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Working towards alternative care for unaccompanied children

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Introducing the Case of Ahmed

Ahmed

Ahmed is a 16,5 year old boy from a conflict country.

He is the oldest son of a family of five children. He comes from a loving family.

He's got an elder sister, two younger brothers and a baby sister. His mother suffers from a chronic illness.

The family comes from a rural town.

Ahmed went to school until he was 11, after that he helped his father with his work on the land. Because of internal conflict, poverty and fear for the future Ahmed left the country.

Exercise step in the shoes of Ahmed

Take 3 minutes to think about the following and note in the padlets:

What does it mean for Ahmed to leave his country?

What does he have to leave behind and what does he take with him?

Stage one: departure

- War, persecution, violence, exploitation, poverty and hopelessness
 - But also: family, friends, school, neighbourhood (significant relationships)
 - Language
 - Habits/ routines/rules/traditions
 - Climate, landscapes, nature
 - Etc. etc
-
- Departure is often outcome of a family process
 - From the moment of departure the family believes that the child is self-reliant and mature
 - Intrinsic desire to contribute to the family's wellbeing

Exercise step in the shoes of Ahmed

Take 3 minutes to think about the following and note down in the padlet:

What are the experiences of Ahmed during his journey to Europe?

The journey

- Hardship, distress and fearful moments
- Violence, sexual abuse, exploitation
- Crossing the ocean: Losing family members, witnessing people drowning, lack of food and water
- Traveling through the Sahara and Sinai; hostages, torture (for ransom), rape and abuse, slavery and exploitation
- Experiences at the European borders.



Exercise step in the shoes of Ahmed

Take 3 minutes to think about the following and note down in the padlet:

What does it mean for Ahmed to arrive in a new country?

What will he experience?

Stage three: arrival in the new country

- Excitement
- Everything is different;
- People, language, climate, infrastructure, bureaucracy, system, food, rules etc.
- A lot of distress;
- Procedures, officials, waiting, relocations, many different people, places and other refugees, aggression, violence and discrimination.
- A lot of uncertainty and stress;
- About the asylum procedure, family reunification, worries about family, fears, trauma

Unaccompanied children

- Are normal children under very abnormal circumstances (normal development, securely attached etc.)
- Unaccompanied children are often traumatized; sleeping disorders, Problems at school, short tempered, physical complaints, depression, re- experiences
- Under high pressure (of people smugglers) to repay the high cost of the journey
- Under high pressure of expectations of the family (finances, family, reunification, career etc.)
- Honour, good name and expectations of the family are very important, more important than individual interests
- Finding their way 'in between' two cultures.
- Often the strongest children of the family are the ones that go to Europe
- Resilient, self- reliant and motivated!

Excercise mentimeter

**What protective
factors do you
identify?**

Protective factors specific for unaccompanied children

- Language ability in host country language
- Religion
- Emotion regulation
- Continuity of residence
- Social support
- Living with others with the same cultural background
- Education
- Having a sense of privacy
- Hope
- Contact with family

Risk factors
specific for
unaccompanied
children

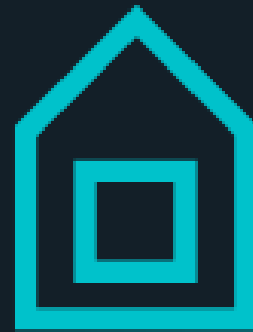
Exercise Mentimeter

What risk factors do you
identify?

Risk factors specific for unaccompanied children

- Physical or psychological health issues
- Uncertainty
- Trauma experiences
- Violence
- Being unaccompanied
- Little or no social support
- Living in large reception centers
- No contact with family
- Lacking a sense of agency, privacy and security

BREAK TIME



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Stress/ Post Traumatic Stress and unaccompanied children

- Cumulative stress and trauma (triggers earlier stress, no peace)
- Chronic stress (fear future/ being sent back/ family worries ..)
- PTSS complaints (avoiding, reliving, irritability, changes cognitions and mood)
- Impact of stress:
 - sleeping problems, nightmares, worrying, tension, gloom, anxiousness, irritability, loneliness, conduct problems because of triggered trauma, concentration problems, anger, passivity, ..
- Dealing with grief and loss

Complicating factors: missing the family, unknown country, uncertain future, missing the usual protection of language, food, family, friends, habits, rituals

Excercise Mentimeter

What good practices can you share on **trauma informed** care?

No matter how small and specific experiences:
write them down in a
Mentimeter.

What works for chronic stress/ Post Traumatic Stress for UAC

- Safety and peace
- Network, organizing support family, friends, reception workers
- Day-night rythm, food
- Distraction, relaxation (sport..)
- Psycho- education
- Emotional and stress regulation , learn to understand triggers and ways to control intense emotions
- Cultural ways of healing and coping
- (trauma-)therapy
- Medication

Understanding behaviour

- Distrust
- Unwillingness to talk
- Aggression
- Theft
- Withdrawal
- Secrets
- Demanding

Coping, agency and survival!

Different types of communication

- Individual.....Collective
- Guilt ... Shame
- Direct ... Indirect
- Explicit ... Implicit
- Rational Relational
- Written.... Oral

Resilience

Ability to deal with or recover from a major effort or trauma

- look for the strength, sometimes in the resistance or avoidance
- 'what's the good reason someone behaves like this?'
- give agency , influence, and inform, be transparent



Sources of Resilience

- ❖ Social support of the environment
- ❖ Different acculturation strategies
- ❖ Education
- ❖ Religion
- ❖ Avoidance
- ❖ Hope

Implications for guidance and reception

Important issues in the reception of unaccompanied children

- The initial phase of reception focuses on offering rest and safety;
- The basic needs of the child are provided: shelter, sufficient food, physical safety and being in touch with family; the need to feel 'human' again
- The contact with the child is based on support, showing interest and being reliable ;
- The child's distrust, secrets and unwillingness to talk about things is respected;
- The child's level of independence/ self reliance is respected;
- Continuity in mentors/guardians and the reception facility;
- Suitable and preferably useful daily activities
- Positive support for the child's experience and expression of religion.
- Certainty about his place of residence. The need of having a place to call home
- The child understand the procedures he is dealing with

EXERCISE in (6) breakoutrooms

For the last time in the shoes of Ahmed:

write down in key words in the padlet:

1.

What are the benefits and disadvantages (risks) of Supported Independent Living (SIL) for Ahmed

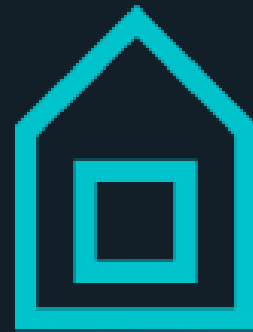
2.

What are the benefits and disadvantages (risks) of large scale reception for Ahmed

3.

What are the benefits and disadvantages (risks) of foster care for Ahmed

LUNCH BREAK



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Plenary

Three groups start recap, the others add their reflections..

Reflection

Plenary questions:

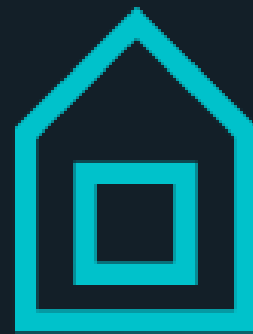
What elements from today do you take with you, what inspired you most today?

-What will be the first step that you will take?

-What will you do different from today?

.....And last but not least what will Ahmed notice?

Short break



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