on the relevance of the work undertaken by the organisations or for having put in place creative initiatives that could be considered good practices.

## ANNEX D: LIST OF SURVEY RESPONDENTS

### Bulgaria

Bulgarian State Agency for Refugees
Bulgarian Agency for Social Assistance
Lumos Foundation Bulgaria

### France

UNICEF France
UNHCR France consultant

### Greece

National Centre for Social Solidarity (EKKA)
Doctors of the World / Médecins du Monde – Greece
Faros
METAdrasi – Action for Migration and Development
PRAKSIS (Programs of Development, Social Support & Medical Cooperation)
SOS Children's Villages Greece



International Centre for Sustainable Development (ICSD)
Institute for Child Health - Department of Mental Health and Social Welfare (ICH-MHSW)
IOM Greece
UNHCR Greece
UNICEF Greece

## Netherlands

Nidos Foundation
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## Spain

Generalitat de Catalunya. Departament de Treball, Afers Socials i Famílies Direcció Gral. d'atenció a la Infància i l'adolescència - Catalunya
Consejería de Asuntos Sociales Area de Menores - Ceuta
Consejería de Políticas Sociales y Familia. Dirección General de Protección del menor - Madrid
Consejería de bienestar Social y Sanidad, Dirección General del menor y la familia - Melilla
UNICEF Comité Español

## ANNEX E: LIST OF INTERVIEWEES AND KEY INFORMANTS

### Bulgaria

Lumos Foundation Bulgaria
UNHCR Bulgaria
UNICEF Bulgaria
IOM Bulgaria

### France

Apprentis d'Autueil
France Terre d'Asile
Independent consultant
UNICEF France
UNHCR France
UNHCR France consultant

### Greece

METAdrasi – Action for Migration and Development
UNHCR Greece

### Italy

IOM Italy, Coordination Office for the Mediterranean
UNHCR Regional Office for Southern Europe
UNICEF Italy
Italian Independent Authority for Children and Adolescents
CNCA, National Coordination Reception Communities
SIMM, Italian Society of Medicine of Migration
Save The Children Italia
Ministry of Justice – Juvenile Justice Department
Central Service of SPRAR, National Protection System for Asylum Seekers and Refugees
<i>Palermo:</i> Municipal Monitoring Office for Guardians (Ufficio Monitoraggio Tutori)

Juvenile Court of Palermo
Municipal Social Services of Palermo
NHS Age assessment equipe of Palermo
SPRAR Via Roma - SPRAR reception facility
Municipal Ombudsperson for Children and Adolescents
"Terreferme" project
Ethno-psychology service for UMC
La Grande Vela* – Second-level reception facility
Adesso Noi - Second-level reception facility
<i>Roma:</i> La Perla ONLUS – outreach project
MFAeS: Movement of Foster and Supportive Families
Municipal Social Services
CPsA - Centre of very First Reception
CPIM Venafrò - Centre of First Reception
IL TETTO– Second-level Reception facilities
<i>Firenze:</i> Quelli del Bazar ONLUS – theatre association
Istituto degli Innocenti
Municipal Social Services

## Netherlands

IOM Netherlands
Nidos Foundation
UNHCR Netherlands
UNICEF Netherlands

## Spain

Diputación de Bizkaia. Departamento de Acción Social. Dirección de infancia y acción social – Bilbao (Bizkaia)
Dirección Territorial de Bienestar Social Servicio de Familia, Menor y Adopción. Dirección Gral. de Infancia y adolescencia – Valencia
UNICEF Comité Español
Fundación La Merced Migraciones
Institut Català de l'Acolliment i de l'Adopció
Baketik
Aldeas Infantiles
APRAMP
Fundación Raíces
Save the Children Spain

## ANNEX F: DESK RESEARCH DATA

Please see a full bibliography for this research at [www.wearelumos.org/UMRCAnnexFbibliography](http://www.wearelumos.org/UMRCAnnexFbibliography)



*Sabba [name changed] arrived in Spain in October 2017 from Morocco and now lives in a child protection centre in a city in southern Spain, photographed on 29 November 2019*

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<sup>62</sup> Law 292/2015 of 17 July 2015, available in Dutch <https://zoek.officielebekendmakingen.nl/stb-2015-292.html> [Accessed 12 May 2019]

<sup>63</sup> The recast Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection (hereafter: RCD), available at: <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013L0033&from=EN>

<sup>64</sup> UNGA (2010) op. cit.

<sup>65</sup> UNGA (2010) op.cit.; CELCIS, ISS, Oak Foundation, SOS Children's Villages International and UNICEF (2012) Moving Forward: Implementing the 'Guidelines of the Alternative Care of Children', available at <https://www.alternativecareguidelines.org/MovingForward/tabid/2798/language/en-GB/Default.aspx> [Accessed 5 April 2019]

<sup>66</sup> European Migration Network (2018) op. cit. p. 23.; In EASO Guidance the order of these options is also inverted: EASO (2018) EASO Guidance on reception conditions for unaccompanied children: operational standards and indicators, p.8 available at <https://www.easo.europa.eu/sites/default/files/Guidance-on%20reception-%20conditions-%20for-unaccompanied-children.pdf>

<sup>67</sup> United Nations (1989) op.cit. preamble

<sup>68</sup> The Bulgarian national strategy for deinstitutionalisation does not mention migrant or refugee children in its policy document National Strategy: Vision For Deinstitutionalisation Of Children In The Republic Of Bulgaria [www.strategy.bg/FileHandler.ashx?fileId=9433](http://www.strategy.bg/FileHandler.ashx?fileId=9433)

<sup>69</sup> FRA (2015), Standards on Residential Care, available at <https://fra.europa.eu/en/publication/2015/mapping-child-protection-systems-eu/standards> [accessed 5 April 2019]

<sup>70</sup> Ministry of Labor and Social Policy National Strategy for the Child 2008-2018 [https://www.mlsp.government.bg/index.php?section=POLICIESI&l=263&lang=\\_eng](https://www.mlsp.government.bg/index.php?section=POLICIESI&l=263&lang=_eng) [Accessed 10 May 2019]

<sup>71</sup> Mixed Migration Platform (2018) In the Best Interests of the Child? Protecting USAC from the Middle East in France, available at <http://www.mixedmigration.org/resource/in-the-best-interests-of-the-child/> [Accessed 9 April 2019] ; Aida (2019) France 2018 Update <http://www.asylumineurope.org/reports/country/france> [Accessed 9 April 2019]

<sup>72</sup> <http://www.infomie.net/spip.php?article4916&lang=fr>

<sup>73</sup> AFP (2019) Mineurs isolés : le fichier biométrique devant le Conseil constitutionnel, 9 July 2019

<sup>74</sup> Law 4540/2018 of 22 May 2018, op.cit.

<sup>75</sup> EKKK (2018) About EKKK <http://www.ekka.org.gr/index.php/about/2018-05-11-06-34-05> [Accessed 4 November 2019]

<sup>76</sup> Human Rights Watch (2019) Greece: Unaccompanied Children at Risk available at: <https://www.hrw.org/news/2019/12/18/greece-unaccompanied-children-risk>

<sup>77</sup> Legislative Decree No. 142 of 18 August 2015, Attuazione della Direttiva 2013/33/EU, available in Italian at: <http://www.gazzettaufficiale.it/eli/id/2015/09/15/15G00158/sg> [Accessed 9 April 2019]

<sup>78</sup> Law No. 47 of 7 April 2017, Provisions on Protective Measures for Unaccompanied Foreign Minors, available at: <https://www.garanteinfanzia.org/sites/default/files/law-no-47-of-2017-on-uams-en.pdf> [Accessed 9 April 2019]

<sup>79</sup> Use of these emergency centres for UAC is decreasing. The Department of Civil Liberties of the MOI plans for the closure of these centres in 2019: Circular 4 October 2019, available in Italian at [http://www.libertaciviliimmigrazione.dlci.interno.gov.it/sites/default/files/allegati/circolare\\_post\\_decreto\\_sicurezza\\_dicembre\\_2018\\_v\\_18\\_dic.pdf](http://www.libertaciviliimmigrazione.dlci.interno.gov.it/sites/default/files/allegati/circolare_post_decreto_sicurezza_dicembre_2018_v_18_dic.pdf) [Accessed 18 June 2019]

<sup>80</sup> Law 113/2018 and conversion law 132/2018

<sup>81</sup> Law No. 47 of 7 April 2017, Article 7, op.cit.

<sup>82</sup> Law 184/83 art. 37 bis, cited in Defence for Children (2018) ELFO – Empowering guardians, Legal representatives and Foster families of children deprived of parental care. National Assessment Italy, [http://www.defenceforchildren.it/files/Italy\\_national\\_assessment\\_\\_EN\\_feb2018.compressed.pdf](http://www.defenceforchildren.it/files/Italy_national_assessment__EN_feb2018.compressed.pdf)

<sup>83</sup> MLSP (2019) Report di Monitoraggio – I minori stranieri non accompagnati (MSNA) in Italia. Dati al 31 dicembre 2018, Rome, available in Italian at: [www.lavoro.gov.it/temi-e-priorita/immigrazione/focus-on/minori-stranieri/Documents/Report-Monitor-MSNA-DEF-aggiornato-al-31122018-completo-12022019.PDF](http://www.lavoro.gov.it/temi-e-priorita/immigrazione/focus-on/minori-stranieri/Documents/Report-Monitor-MSNA-DEF-aggiornato-al-31122018-completo-12022019.PDF) ; Ferrara P, Romani L, Bottaro G, et al. The physical and mental health of children in foster care. *Iran J Public Health*. 2013;42(4):368–373 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3684722/>

<sup>84</sup> Zijlstra, E., Rip, J. A., Beltman, D., Van Os, C., Knorth, E. J., & Kalverboer, M. (2017). Unaccompanied Minors in the Netherlands: Legislation, policy and care. *Social work & society*, 15(2), 1–20. [6] [https://www.rug.nl/research/portal/files/61646821/Zijlstra\\_et\\_al\\_Unaccompanied\\_minors\\_in\\_the\\_Netherlands\\_WS\\_S\\_2017\\_issue\\_2\\_pp\\_1\\_20.pdf](https://www.rug.nl/research/portal/files/61646821/Zijlstra_et_al_Unaccompanied_minors_in_the_Netherlands_WS_S_2017_issue_2_pp_1_20.pdf) [Accessed 9 June 2019]

<sup>85</sup> FRA (2015), op.cit.

<sup>86</sup> Law 12/2009, Art. 48 of 30th October, reguladora del derecho de asilo y de la protección subsidiaria (Asylum Law)

<sup>87</sup> Girlescu, O (2018) op.cit.; Opening Doors (2018) Spain 2018 Country Fact Sheet, available at <https://www.openingdoors.eu/where-the-campaign-operates/spain/> [accessed 5 April 2019]

<sup>88</sup> Survey responses from Spanish autonomous communities, March 2019

<sup>89</sup> RCD, Article 24(1); UN Alternative Care Guidelines, paragraph 145; CRC (2005) General Comment No. 6: Treatment of Unaccompanied and Separated Children Outside Their Country of Origin, <https://undocs.org/CRC/GC/2005/6> [Accessed 05 April 2019]; see also Joint general comment No. 3 (2017) of the Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families and No. 22 (2017) of the Committee on the Rights of the Child on the general principles regarding the human rights of children in the context of international migration, available at <https://www.refworld.org/docid/5a1293a24.html> [Accessed 10 April 2019]; The Qualifications Directive adopted by the European Parliament and Council in 2011 reaffirms this obligation, see European Parliament and European Council (2011) Directive 2011/95/EU, Article 31 available at <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32011L0095&from=EN> [Accessed 11 April 2019]

<sup>90</sup> RCD, Article 24(1); CRC (2005) General Comment No. 6 op. cit

<sup>91</sup> Bulgaria Helsinki Committee (2018) Legal Representation of Unaccompanied Children, Published on Aida <https://www.asylumineurope.org/reports/country/bulgaria/asylum-procedure/guarantees-vulnerable-groups> [Accessed 05 April 2019]. This shows no improvement since 2016, when the same statistics were reported: Bulgaria Helsinki Committee (2016) Human Rights in 2016 [http://www.bghelsinki.org/media/uploads/annual\\_reports/annual\\_bhc\\_report\\_2016\\_issn-2367-6930\\_bg.pdf](http://www.bghelsinki.org/media/uploads/annual_reports/annual_bhc_report_2016_issn-2367-6930_bg.pdf) cited in European Migration Network (2018) op.cit.

<sup>92</sup> Key informant #4; This gap has also been identified by UNHCR and raised with the Bulgarian authorities.

<sup>93</sup> Four main types of guardianship agreements observed: delegation of parental authority, guardian (tutelle), ad hoc administrator, and organisational guardianship. See Guide Autonomie (2013) Tableau Récapitulatif De La Représentation Légale Des Mineurs Isolés Étrangers, available In French [www.infomie.net/IMG/pdf/tableau\\_recapitulatif\\_de\\_la\\_representation\\_legale.pdf](http://www.infomie.net/IMG/pdf/tableau_recapitulatif_de_la_representation_legale.pdf) [Accessed 17 June 2019]

<sup>94</sup> Key informant #7 ; Key informant #8 ; UNHCR (2018) C'est Bien Qu'on Nous Écoute, p 40, available at [www.refworld.org/pdfid/5c3cb9924.pdf](http://www.refworld.org/pdfid/5c3cb9924.pdf) [accessed 30 January 2019]

<sup>95</sup> Research response, Survey #7

<sup>96</sup> Key informant #70

<sup>97</sup> Research response, survey #60

<sup>98</sup> As per the CRC's Comment, accommodation providers should not act as guardians, as their interests as the care provider could potentially be in conflict with those of the child's.

<sup>99</sup> Research response, key informants #27, #30

<sup>100</sup> Legislative Decree No. 220 of 22 December 2017, Disposizioni integrative e correttive del decreto legislativo 18 agosto 2015, n. 142, available at: <http://www.gazzettaufficiale.it/eli/id/2018/1/16/18G00005/sg> ; Law No. 47 of 7 April 2017, Provisions on Protective Measures for Unaccompanied Foreign Minors, available at: <https://www.garanteinfanzia.org/sites/default/files/law-no-47-of-2017-on-uams-en.pdf>

<sup>101</sup> European Commission (2018) Greek Law No. 4554 of 19 July 2018 on the regulatory framework for the guardianship

of unaccompanied minors, unofficial translation <https://ec.europa.eu/migrant-integration/librarydoc/greek-law-no-4554-of-18-july-2018-on-the-regulatory-framework-for-the-guardianship-of-unaccompanied-minors>; METAdrasi (2018) Call for the immediate assumption of Guardianship for Unaccompanied Minors by the Ministry of Labour <https://metadrasi.org/en/call-assumption-of-guardianship/>; UNICEF (2018) Statement on new guardianship law in Greece <https://www.unicef.org/eca/press-releases/unicef-statement-new-guardianship-law-greece> [accessed 5 May 2019]

<sup>102</sup> Key informant #24

<sup>103</sup> Key informants #24, #25, #26

<sup>104</sup> Nidos, Client participation <https://www.nidos.nl/en/home/clientenparticipatie/> [Accessed 9 June 2019]; Nidos (2014) Working with the Unaccompanied Child, Connect Project [www.connectproject.eu/PDF/CONNECT-NLD\\_Tool2.pdf](http://www.connectproject.eu/PDF/CONNECT-NLD_Tool2.pdf); Zijlstra, E., et. al (2017) op. cit.

<sup>105</sup> There have been a few cases of asylum-seeking children placed in foster care in Bulgaria, however at the time of this research no children were currently in foster care

<sup>106</sup> EEG (November 2012) op. cit.; <https://www.wearelumos.org/resources/putting-child-protection-and-family-care-heart-eu-external-action/>; NGO Working Group on Children without Parental Care in Geneva (2013) Identifying basic characteristics of formal alternative care settings for children a discussion paper – March 2013 <https://bettercarenetwork.org/sites/default/files/attachments/Identifying%20Characteristics%20of%20Formal%20Alternative%20Care%20Settings.pdf> [accessed 27 April 2018].

<sup>107</sup> EASO (2018) op. cit p.22

<sup>108</sup> UNHCR (2016) Reception Centres: Quality of Life and Services <https://www.unhcr.org/ceu/106-enwhat-we-dooverseeing-reception-conditionsreception-centres.html.html> [Accessed 10 April 2019]

<sup>109</sup> Women's Refugee Commission (2019) op. cit.; UNHCR (2019) Desperate Journeys op.cit.

<sup>110</sup> UNICEF (2018). Protected on Paper? An analysis of Nordic country responses to asylum-seeking children, Innocenti Research Report UNICEF Office of Research - Innocenti, Florence p.46 <https://www.unicef-irc.org/publications/940-protected-on-paper-an-analysis-of-nordic-country-responses-to-asylum-seeking-children.html> [Accessed 11 April 2019]

<sup>111</sup> Research response, survey #1, #3

<sup>112</sup> Research response, survey #59

<sup>113</sup> Research response, survey #60

<sup>114</sup> 58 total in December 2018

<sup>115</sup> Research response, survey #1

<sup>116</sup> Aida (2018) Country Report; Bulgaria, p 54, [www.asylumineurope.org/sites/default/files/report.../aida\\_bg\\_2018update.pdf](http://www.asylumineurope.org/sites/default/files/report.../aida_bg_2018update.pdf)

<sup>117</sup> Research response, surveys #1, #3

<sup>118</sup> Research response, survey #1

<sup>119</sup> FRA (2018) Periodic data collection on the migration situation in the EU – March 2018 Highlights <http://fra.europa.eu/en/publication/2018/migration-overviews-march-2018> [Accessed 11 April 2019]. The State Agency for Child Protection is leading a project with funding from the Norwegian Financial Mechanism to open a separate facility for UAC, but it has not yet been established.

<sup>120</sup> Research response, survey #1

<sup>121</sup> Key informant #6

<sup>122</sup> EKKA (2019) Situation Update: UAC in Greece November 2019, available at <https://www.unicef.org/eca/media/9276/file> [Accessed 20 December 2019]

<sup>123</sup> Research response, key informant #23

<sup>124</sup> EKKA (2019) Situation Update: UAC in Greece 28 February 2019, op. cit.; UNICEF (2018) Refugee and Migrant Crisis in Europe – Humanitarian Situation Report #30 [https://www.unicef.org/eca/sites/unicef.org/eca/files/2019-02/Refugee%20Migrant%20Crisis%20Europe%2030%20Dec%202018\\_0.pdf](https://www.unicef.org/eca/sites/unicef.org/eca/files/2019-02/Refugee%20Migrant%20Crisis%20Europe%2030%20Dec%202018_0.pdf); Key informant #23

<sup>125</sup> Survey #53

<sup>126</sup> Zijlstra, E, et. Al (2017) op. cit.; The Dutch Refugee Council notes that wait times in general (not specifically children) have risen to 1.5 years in early 2019, VluchtelingenWerk Nederland (2018) Wachttijden voorafgaand aan asielprocedure | een tijdlijn, available in Dutch <https://www.vluchtelingenwerk.nl/nieuws/wachttijden-voorafgaand-aan-asielprocedure-wéér-opgelopen-een-tijdlijn>

<sup>127</sup> IOM (2019) Europe – Mixed Migration Flows in the Mediterranean and Beyond (February 2019) p 16 <http://migration.iom.int/reports/europe-%E2%80%94-mixed-migration-flows-mediterranean-and-beyond-february-2019?close=true> [Accessed 9 April 2019]

<sup>128</sup> MLSP (2019) op. cit.

<sup>129</sup> Information gained from de Valle, J, Canali, C, Bravo, A and Vecchiato, T (2013) Child protection in Italy and Spain: Influence of the family supported society Psychosocial Intervention 22, p. 233. Nidos, SALAR, CHTB, (2015) op. cit. pg 63; MLSP (2019) op. cit.

<sup>130</sup> Ministerial Decree of 1 September 2016, Istituzione di centri governativi di prima accoglienza dedicati ai minori stranieri non accompagnati, available in Italian at: <http://www.gazzettaufficiale.it/eli/id/2016/09/08/16A06605/sg>

<sup>131</sup> Art. 4 Law 47/2017

<sup>132</sup> FRA (2018) Periodic data collection on the migration situation in the EU - February 2018 Highlights <https://fra.europa.eu/en/publication/2018/migration-overviews-february-2018> [Accessed 05 April 2019]; Cavaliere, L. Sempre Più drammatiche le condizioni dei minori che arrivano in Sicilia dalla Libia. Minori Stranieri Non Accompagnati, available in Italian <http://minoristranierinonaccompagnati.blogspot.com/2017/12/sempre-piu-drammatiche-le-condizioni.html?spref=tw>

<sup>133</sup> AGIA and UNHCR (2018) Minori stranieri Non Accompagnati: una valutazione partecipata dei bisogni. Relazione sulle visite nei centri – Anticipazione del rapporto finale, May, available in Italian at: <https://www.garanteinfanzia.org/sites/default/files/report-agia-unhcr-6-18.pdf>; Save the Children (2018) Atlante minori stranieri non accompagnati in Italia. Crescere lontano da casa, June, available in Italian at: <https://www.savethechildren.it/cosa-facciamo/pubblicazioni/atlante-minori-stranieri-non-accompagnati-italia-2018>; UNICEF and REACH (2017) Situation Overview: Unaccompanied and Separated Children Dropping Out of the Primary Reception System Italy, February, available at: [https://reliefweb.int/sites/reliefweb.int/files/resources/reach\\_ita\\_situation\\_overview\\_uasc\\_droppingout\\_of\\_primary\\_reception\\_system\\_february\\_2017.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/reach_ita_situation_overview_uasc_droppingout_of_primary_reception_system_february_2017.pdf)

<sup>134</sup> Ministerial Decree No. 308 of 21 May 2001, Regolamento concernente "Requisiti minimi strutturali e organizzativi per l'autorizzazione all'esercizio dei servizi e delle strutture a ciclo residenziale e semiresidenziale, a norma dell'articolo 11 della legge 8 novembre 2000, n. 328, available in Italian at: [http://www.gazzettaufficiale.it/atto/serie\\_generale/caricaDettaglioAtto/originario?atto.dataPubblicazioneGazzetta=2001-07-28&atto.codiceRedazionale=001G0365&elenco30giorni=false](http://www.gazzettaufficiale.it/atto/serie_generale/caricaDettaglioAtto/originario?atto.dataPubblicazioneGazzetta=2001-07-28&atto.codiceRedazionale=001G0365&elenco30giorni=false)

<sup>135</sup> Ministero dell'Interno, IOM, UNHCR, Save the Children (2016), Linee Guida per le strutture di prima accoglienza contenenti procedure operative standard per la valutazione del superiore interesse del minore, available in Italian at [http://www.immigrazione.biz/upload/minori\\_non\\_accompagnati\\_linee\\_guida\\_min\\_interno.pdf](http://www.immigrazione.biz/upload/minori_non_accompagnati_linee_guida_min_interno.pdf)

<sup>136</sup> Research response, survey #60

<sup>137</sup> This includes 7 reception centres and 6 semi-autonomous units

<sup>138</sup> UNICEF Comité Español (2019) Los derechos de los niños y niñas migrantes no acompañados en la frontera sur española.

<sup>139</sup> Committee on the Rights of the Child (2018) Concluding Observations CRC/C/ESP/CO/5-6, paragraph 42(b), available at [https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC/C/ESP/CO/5-6&Lang=En](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC/C/ESP/CO/5-6&Lang=En)

<sup>140</sup> Research response, survey #1, #3

<sup>141</sup> Research response, survey #1, #2; Lumos Foundation (2017) Ending Institutionalisation: Moving from an institution to a community, available at <https://www.wearelumos.org/resources/ending-institutionalisation-moving-institution-community/> [accessed 18 June 2019]

<sup>142</sup> Research response survey #2, #3

<sup>143</sup> Research response, survey #1, #2

<sup>144</sup> Fili, A & Xythali, V (2017) The Continuum of Neglect: Unaccompanied Minors in Greece, *Social Work and Society International Online Journal* 15(2) <https://www.socwork.net/sws/article/view/521/1022>

<sup>145</sup> Data collation; key informant #10; Dary, S & Padiou, C (2018) La lettre de l'Odas, L'Odas, [www.justice.gouv.fr/art\\_pix/1\\_lettre\\_odas\\_fev2018.pdf](http://www.justice.gouv.fr/art_pix/1_lettre_odas_fev2018.pdf) [Accessed 09 April 2019]

<sup>146</sup> Research response, survey #13

<sup>147</sup> Research response, survey #13

<sup>148</sup> Average capacity 21.6

<sup>149</sup> Research response, key informant #23

<sup>150</sup> Research response, survey #13

<sup>151</sup> Role of Greek Deputy Ombudsperson for Children in Monitoring the Situation of and Increasing Availability of Data on Children on the Move in Greece (with technical support from UNICEF)

<sup>152</sup> UNICEF (2018). Protected on Paper? An analysis of Nordic country responses to asylum-seeking children, op. cit. p.46

<sup>153</sup> Research response, survey #13, #14, #15, #17, #18, #19

<sup>154</sup> Article 7 of Ministerial Decree of 10 August 2016, Modalità di accesso da parte degli enti locali ai finanziamenti del Fondo nazionale per le politiche ed i servizi dell'asilo per la predisposizione dei servizi di accoglienza per i richiedenti e i beneficiari di protezione internazionale e per i titolari del permesso umanitario, nonché approvazione delle linee guida per il funzionamento del Sistema di protezione per richiedenti asilo e rifugiati (SPRAR), available in Italian at: <http://www.gazzettaufficiale.it/eli/id/2016/08/27/16A06366/sg>

<sup>155</sup> Research response, key informant #37

<sup>156</sup> COA Reception Centres for Youngsters, <https://www.coa.nl/en/reception-centres/types-of-reception-centres/reception-centres-for-youngsters> [accessed 6 June 2019]; UNHCR (2019) In De Eerste Plaats Een Kind, available in Dutch <https://www.unhcr.org/nl/wp-content/uploads/UNHCR-Children-First-2019-screen-1.pdf>



<sup>157</sup> Ibid.

<sup>158</sup> Survey response #53

<sup>159</sup> Einashe, I & Terlingen, S (2019) Revealed: Vietnamese children vanish from Dutch shelters to be trafficked into Britain, The Guardian 30 March <https://www.theguardian.com/global-development/2019/mar/30/trafficked-vietnamese-children-at-risk-in-dutch-shelters-sent-to-uk> [Accessed 01 April 2019]

<sup>160</sup> Kuiper, M (2019) 1.600 Asielkinderen Verdwenen Uit De Opvang, nrc.nl available in Dutch at <https://www.nrc.nl/nieuws/2019/06/02/1600-asielkinderen-verdwenen-uit-de-opvang-a3962369> [Accessed 6 June 2019]; Nationaal Rapporteur Mensenhandel en Seksueel Geweld tegen Kinderen (2018) Slachtoffermonitor mensenhandel 2013-2017 available in Dutch at [https://www.nationaalrapporteur.nl/binaries/Slachtoffermonitor%20mensenhandel%202013-2017\\_tcm23-359693.pdf](https://www.nationaalrapporteur.nl/binaries/Slachtoffermonitor%20mensenhandel%202013-2017_tcm23-359693.pdf) [Accessed 6 June 2019]

<sup>161</sup> UNGA (2010) op. cit, paragraph 123

<sup>162</sup> Joint Conference (2017) Accordo tra il Governo, le Regioni e le Province autonome di Trento e Bolzano e gli enti locali sul documento recante Linee di indirizzo per l'accoglienza nei servizi residenziali per minori, available in Italian at: [http://www.statoregioni.it/Documenti/DOC\\_061739\\_172%20\(P.%20%20ODG\)%2014dic2017.pdf](http://www.statoregioni.it/Documenti/DOC_061739_172%20(P.%20%20ODG)%2014dic2017.pdf)

<sup>163</sup> Ibid.

<sup>164</sup> <https://www.aldeasinfantiles.es/>

<sup>165</sup> Key informant #66

<sup>166</sup> EEG (2012) op. cit.

<sup>167</sup> Key informant #66

<sup>168</sup> UNICEF Latest Statistics and Graphics on Refugee and Migrant Children <https://www.unicef.org/eca/emergencies/latest-statistics-and-graphics-refugee-and-migrant-children> [accessed 09 April 2019]

<sup>169</sup> Key informants #8, #11

<sup>170</sup> Key informants #9, #10, #11

<sup>171</sup> Paris, Val-de-Marne, Somme, Pas-de-Calais and Calvados

<sup>172</sup> Key informants #9, #10

<sup>173</sup> Key informant #22

<sup>174</sup> Ibid. 2019 figures and implementing partners. In 2018, the partners were MetaDrasi and Development Agency of Heraklion Municipality of Crete, providing SIL for 19 young people.

<sup>175</sup> Joint Conference (2017) op. cit.

<sup>176</sup> Forthcoming report (in 2019): At A Crossroads: Unaccompanied And Separated Children In Their Transition To Adulthood In Italy. Author: ISMU Foundation. Funders and Publishers: UNHCR, UNICEF and IOM.

<sup>177</sup> Survey response #53

<sup>178</sup> Ibid.

<sup>179</sup> Key informant #53

<sup>180</sup> Key informants #56, #57, #64

<sup>181</sup> Ibid; key informant #70

<sup>182</sup> UNICEF (2019) A new kind of 21st century family <https://www.unicef.org/eca/stories/new-kind-21st-century-family>

<sup>183</sup> UN CRC preamble, Alternative Care Guidelines II A 3

<sup>184</sup> Lumos Foundation (2017) Ending Institutionalisation: An analysis of the financing of the deinstitutionalisation process in Bulgaria <https://www.wearelumos.org/resources/analysis-financing-deinstitutionalisation-process-bulgaria/>;

Lumos Foundation (2018) Investing in Children: The case for diverting Czech government finances away from institutions towards families and communities <https://www.wearelumos.org/resources/investing-children-czech-2018/>

<sup>185</sup> Key informant #53

<sup>186</sup> Survey response #2; key informants #4, #5

<sup>187</sup> Survey response #2; key informant #3

<sup>188</sup> Survey responses #1, #2; key informant #3

<sup>189</sup> Survey response #1

<sup>190</sup> Key informant #3

<sup>191</sup> Nidos, SALAR, CHTB (2015) op. cit. pg 38

<sup>192</sup> InfoMIE Annuaire des acteurs associatifs et institutionnels <https://www.infomie.net/spip.php?page=annuaire-imprimable&dep%5B%5D=62&lang=fr> [Accessed 10 April 2019]

<sup>193</sup> Ibid.

<sup>194</sup> France Parrainages Soutien aux Jeunes Migrants Isolés <https://www.france-parrainages.org/france/soutien-aux-mineurs-etrange-isoles> ; Peillon, A (2019) Initiative France Parrainages accueille aussi de jeunes migrants isolés, LaCroix <https://www.la-croix.com/France/Initiatives-et-solidarite/France-Parrainages-accueille-aussi-jeunes-migrants-isoles-2019-03-15-1201008945>

<sup>195</sup> Nidos, SALAR, CHTB (2015) op cit. pp 38-40

<sup>196</sup> Dary, S & Padieu, C (2018) La lettre de l'Odas, L'Odas, [www.justice.gouv.fr/art\\_pix/1\\_lettre\\_odas\\_fev2018.pdf](http://www.justice.gouv.fr/art_pix/1_lettre_odas_fev2018.pdf) [Accessed 09 April 2019] ; Rapport de la Chambre régionale des comptes Pays de la Loire, 18 Dec 2019 <https://www.>



infomie.net/spip.php?article5433&lang=fr [Accessed 3 January 2020]

<sup>197</sup> FRA (2018) Periodic data collection on the migration situation in the EU; March Highlights, p 10; SeineMaritime.fr (2018) Mineurs non accompagnés : appel aux familles d'accueil, available in French <https://www.seinemaritime.fr/actualites/actualite/mineurs-non-accompagnes-appel-aux-familles-daccueil.html> [Accessed 09 April 2019]

<sup>198</sup> SeineMaritime.fr (2018), op. cit.

<sup>199</sup> Survey #13, key informant #20

<sup>200</sup> Key informant #16, survey #13

<sup>201</sup> Research response, Key informant #16

<sup>202</sup> Barone L (2016) L'accoglienza dei minori stranieri non accompagnati. Tra norma giuridica e agire sociale, Frosinone: Key Editore.

<sup>203</sup> Law n. 184 of 4 May 1983 on adoption and foster care (Disciplina dell'adozione e dell'affidamento dei minori), Article 2

<sup>204</sup> Coordinamento Nazionale Comunità di Accoglienza <http://www.cnca.it/attivita/progetti/progetti-in-corso/mms-e-affido>

<sup>205</sup> Movimento Famiglie Affidatarie e Solidali - MFAeS takes part in the national round table on foster care and is included in the list of the organisations of the private social sector active in foster care: <http://borgodonbosco.it/affidamento-familiare/movimento-famiglie-affidatarie/>

<sup>206</sup> <http://www.metacometa.it/>

<sup>207</sup> MLSP (2019) op. cit ; Defence for Children (2018) op. cit.

<sup>208</sup> Petri M (2014) Affidamento minori stranieri, Save the Children: "Ottima idea al momento non realizzabile", frontierenews, available in Italian at: <https://frontierenews.it/2014/09/affidamento-familiare-minori-stranieri-save-the-children-ottima-idea-momento-non-realizzabile/>

<sup>209</sup> Defence for Children (2018) op. cit.

<sup>210</sup> National round table on foster care (2016) Minorenni Stranieri Non Accompagnati e Accoglienza Familiare – riflessioni e proposte, October, available in Italian at: <http://www.tavolonazionaleaffido.it/wp-content/uploads/2017/06/Accoglienza-Familiare-di-Minori-Stranieri-Non-Accompagnati-MSNA.pdf>

<sup>211</sup> The other 50% are split between small group homes, small living units, reception centres and protected shelters as described earlier

<sup>212</sup> See ALFACA manual developed by Nidos <https://engi.eu/projects/alfaca/manual/>

<sup>213</sup> Research response, key informant #53

<sup>214</sup> Research response, key informant #53

<sup>215</sup> Fondazione L'Albero della Vita Onlus (2019) Foster Care Provision for Unaccompanied Migrant Children: Shortlist of Good Practices in Europe, p. 8 [https://www.eurochild.org%2Ffileadmin%2Fpublic%2F06\\_Projects%2FShortlist\\_Good\\_Practices.pdf](https://www.eurochild.org%2Ffileadmin%2Fpublic%2F06_Projects%2FShortlist_Good_Practices.pdf)

<sup>216</sup> Zijlstra, E, et. Al (2017) op. cit, p. 11

<sup>217</sup> See ENGI, Alternative Family Care (ALFACA) <https://engi.eu/projects/alfaca/> ; Profuce <https://profuce.eu/> [accessed 16 June 2019]

<sup>218</sup> Boletín de datos estadísticos de medidas de protección a la infancia Boletín número 19. Datos 2016

<sup>219</sup> Survey #57, key informant #61, #64

<sup>220</sup> Key informants #23, #24, #56

<sup>221</sup> Profuce <https://profuce.eu/> [accessed 16 June 2019]

<sup>222</sup> Key informant #23

<sup>223</sup> OMM (2017) Jeunes et Mineurs en Mobilité, no.4, p 25 <https://omm.hypotheses.org/files/2018/12/JMM4-VL.pdf> [accessed 30 January 2019]; UNICEF Comité Español (2019) op. cit.

<sup>224</sup> EKKA (2019) op. cit.; key informant #23

<sup>225</sup> Key informant #23

<sup>226</sup> Key informants #21, #23

<sup>227</sup> OMM (2017) op.cit, p 29

<sup>228</sup> Ibid. p 29

<sup>229</sup> Ibid. p 56]

<sup>230</sup> Aida (2018) Country report: Spain, available at [https://www.asylumineurope.org/sites/default/files/report.../aida\\_es\\_2018update.pdf](https://www.asylumineurope.org/sites/default/files/report.../aida_es_2018update.pdf) [Accessed 6 June 2019]

<sup>231</sup> Key informant #61

<sup>232</sup> Key informants #24, #25, #26

<sup>233</sup> <https://www.civicozero.eu/> [accessed 10 July 2019]

<sup>234</sup> Key informants #24, #25, #26; <https://www.intersos.org/intersos24/> [accessed 10 July 2019]

<sup>235</sup> Netherlands with 50% of UAC in family-based care; see also European Migration Network (2018) op. cit; AMIF (2018) 2018 Call for Proposals: Integration of Third Country Nationals [https://www.european-microfinance.org/sites/default/files/call/file/amif-call-fiche-2018-ag-inte\\_en.pdf](https://www.european-microfinance.org/sites/default/files/call/file/amif-call-fiche-2018-ag-inte_en.pdf) p.12



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