



# ACT-PROJECT

IMPROVING ACCESS TO  
ALTERNATIVE CARE FOR  
UNACCOMPANIED CHILDREN  
AGED 15-18



**FINAL LEAFLET**



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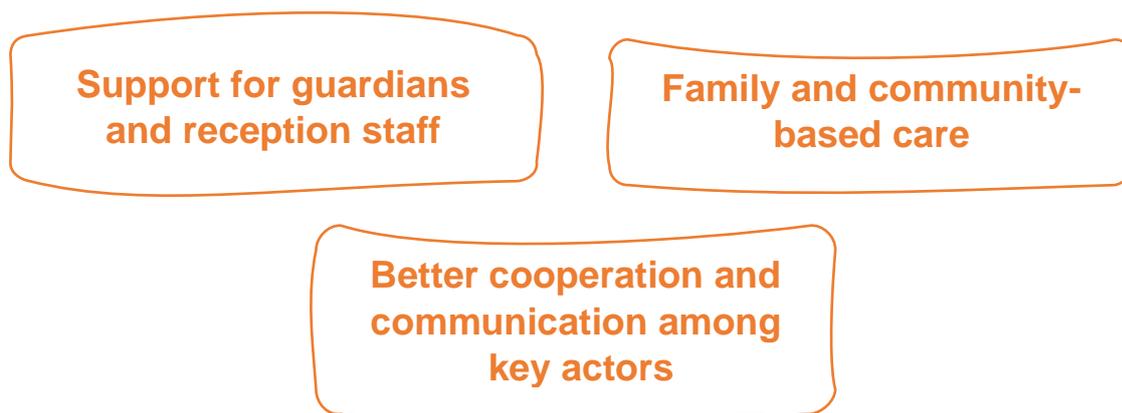
## INTRODUCTION

This leaflet is the final product of the Alternative Care Training or ACT project<sup>1</sup>. ACT aimed to improve reception in alternative care arrangements being used for unaccompanied refugee and asylum seeking children (UAC) aged 15-18 (in connection with guardianship), with a special focus on Bulgaria, Italy and Spain. The project was implemented from January 2020 until December 2021.

ACT is a cooperation of Comissió Catalana d'Ajuda al Refugiat (Spain), International Rescue Committee (Italy) and Lumos Foundation (Bulgaria), coordinated by Nidos (the Netherlands).

The leaflet contains lessons learned from the project and is written for a varied audience such as guardians and guardianship organisations, reception providers and staff, policy makers, national governments, European Union institutions, agencies and offices, national and European NGOs. The leaflet aims to present challenges faced by stakeholders in national reception and alternative care systems for UAC, along with suggested recommendations to overcome or mitigate them. Challenges and recommendations were grouped in three thematic macro-areas.

In the leaflet, themes are shown in orange lined clouds . The challenges in turquoise lined clouds  and the recommendations in turquoise filled clouds . The three themes are:



### **Alternative care should be in families or small scale community-based care**

Throughout the ACT project and in its documents the term alternative care is often used which officially<sup>2</sup> includes residential care besides kinship care and foster care. It should be noted that the ACT project partners are not supportive of large-scale residential care but believe that unaccompanied children should live in family and community-based care such as kinship and foster care and semi-independent living. The focus of the ACT project and its activities were on promoting these types of care and increasing its quality.

<sup>1</sup> For more information about the project and its results, visit: <http://www.nidosineurope.eu/projects/act>

<sup>2</sup> General Assembly resolution 64/343, Guidelines for the Alternative Care of Children, A/64/434 (24 February 2010), available from [www.undocs.org/en/A/64/434](http://www.undocs.org/en/A/64/434)

## Support for guardians and reception staff

### Demotivated staff

Guardians and reception staff often get demotivated in undertaking their daily tasks and roles because of a lack of practical and financial support, as well as the challenges in cooperating with different stakeholders. This often results in guardians dropping out due to burnout and frequent staff turnover.

### Recommendations

Make sure to cover UAC's expenses for their basic needs, such as clothing. This may include reimbursements for daily expenses incurred by guardians to support the UAC.

Provide practical guidance on the daily tasks that guardians and reception staff undertake. This may include a tutor for assisting and providing them feedback.

Improve cooperation and trust between guardians and reception staff (educators, cultural mediators, psychologists, social workers.)

### Difficult situations

Guardians and staff often struggle to deal appropriately and effectively with difficult situations, mainly due to a lack of supervision and sufficient knowledge in areas such as transcultural communication, mental health/PFA and child trafficking.

### Recommendation

Provide tailor-made training and an improved monitoring and support system.

### High caseload

Guardians and reception staff often have an excessive caseload, which could result in burnout of those working in the field.

### Recommendations

Provide peer support and psychological oversight to prevent burnout.

Ensure clear division of roles between stakeholders and clarity on the different mandates.

Set legal standards for a maximum caseload and implement them.

## Family and community-based care

### More quality alternative care is needed

Unaccompanied refugee and asylum seeking children are often placed in large scale centers with inadequate care and support, mainly because of the lack of quality family and community-based care available for them.

### Recommendations

Set a minimum standard for adequate care and support and monitor quality of services and accommodation for all children, including UAC.

Create family and community-based care accommodation for UAC by re-adapting and contextualising existing good practices, including innovative solutions adopted for adults.

Make more funding opportunities available for piloting and scaling up SIL and other family and community-based types of care for UAC.

Allow UAC to use services and family and community-based accommodation that exist for national children, while tailoring them to their needs and background (focus more on empowerment and less on treatment).

### Finding foster families

It is difficult to find foster families for UAC, especially for the ones that are between 15 and 18 years old.

### Recommendations

Investigate factors that prevent families from fostering UAC between 15 and 18 years old and develop alternative/different types of foster care that are beneficial for UAC and sustainable for families, such as next-door families.

Promote foster care and raise awareness through, for example, communication campaigns targeting potential foster families.

Increase commitment and cooperation among stakeholders to jointly work on strategies to recruit foster families.

## Better cooperation and communication among key actors

### Limited cooperation

Cooperation among the different services and actors involved in the care for UAC is often limited. Stakeholders sometimes work alongside each other and do not always work together on shared solutions.

### Recommendations

Create moments for meeting and discussion to improve the quality of relations among the various stakeholders and services who support UAC.

Bring together stakeholders from within one administrative level as well as from different administrative levels (local or municipal level, regional, and national level).

Promote integrated and multisectoral programming, at a minimum mainstreaming awareness of alternative care structures and systems within other sectors, and where possible promote inclusion of care for UAC in national child protection systems.