

**Alliance for Children on the Move
Standard Operating Procedures for Guardians**

ASOP4G

Handbook on Standard Operating Procedures for Guardians



Co-funded by the European
Union's Rights Equality
and Citizenship Programme
(2014-2020)

**HANDBOOK ON
STANDARD OPERATING PROCEDURES
FOR GUARDIANS**

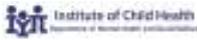
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The present handbook has been jointly developed by the ASOP4G project team, consisting of members of the Institute of Child Health–Department of Mental Health and Social Welfare (GR), Defence for Children International–Italy (IT), University of Nicosia–School of Humanities and Social Sciences/Department of Social Sciences/Social Work Program (CY) and Kazimieras Simonavičius University–Faculty of Law (LT).

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Rights Equality and Citizenship
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October 2019

Within the framework of the project “Alliance for children on the Move: Standard Operating Procedures for Guardians” a comprehensive toolkit has been developed for guardians of unaccompanied children consisting of the following publications:

- Handbook on Standard Operating Procedures for Guardians
- Index of international, EU and national legislation relating to unaccompanied children
- Transnational Cooperation Protocol for Guardians
- Trainer’s Manual
- Accreditation procedure for Guardians
- Brochure for professionals working with unaccompanied minors about the role of the guardian
- Brochure for children about the role of the guardian

Project url: <https://asop4g.eu/>

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Introduction

While all children on the move face challenges connected to the reasons fleeing from their country of origin, to their journey until reaching a safer country and to the reception conditions of the country they enter, unaccompanied minors constitute a significantly vulnerable group, given that they are separated from their primary caregivers and stand alone in a foreign country. Characteristics of children reaching the different EU member states may vary from reception country to reception country in terms of nationality, gender, age and previous experiences. Importantly, the number of unaccompanied minors entering the EU seeking protection is rapidly increasing, because of conflicts, poor living conditions and lack of protection in different countries of origin.

Furthermore, many EU reception countries seem to lack a comprehensive child protection system and common standards to safeguard their rights. Although the UN Convention on the Rights of the Child (CRC) informs European and national policy frameworks, inconsistencies have been observed regarding protection and care of unaccompanied children. Especially with regard to the guardianship system that each country applies for unaccompanied children, it has been observed that there is a lack of a common practice in the EU. Thus, it is crucial to establish a uniform system with common standards and safeguards in order to secure the best interests of every child in all countries.

THE PROJECT “ALLIANCE FOR CHILDREN ON THE MOVE: STANDARD OPERATING PROCEDURES FOR GUARDIANS” – ASOP4G

The project entitled “Alliance for children on the Move: Standard Operating Procedures for Guardians” – ASOP4G [REC-CHILD-AG-2016/764244-ASOP4G], which was implemented during 2018-2020 in Greece, Italy, Cyprus and Lithuania has attempted to address this issue by drawing on existing international standards and tools, as well as the views of all involved actors (guardians, children, stakeholders) and developing Standard Operating Procedures for guardians, which could be adapted in more EU countries. Noteworthy that “guardians are one of the most important features of a protection system for children who are deprived of their family environment or who cannot have their interests represented by their parents, as may be the case in situations of parental abuse or neglect” (FRA 2014, p.3).

The ASOP4G project aimed to: a) implement common standards on guardianship for unaccompanied children; b) improve the capacity-building of guardians in order to enhance their competencies and skills and thus better safeguard the rights of unaccompanied children; c) promote interagency cooperation and understanding and in this way to further contribute to a comprehensive child protection system; and d) reinforce child protection in cross-border movement of children.

Taking into account the overall goal of this project, that is to contribute to the safeguarding of unaccompanied children’s rights and their wellbeing within the EU by promoting the implementation of common standards on guardianship in EU countries, the following actions have been taken:

- Concrete guidelines for guardians (Standard Operating Procedures) were developed
- Guardians’ capacity has been enhanced so as to better safeguard the rights of the child & his/her best interests

- The role of the guardian has been strengthened
- Interagency cooperation and understanding for establishing a comprehensive child protection system has been enhanced
- Children's protection in cross-border & transnational situations by setting guidelines for action in cases of children's cross-border movement has been reinforced.

THE ASOP4G TOOLKIT

Within the framework of the ASOP4G project, a set of tools have been developed to assist the guardian to better carry out his/her mandates:

- Handbook on Standard Operating Procedures for Guardians
- Index of international and European legislation on children and migration
- Transnational cooperation protocol for guardians
- Leaflets for professionals on the role of the guardian
- Informative leaflets for children on the role of the guardian
- Trainers' manual for the implementation of guardians' capacity building

AIM AND STRUCTURE OF THIS HANDBOOK

This handbook, developed within the framework of the ASOP4G project, aims to support guardians of unaccompanied children as well as child protection actors and other professionals involved in the provision of guardianship services. In particular, it includes standard operating procedures for guardians and provides essential information with reference to the role of the guardian and specific practical guidelines and knowledge to assist them in

their daily practice. This handbook aims to strengthen the protection of children and their rights by developing the capacities of guardians. It seeks to clarify the role of guardians as an essential component of an integrated child protection system by describing their mandate and providing a theoretical background to assist guardians while carrying out their tasks. In this way it is pursued to establish a common practice within national, regional or local guardianship systems in Greece, Cyprus, Italy and Lithuania, which can easily be adapted in more EU countries.

The Handbook on Standard Operating Procedures for Guardians addresses the appointment of guardians (professionals or volunteers) for unaccompanied children. Yet, other actors involved in the care of unaccompanied children and who eventually provide guardianship services can benefit from its content as well.

The handbook is structured in three parts:

- The first part provides basic information on the overall role of the guardian and it relates to the system of agencies, services and actors that surround a child. Guardianship is examined as part of national child protection systems set up to cater for the needs of different categories of children.
- The second part describes the tasks of the guardians by standardizing procedures in relation to time, need/right and living conditions (Standard Operating Procedures). Tools and templates have been included in order to assist the guardian in each case management (Standard Operating Procedures Checklist, Best Interest Assessment Form, Vulnerability Screening Tool, and calendar for meetings between the guardian and the child and other professionals involved in his/her care).
- The third part provides a basic theoretical background for professionals working with children. It includes guidelines for building a trust-based relationship with unaccompanied chil-

dren and, in this context, points to suggestions for managing the first meetings with child and assessing the best interest of the child. Moreover, it presents information on an anticipated sound development of a child and some worrying signs for the child's health and mental health. Child abuse, neglect, trafficking and vulnerability indicators are described to sensitize guardians in child protection issues and alerting them for referral.

- The Annexes include the tools that are complementing the handbook and intent to assist the guardian in fulfilling his/her mandate. Therefore, the reader may find the checklist with all the principal tasks that a guardian should carry out for a child (a standardized case plan); a best interest assessment form and a vulnerability screening tool. The tools may also be found at the ASOP4G project's website.

This handbook heavily relies on the United Nations Convention on the Rights of the Child (CRC), whose provisions are applicable to all children without discrimination and the supplementary General Comments issued by the Committee on the Rights of the Child, as well as the Handbook on guardianship for children deprived of parental care produced by the European Union Agency for Fundamental Rights (FRA). As suggested by FRA, states should provide concrete guidelines for guardians and the present handbook is considered to be in line with this mandate. Tools developed in the framework of the ASOP4G project are based on existing ones produced primarily by the United Nations High Commissioner for Refugees.

The Handbook on Standard Operating Procedures for Guardians constitutes the primary tool for supporting the role of the guardian and safeguarding unaccompanied children's rights, and therefore contributes to strengthening the guardianship system and the child protection system overall.

DEFINITIONS

Minor

According to the Convention on the Rights of the Child¹, the term child is referred to “*any person below 18 years of age*”. Thus, in order for a person to be entitled to special measures of protection and care, s/he has to be less than 18 years of age, regardless of the respective coming of age limits, legal or customary, in the minor’s country of origin.

As clear as this may seem, doubts may be raised about the age of someone crossing the EU borders. An age assessment shall be necessary to define the actual age of the person. Nonetheless, when the responsible authorities are faced with the uncertain results of an assessment, the person should be given the benefit of doubt².

In the present handbook the terms child or minor are used indiscriminately to refer to any person under the age of 18.

Third country national or stateless person

A third country national is a person who does not hold the citizenship of an EU Member State.³

Stateless is a person who, under national laws, does not enjoy citizenship in any country (no legal bond between the person and the state)^{4,5}.

1. Convention on the Rights of the Child, Article 1.

2. See for example Anti-Trafficking Directive (2011/36/EU), Article 13 (2) “when there are reasons to believe that the victim is a child, that person is presumed to be a child in order to receive immediate access to assistance, support and protection”

3. Art. 3(1) of Directive 2008/115/EC (Return Directive) and Art. 2(6) of Regulation (EU) 2016/399 (Schengen Borders Code)

4. 1954 Convention relating to the Status of Stateless Persons (ratifying law 139/1975), art. 1.

5. One can obtain citizenship either during his/her birth or later on his/

Unaccompanied and separated minor

Unaccompanied minor is defined as a third country national or stateless person under the age of 18 years, who arrives on the territory of the Member States unaccompanied by an adult responsible for him/her whether by law or by the practice of the Member State concerned, and for as long as s/he is not effectively taken into the care of such a person; it includes a minor who is left unaccompanied after s/he has entered the territory of the Member States⁶.

In addition, a child is characterized as separated when s/he *“has been separated from both parents or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members”*⁷.

In the present handbook, the term “unaccompanied” is employed to include both groups of children in line with EU law terminology.

Guardian

The principal aspiration of every guardianship system is to promote and safeguard unaccompanied children’s best interests, rights and well-being. However, considering the diverse national contexts, there can be no uniform guardianship systems⁸. Con-

her life by meeting specific requirements set by each State. During birth citizenship can be obtained by persons who are in a State which recognizes as citizen every person born on its territory (jus soli· e.g. USA, France) or whose parents have citizenship of a State which applies jus sanguinis and therefore their children are automatically recognized as its citizens too (e.g. Greece).

6. Qualification Directive (2011/95/EU), Article 2 (l)

7. UN Committee on the Rights of the Child General Comment No. 6 CRC/GC/2005/6 and the UN Guidelines for the Alternative Care of Children (UN Alternative care guidelines) A/HRC/11/L.13), paragraph 8

8. European Union Agency for Fundamental Rights (FRA) (2014), Handbook

comitantly, up to now, there is not a common conceptual definition of the term “guardian” and his/her functions and mandate.

Taking into consideration the EU Directives, the General Comment N. 6 by the UN Committee on the Rights of the Child and the European Union Agency for Fundamental Rights, for the purposes of the present handbook “a guardian is considered to be an independent person who safeguards the child’s best interests and general well-being, and to this effect complements the limited legal capacity of the child, when necessary, in the same way that parents do”⁹.

At this point, an essential distinction must be made between the guardian, the lawyer/legal representative, the foster parent or social worker/service provider.

A guardian should not be confused with a qualified lawyer or other legal professional who provides legal assistance during procedures related to the child’s case, e.g. asylum or family reunification procedures, civil and criminal proceedings etc. or legally represents a child before administrative and judicial authorities in written statements or in person. The guardian instead may represent a child by acting as the reference person between the child and all involved authorities and agencies and at the same time safeguard the best interests, rights and overall wellbeing of the child.

The guardian holds a distinct role from the one of a social worker or other care provider, caseworker or residential facility’s staff, given that these professionals are responsible for the fulfillment of the minor’s daily material needs. They do not act as guardians, unless they are mandated so by law or court order¹⁰.

for guardianship for children deprived of parental care, Luxembourg: Publications Office of the European Union, p.29

9. Ibid., p.14

10. Ibid., p.15

A guardian should also be distinguished from the foster parent. A foster care placement is a measure of child protection and an alternative care arrangement¹¹. Therefore, a foster parent is primarily responsible for the day-to-day care of the child and for meeting the child's needs; s/he does not legally represent the child or act as a reference person for the child and the authorities.

Guardianship authority

Every national guardianship system is coordinated by a designated authority, as foreseen in national laws. This is “an institution or organization or other legal entity that has the responsibility for recruitment, appointment, monitoring, supervision and training of guardians”¹². Such an authority is responsible to implement the specific policy defined by national law and its duties and features may vary among EU Members States.

11. Foster care placement “is a care arrangement administered by a competent authority, whether on an emergency, short-term or long-term basis, whereby a child is placed in the domestic environment of a family who have been selected, prepared and authorized to provide such care, and are supervised and may be financially and/or non-financially supported in doing so. Informal foster care is where a child is taken into care without third-party involvement. This may also be spontaneous fostering if it is done without any prior arrangements”. Uppard, S., Birnbaum, L. (2017). Field Handbook on unaccompanied and separated children. Interagency Working Group on unaccompanied and separated children, Alliance for Child Protection in Humanitarian Action, p. 202.

12. UN Alternative care guidelines, A/HRC/11/L.13 and UN Committee on the Rights of the Child, General Comment No. 6 CRC/GC/2005/6

Part I



The role of the guardian

GUARDIANSHIP AS A MEASURE OF CHILDREN'S PROTECTION

According to the United Nations Children's Fund (UNICEF) a child protection system is defined as *"a set of laws, policies, regulations and services needed across all social sectors –especially social welfare, education, health, security and justice– to support prevention and response to protection-related risks. These systems are part of social protection, and extend beyond it [...]. Responsibilities are often spread across government agencies, with services delivered by local authorities, non-State providers, and community groups, making coordination between sectors and levels, including routine referral systems, a necessary component of effective child protection systems."*¹

An integrated child protection system places the child at the centre and all competent actors and systems –education, health, welfare, justice, civil society, community, family– are engaged and coordinated to respond to children's needs and to protect them, acting in children's best interests. Guardianship systems are an inseparable part of national child protection systems, as they are in place to respond to the needs of children deprived of parental care (Figure 1²).

Unaccompanied children constitute a vulnerable group already because they are deprived of parental care. Yet, separation and risks faced in the country of origin, during their journey and in the reception country may increase their vulnerability – in essence, lack of parental care and migration makes them twice as vulnerable. Child protection systems need to address unaccompanied children's needs by protecting, supporting and empowering them. As a response, the guardian is placed next to the

1. UNICEF (2008). UNICEF child protection strategy, *E/ICEF/2008/5/Rev.1*, 20 May 2008, available at: www.unicef.org/protection/files/CP_Strategy_English.pdf

2. FRA (2014) Handbook for guardianship for children deprived of parental care, Luxembourg: Publications Office of the European Union, p.18

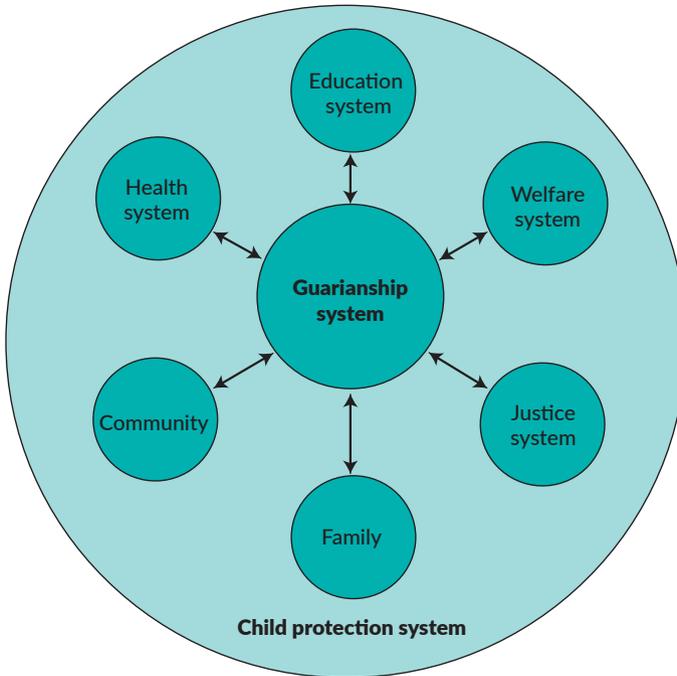


Figure 1: The Guardianship system is a part of the child protection system

child to become his/her ally, connect him/her with the authorities and services, safeguard that that the child’s views are heard and his/her best interests are primarily considered.

Guardianship systems must follow six core principles: non-discrimination (equal protection to all children indiscriminately); child participation (providing information, enabling the child to express his/her views and giving them due weight), sustainability (resources), accountability (legal provisions defining responsible authority, setting out guardian’s duties expressly & monitoring), quality (knowledge, skills, expertise), independence and impartiality (not in conflict with child’s best interests)³.

3. Ibid., p.26-28

Accordingly, guardians' work must be guided by the four general principles enshrined in the UN Convention on the Rights of the Child (see part III, chapter 1): respect and promote non-discrimination; safeguard the child's best interests as a primary consideration in all decisions and actions involving the child; facilitate and ensure the meaningful participation of the child in all matters that affect him/her; respect the right to life, survival and development.

APPOINTMENT OF GUARDIAN

Guardianship systems vary across countries of the EU and sometimes across regions of the same country. Particularities may refer to guardianship authorities and their function, to the professional expertise of guardians, their independence from the system, their appointment (who; by whom; when; for how long) and their tasks. Below, four aspects with regard to the appointment of guardian are briefly presented in order to be taken into consideration by each guardian.

1. Professionals, volunteers, relatives

Guardians may be professionals, volunteers or occasionally relatives of the unaccompanied minor. It is necessary that in all cases, clear roles and tasks are defined, adequate and continuous training is provided, along with supervision on case management and monitoring of their performance in order to be held accountable in case of deviating from standards. Children may be facing a number of difficulties (e.g. separation, trauma, victimization, at risk, language barriers, cultural differences) and thus relevant expertise is necessary, in order to know how to handle certain situations, to respond to children's needs, to sufficiently represent children, to effectively inform them and to advocate for their best interests and their rights. Therefore, in

order to maintain cohesion and sustainability within a guardianship system, qualifications, vetting procedures, training, codes of conduct, monitoring mechanisms and accountability measures should equally apply to professionals, volunteers and even relatives, if the latter are assigned to perform tasks in full-capacity. This handbook addresses guardians appointed by the competent public authorities regardless of their employment status.

2. Time of appointment

It is of utmost importance that a guardian is appointed as soon as an individual is identified as an unaccompanied child. This implies that a guardian should be appointed shortly after a child has entered the reception country's territory and border authorities have carried out their initial screening. Even in cases where there is an uncertainty about a person's age, a guardian should be appointed to assist the child and supervise the age assessment procedure. Guardians at the various points within a country (border or mainland) should be able to perform the whole range of their tasks as provided by the law, even though they might be replaced in case of the child's necessary transfer. The residential setting, be it detention facility, border facility or other conventional or alternative type of accommodation, should not prohibit the child from enjoying his/her rights, being sufficiently informed and having access to a guardian who can act in full capacity and not with limited tasks.

3. Qualifications

Guardians must have sufficient knowledge of

- their duties, mandate and the limits of them;
- children's rights as these are established in national, European and international law;

- children's needs and assessing their best interests;
- developmental stages and psychology;
- (inter)cultural issues that may influence the cooperation between the guardian and the child;
- Gender issues, i.e. understanding and addressing gender stereotypes and protection from sexual and gender-based abuse; sexual orientation and sexual freedom;
- communication skills with children and particularly with vulnerable children (victims of abuse or exploitation or torture or traumatized);
- how to support vulnerable children;
- trafficking, child abuse and neglect risk factors and indicators;
- the national referral system for child protection issues (missing children or child victims);
- national child protection, healthcare and education systems;
- the legislation relative to guardianship, children's rights, child protection, international protection, reception and integration of children;
- actors, services, agencies, NGOs and other resources relevant to an unaccompanied child's system and cooperating with them;
- using interpretation and cultural mediation services;
- managing emergencies.

Guardians have noted that other skills and traits that a guardian should have are: empathy, optimism, patience, persistence, creativity, resourcefulness, flexibility and diplomacy.



The guardian is proactive in identifying learning and development needs, manages his/her caseload and available resources, is accountable, works according to a set methodology, knows personal and professional limits, seeks support and counselling whenever necessary and is open to supervision and monitoring.

Standard 10: The guardian is equipped with relevant professional knowledge and competences (The qualifications of the guardian)

Closing a protection gap” project (2011). Core standards for guardians of separated children in Europe.

For more information please see: <http://www.corestandardsforguardians.eu/p/12/g16>

4. Conflict of interests⁴

Guardians should be in a position to make impartial decisions and assessments that are in the best interests of the child and that promote and safeguard the child’s well-being. For this reason, individuals whose interests could potentially be in conflict with the interests of the child should not be eligible to become guardians. This implies that the provision of guardianship services cannot be in anyway linked to police, migration or any other authorities responsible for making decisions on the status of the child (residence permits, international protection, return, victim identification).

This potentially applies also to agencies or actors, who provide welfare services to children, such as accommodation, day-to-day care or other care services, given that employees may find themselves in a situation of conflict of interest (their employer’s and the child’s). Authorities responsible for guardians’ appointment should be informed beforehand for any potential conflict of interest and assess the possible impact that this may have on effectively fulfilling a guardian’s mandate, as well as for his/her criminal record.

4. FRA (2014) Handbook for guardianship for children deprived of parental care, Luxembourg: Publications Office of the European Union, p. 36

MANDATE OF A GUARDIAN

The mandate of the guardian covers three primary functions⁵. S/he:

- Ensures the child's overall well-being
- Safeguards the child's best interests
- Exercises legal representation and complements the child's limited legal capacity

Breaking down this mandate into core duties, the guardian is anticipated to⁶:

- ✓ Safeguard the child's best interests by assessing and determining the best interests of an individual child



The guardian is able to advocate, assess and adjust the best interest of the child on a regular basis, involves all relevant actors and ensures that the assessment of the best interest of the child is based on the views of the child and the individual circumstances.

Standard 1 - The guardian advocates for all decisions to be taken in the best interests of the child, aimed at the protection and development of the child

- ✓ Promote the child's safety and well-being by assisting child protection services on the individual child's risks assessment; ensuring multi-disciplinary approach on assessing the individual child's needs (developing individual action plan in cooperation with child and other actors – access to victim support services, placement in safe houses; missing children); supporting the child in maintaining family links, if this in the latter's best interest; ensuring adequate standard of living, including appropriate housing and material

5. Ibid., p.15

6. Ibid., pp. 69-110

assistance; ensuring access to healthcare, education, vocational training/job opportunities and other activities



The guardian gives the highest possible priority to the child's safety, knows the signals of child abuse and trafficking, acts and reports upon signals of any harm or danger, ensures the child knows s/he is welcome to voice anything concerning his/her safety, only breaks the confidentiality norm when a child is at risk, ensures victims get appropriate treatment and is open to being monitored on own behavior.

Standard 3 – The guardian ensures the safety of the child

- ✓ Facilitate the child's participation by sufficiently informing him/her in a child-friendly way taking into the individual child's needs (reliable information providing a clear view of the situation and creating realistic expectations) and ensuring that his/her views are considered in all matters that affect him/her



The guardian provides information in a child friendly way and checks if the child understands and recalls the information, listens carefully to the child and ensures plans are based on the views of the child and shared with the child, is open to feedback and manages expectations.

Standard 2 - The guardian ensures the child's participation in every decision which affects the child.

- ✓ Act as a link between the child and others by being the reference person for the child, facilitating child's contact and communication with other professionals providing care and assistance to the child (health services, lawyers, migration and asylum authorities, school and education institutions, residential care and accommodation facilities, child protection and victim support services, police

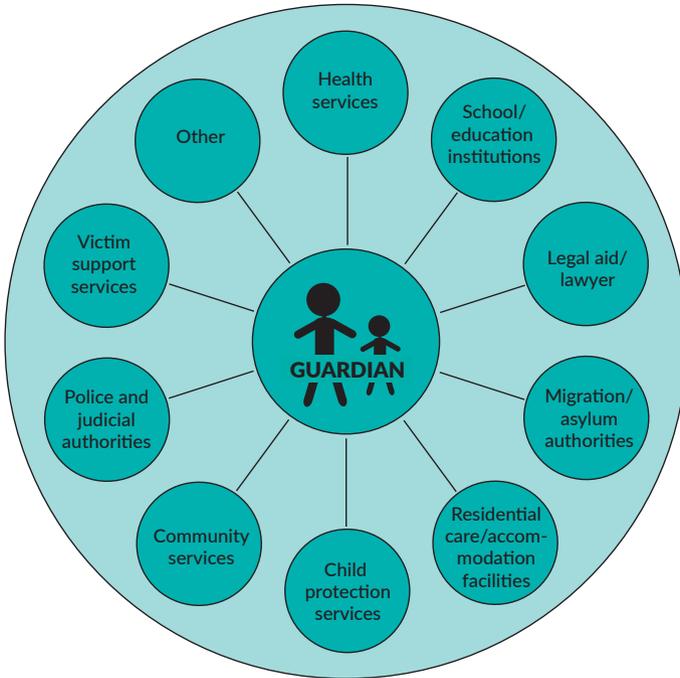


Figure 2: Guardian acts as a link between the child and other actors

and judicial authorities, community services) and by monitoring their actions to ensure that their actions meet the child's best interest (see Figure 2⁷)



The guardian keeps in contact with all relevant actors, ensures to be informed about all decisions which have an impact on the child and is where necessary present at meetings, assists in establishing links with the child's community and developing relationships that give the child a sense of belonging to a family or group.

Standard 5 - The guardian is a bridge between and a focal point for the child and other actors involved.

7. Ibid., p. 91

- ✓ Assist in identifying a durable solution in the child's best interest (repatriation and return, integration in the receiving country, preparing the child to pass from childhood to adulthood)



The guardian ensures the identification of a durable and safe solution and challenges others to prove that their proposed solutions take the best interest of the child as a primary consideration, supports the reunification of the child with his/her family and supports the integration of the child in the host country when this is in the best interest of the child, defends safety guarantees when a child is returned and prepares the child for all predictable changes which will occur after turning eighteen.

Standard 6 - The guardian ensures the timely identification and implementation of a durable solution

- ✓ Exercise legal representation, support the child in legal procedures and ensure access to legal assistance and counselling (in procedures concerning age assessment; residence permits; international protection; and compensation and restitution, civil law and criminal procedures, and police investigations)
- ✓ Hold authorities accountable for their decisions
- ✓ Intervene if the welfare of the child is in danger



The guardian is an assertive, committed watchdog, dedicated to defending the rights of the child, shows emotional strength, opposes decisions which are not taken in the best interests of the child and pursues fair procedures concerning the child.

Standard 4 - The guardian acts as an advocate for the rights of the child

The guardian should have a comprehensive view of the child's situation and individual needs⁸. The means to fulfil his/her overall mandate is the development of a trustful relationship with the child and maintain confidentiality in relation to information that concerns the child. Guardian's role is not static rather an interactive one in relation to the child and the current conditions every time, where among other things s/he should be in a position to provide emotional support to the child by being his/her ally.



The guardian and the separated child⁹:

The guardian demonstrates appropriate behavior, treats the child unprejudiced with respect to the child's identity, privacy and cultural differences, supports the child in developing peer relationships and shows a flexible approach tailored to the individual needs of the child.

Standard 8. The guardian forms a relationship with the child built on mutual trust, openness & confidentiality.

The guardian is always honest with the child, keeps his/her promises and keeps all information confidential unless it is necessary to break confidentiality to keep a child safe, pays attention to verbal and nonverbal communication, is empath.

Standard 7. The guardian treats the child with respect and dignity.

8. Ibid., p.18

9. The term "separated" child was selected for the purposes of the "10 core standards" to include both unaccompanied and separated children.

Part II



Standard Operating Procedures for Guardians

According to international standards and national laws in each reception country, a guardian has to perform a number of tasks for the assistance, protection and representation of every unaccompanied child. These procedures may vary from country to country, yet the mandate is common in all EU countries.

Actions taken are organized below based on three dimensions: time, children's need/right and particular living conditions. Time is calculated from the day of guardian's appointment by the competent public authority for a minor's case.

WITHIN 72 HOURS

Appointment of guardian by the pertinent public authority

The guardian should receive the official notification of the appointment and carry a copy of this with him/her and at the same time place the original document in the responsible agency's office. A case file should be opened with the child's name and a copy of the guardian's appointment should be placed there too.

Notifying the residential facility about the guardian's appointment for the particular minor's case.

Informative meeting with the residential facility's personnel to discuss the minor's case.

If possible, the guardian prior to meeting the child should discuss with other professionals who are currently taking care of the child to receive information about his/her situation and his/her personal history. Often the residential facility's personnel have already a clear picture of the minor or at least they may have valuable information about the minor's case; for example, if the minor is vulnerable due to specific situations such as abuse, rape, physical illness or psychiatric disorder – this is important for the guardian to know it beforehand. Yet, apart from this aspect, limiting the number of times to the absolute necessary,

where the minor has to share his/her story and experiences to unknown (at that time) persons is preferable. At the same time, the staff may already be aware of the child's nationality, ethnic group and spoken language and help the guardian to find an appropriate interpreter and/or cultural mediator later on – though mistakes may sometimes happen.

 **Meeting with the unaccompanied minor (with or without the presence of an interpreter), exchange of contact information and brochure on the guardian's role (definement of nationality and spoken language).**

Within 72 hours from his/her appointment, the guardian should schedule the first meeting with the child, which should take place as soon as possible (within the first week) and in consideration of other possible commitments of the child. S/He should search for an interpreter according to the spoken language of the child. Even in case where no interpretation is available in person or via telephone or skype, the guardian should visit the child and meet him/her, in order to make his/her presence known to the child. Even in a brief meeting a guardian may observe and realize if there are striking reasons of concern for the child's health or safety.

It is important for the child to understand what a guardian is, what is anticipated to do for him/her and for what reasons s/he has been assigned to the child (See part I: The role of the guardian, section: Mandate of a guardian; e.g. The state has appointed me to support you in your case now that you are here, given that you are under 18 years old and your parents are currently not with you. I am here to ensure that you know your rights and options and together we will explore what is best for you). A brochure in the child's native (primary) language or the official language of his/her country of origin can greatly assist. A child may encounter a lot of unknown adults, that is why explaining his/her role in plain language can make him/her feel more in control of his/her new reality and safer when knowing

that there is a person appointed for his/her case. Moreover, by knowing what a guardian does, a child realizes what a guardian cannot do and thus have realistic expectations. The guardian needs to be transparent about his/her role and help the child understand that s/he is the child's ally and must always act in the child's best interests. This may need to be reminded several times during the early stage of this collaboration between them.

The guardian shall give his/her phone number (or an office number if s/he can really be reached there) to the child, as a child should be able to reach his/her guardian. For the same reasons, the child should provide his/her contact details too. Yet, it should be explained that this is only for the specific child to have and not share this information with others.

Building trust will not happen in one day, but instead it takes time. The guardian should keep in mind that building a trust-based relationship is the key to ultimately protecting a child and his/her best interests.



What the child needs to know about you¹

- Who are you?
- Who are you not?
- (if you are a volunteer: that you are not remunerated for this work)
- Tell the child everything you do must be guided by what is best for him or her.
- What are your powers, what is the limit of your authority?
- How long will you be his or her guardian? (consider transfers in other cities, or leaving the country or absconding or becoming of age or your time-specific contract or changing positions)
- What can the child do if s/he feels you have acted unfairly? Can the child change guardian?

1. Council of Europe (2018). How to convey child-friendly information to children in migration: A handbook for frontline professionals, p. 118. Available at: <https://rm.coe.int/how-to-convey-child-friendly-information-to-children-in-migration-a-ha/1680902f91>

- That the child's identity and story is safe with you, his or her data will be protected, you will keep it confidential and the limits of your professional secrecy obligations (e.g. duty to report abuse or other crimes).
- How can s/he contact you?

What general information the child needs to know (provide reliable information only)

- What does childhood mean in the host country?
- S/he has the right to be safe, to special protection and assistance.
- S/he has the right to be heard: s/he can have a say in the decisions affecting him or her.
- S/he has the right to develop his or her individual potential including: access to health care, education and leisure.
- S/he has the right to maintain contact with his or her family (you may need to refer him or her to a legal specialist to discuss family reunification or family tracing).
- Help the child understand the procedures s/he is currently in, why it is happening, how long it will take, what the consequences will be.
- Make sure the child understands any conditions attached to these rights. Will the guardianship end when s/he reaches 18?
- If the child is approaching 18 help him or her plan what will happen once s/he is an adult.

Lifelines

- Make sure the child knows s/he has the right to protection against neglect, violence or any violation of his or her rights.
- Give the child your cellphone number and police or hotline numbers for child protection services.
- Explain the non-formal remedies for other issues that the guardian can support the child with (e.g. counselling, rehabilitation centres or programmes, etc.).
- Explain the complaints mechanisms available if the child has a difficulty with the guardian and how s/he can access them.
- Tell the child about the ombudspersons for children. Explain how to contact them.

Information you will need from the child² (either upon arrival or later on):

2. Ibid., p. 115

- Registration details (name, age-pay attention to the calendar according to which the child calculates his/her age, nationality, statelessness, ethnic group, language, country of last residence)
- Is the child travelling alone?
- Is the child in danger or afraid of anyone else travelling with him/her?
- Does the child need urgent medical attention?
- Does the child have any documents (passport, identity card)?
- Why did the child leave his/her country (should s/he apply for asylum, or is another procedure more appropriate)?
- Where are the child's family members?
- Which are the child's needs, expectations and aspirations?



Golden rules³

- adapt information to the child's age, maturity and psychological and mental state;
- empower children by providing information that gives them strength and resilience;
- ensure children understand what information is confidential and what you are obliged to disclose;
- use non-judgmental vocabulary;
- use open questions;
- do no harm;
- give the child all necessary information even if it might only be useful at a later stage.

3. Ibid., p. 16. "Child-friendly information' means that information must be adapted to a child's age, maturity, language, gender and culture. This will require the information provider to adjust the information and complexity of their communication according to each individual child's situation right up to the age of 18. These elements should be taken into account cumulatively." For more information see the aforementioned Handbook on conveying child-friendly information, particularly pp.18-20.

As soon as the guardian is aware of the country of origin or last residence, the ethnic group and religion of the child, it is important that s/he searches for relevant information in official sources in order to learn more about the context that the child may have encountered. Indicatively information can be sought in the following websites: <https://www.refworld.org/>, <https://www.ecoi.net/> and <https://www.easo.europa.eu/> (country of origin information and reports of international organisations about specific countries).

WITHIN THE FIRST WEEK

Assessing rapidly minor's basic needs and identifying vulnerability.

As soon as possible, the guardian has to make sure that the basic needs of the child are met, i.e. safety food, water, appropriate clothing for the weather conditions, sanitation. In case these are not met, then the guardian should cooperate with the residential facility's personnel and try to find a solution to the benefit of the child. The residential facility's personnel should come into contact with agencies and organizations to cover the child's needs. If the response of the residential facility is reluctant, then the guardian should try to inquire about the hindrances (e.g. lack of funding or other internal issues) and may report these issues to the supervising agency for guardianship.

Vulnerability may stem from incidents/conditions/factors that existed before the child's arrival in the reception country or may be associated with his/her current stay. Using the Vulnerability Screening Tool (see part III, chapter 8) may assist the guardian to identify indicators associated with vulnerability and thus alert him/her for the steps that need to be followed. Next steps include considering placement options, support options, ways to strengthen resilience and finally, decision-making and referral.

Potential factors of vulnerability

- Exhaustion from the journey
- Shock by the change of environment
- Absence of adult care-giver
- Loss of security of sense of security
- Limited access to food, medical services, social care, support and education
- Proneness to illness
- Disorders of physical development
- Difficulties in communication
- Participation in numerous bureaucratic procedures (e.g. asylum or migration procedures)
- Giving personal information/narration or personal story to unknown adults
- Cultural characteristics
- Exploitation, abuse, other traumatic events (either in the past or at risk in the present)
- Racism
- Detention
- Loss of personal documents, possibility of age assessment

 **Development of a plan for the most appropriate accommodation facility: Submission of request for accommodation, in case this has not been done already; inquiry about placing child in foster family; and mandatory medical examinations for the placement to an accommodation facility.**

In all cases it is important to consider placement options starting with the presumption of liberty, least restrictive measures and safety. Options that may be available are hotels (for immedi-

ate decongestion of borders), safe zones in camps, shelters for unaccompanied minors, child protection shelters (for abused, neglected or abandoned children), foster care and semi-independent living (for children over 16 years of age).

Taking into account that any child is better to grow-up in family or family-like environment, priority should be given to the placement of a child in alternative to institution or camp care, if this may apply. Requirements set by national laws, for sure have to be met. All procedures (e.g. vetting of foster parents, matching, and transfer of child) must be carried out by the responsible agencies and authorities with the assistance of the guardian. Consideration has to be given to the age and gender of the child, to whether there are other relatives somewhere in the reception country with whom the child has a good relationship, to whether there are siblings, to any trauma, mental or physical health issue that the child may suffer from. Noteworthy that those in situation of vulnerability require placement appropriate to their particular care and support needs.



Identification of alternative care arrangements for unaccompanied children⁴

Identify suitable alternative care arrangement options for UAC while tracing is carried out. Prioritize the following options within local parameters, guided by the best interests of the child:

- Family-based care within the child's community (family, kinship or foster care), with priority given to children under 3 years of age, children with special needs or urgent protection concerns
- Supported independent living/child-headed households, as appropriate.
- Organized small group care within the child's community
- Temporary and appropriate residential care in existing facilities, where possible and appropri-

4. Uppard, S., Birnbaum, L. (2017) Field Handbook on unaccompanied and separated children. Interagency working group on unaccompanied and separated children. Alliance for child protection in humanitarian action, p.26. Available at: <https://www.iom.int/sites/default/files/HANDBOOK-WEB-2017-0322.pdf>

ate, for the shortest time possible; move to community-based care when possible, if in the best interests of the child.

Monitoring care arrangements

Children's placement must be monitored.

As regards the alternative care (e.g. foster care, supported independent living), a caseworker has been probably allocated by a competent public authority to open a case file, conduct visits, monitor the child's well-being, support the placement, update family tracing and develop a care plan. Where possible, local child welfare systems or community structures shall be mobilized for monitoring, as long as they have guidelines to follow in case of abuse, exploitation or neglect and always according to existing law. A guardian by being the reference person and the link between the child and the authorities/agencies and while respecting the role of the caseworker, s/he should be able to monitor the care arrangements and if necessary, suggest reviewing this decision.

As regards placement on accommodation facilities in camps or shelters, the guardian has to monitor the child's placement and well-being.

Long-term/permanent care for UAC⁵

If family reunification is not possible or in the best interests of the child, identify appropriate long-term term care arrangements, with the involvement of children, local authority social workers or child welfare workers.

Advocate against and do not facilitate adoption – whether national or intercountry – during/immediately after emergencies, as it is not an appropriate form of care for UASC at that time.

Consider national adoption or its equivalent (and, in some cases, intercountry) as a longterm care option for UAC who are unable to be reunited with family members, when handled through legally established procedures.

In order for a child to be placed in an accommodation facility or other type of care, a number of medical examinations may be necessary to be conducted. A guardian shall make sure that these take place for free in public medical clinics and in due time.

5. Ibid.

 **Notifying the Asylum Service or any other responsible migration service about the guardian’s appointment for the particular minor’s case, if applicable at this stage.**

This is particularly pertinent, where a guardian is appointed after the child has applied for asylum or is already registered by migration services. This may be done by providing a copy of the appointment to the competent Asylum or migration office, in order to be registered in the child’s file.

 **Scheduling of weekly meetings with the child with the help of an interpreter in order to build a relationship of trust, obtain information for his/her past and present and inform the child about his/her rights, obligations and options.**

While the guardian is endeavoring to understand the child’s needs and to know him/her better, in order to be able to assess his/her best interest and identify a durable solution, it would be very valuable to meet the child at least once a week. The day has to be set from start in order for the child to obtain a sense of control, programming and security of his/her daily life. Deviation may occur upon emergencies, but to set a particular date and time range for a meeting is to the child’s benefit. Initial meetings may be held in a safe and quiet space within the residential facility the child is living, unless the guardian has been alerted that this not to his/her best interest. Importantly, communication and contact should be frequent in order for the child to feel that someone stands by him/her, especially during the first weeks of the guardian’s appointment.

Interpreters and cultural mediators are valuable colleagues to the guardian’s work and mandates. They may identify issues in the child’s saying, where a guardian may not be able to do so, due to cultural differences. Attention has to be given to interpreter’s gender in relation to the child and his/her situation; for example, if a girl has been sexually abused then it is necessary to find a female interpreter to discuss about the matter or even in

general depending on how the girl feels. Another example may be that a teenage boy may feel embarrassed to speak in front of a young female interpreter. Obviously, it is not possible to set such criteria, but all aspects need to be taken into account and accordingly to be explained to the child and the interpreter.

After the interpreter introduces him/herself as such, the guardian should explain that right now this professional functions as the child's voice in order for the two of them (guardian-child) to be able to clearly understand each other. Interpreter should sit next to the guardian and opposite from the child in a shape of triangle and not in close proximity to the child. It should be clear that the guardian is responsible for the conversation/meeting.

The guardian should brief the interpreter before their meeting about a smooth process of the discussion and the purposes of the meeting. The guardian shall speak in a plain and comprehensive manner depending on the child's age and education level. S/he shall speak directly to the child although the child may not speak his/her language. The use of secondary sentences should be avoided. S/he should stop frequently (e.g. every three sentences), because usually interpretation is consecutive. The interpreter shall interpret the whole discussion from both sides. If the interpreter realizes that the child does not understand what the guardian says, then s/he should inform the guardian without intervening in the discussion. The guardian should be aware of what exactly the child understands and what not and then adopt appropriately his/her speech. If the interpreter has any questions, worries, comments or objections to what is being said, s/he should first inform and ask the guardian (e.g. tell the guardian that the word he uses does not apply to the child's language). The interpreter should keep a professional profile (present and focused) during the session and at the same time be kind. S/he should avoid expressing discomfort or making judgements on what s/he hears, unless expressed to the

guardian directly and in a manner that discomfort does not become obvious to the child; for example, the child belongs to an ethnic group which historically members of it have oppressed the ethnic group that the interpreter belongs to – at some point the child uses the word revolution to describe a situation which historically is described as occupation – the interpreter feels insulted.



Practical tips to build trust with interpreters⁶

1. check that the child and the interpreter understand each other;
2. start by explaining who you are and what the interpreter's job is;
3. make sure the child understands that the interpreter should not judge them or tell other members of their community the details of your conversation;
4. give the child a choice about the gender of the interpreter.

Accordingly a guardian should not make any judgmental comments to the child's opinion, primarily for the child to feel comfortable to express him/herself. However, at specific points, a discussion could be started based on some comments that the child has made; for example, a boy during the first meetings with his guardian mentions that he doesn't like the shelter he lives because there is a large number of boys from a particular country of origin that he considers to be inferior to his country of origin. While the boy needs to understand that this is not the case and that these are preoccupations, negative generalisations, etc. and the guardian should explain that in the right moment, in the right way and not by simply criticizing the boy's opinion. In the same example mentioned, this boy ultimately made some very strong friendships with boys from the country

6. Council of Europe (2018). How to convey child-friendly information to children in migration: A handbook for frontline professionals, p. 18. Available at: <https://rm.coe.int/how-to-convey-child-friendly-information-to-children-in-migration-a-ha/1680902f91>

of origin that in the beginning was preoccupied with and started to learn their language.



How can you communicate?⁷

- Listen to the child.
- Listen to the child's non-verbal signals: is s/he showing signs of abuse, stress, trauma; is she pregnant; is she afraid of a particular person?
- Build up a relationship of trust by participating in activities together or accompanying the child to important meetings (set small goals and achieve them).
- Pay attention to your body language.
- Use simple language.
- Ensure the child understands the role of the interpreter

When should all this happen?

- When you meet the child.
- When their situation changes help them understand the change, new rights or rights that cease to apply to their case.
- When they can participate in a decision help them understand what is at stake and how to give their informed opinion in a meaningful way

Communicate in light of the child's⁸:

- Identity (age, language, nationality, gender, sexual orientation)
- Family situation (unaccompanied, orphaned, accompanied)
- Vulnerabilities (suggestibility, trauma, perception); e.g. victim of trafficking or torture, traumatized, with disabilities)
- Needs (health, education, legal, leisure)

The guardian should also respect the child's silence. As mentioned above building a relationship of trust takes time. If the child is not ready to talk about something, the guardian should not not pressure him/her to talk, but make the child understand that s/he is there to act in the child's best interest. In addition,

7. Ibid., p. 118.

8. Ibid.

the guardian should respect the child's subjective version of the truth; it may take time for the child to feel safe and tell the guardian what has really happened or how s/he really feels⁹.

WITHIN THE SECOND AND FIFTH WEEK

Tracing and communicating with child's parents or relatives.

A child may have ended up being alone in the reception country because at some point during the journey s/he was separated from his/her family or because a third person convinced him/her to leave his/her home country and come to Europe. Moreover, it is likely that due to the journey's difficulties members of a nuclear or extended family were forced to travel separately and at different times.

Based on the particular situation of each child, assist the child in family tracing and/or establishing and maintaining communication and links with his/her family where this is found to be in the child's best interests. Cooperate with the respective public authorities and possibly also seek the assistance of relevant organisations and authorities, e.g. the International Organization for Migration, the Red Cross, the United Nations High Commissioner or the International Social Services. Yet, note that family tracing (restoring family contacts) should not take place when there are serious grounds to believe that restoring family links might endanger the child or family members. Moreover, kinship must be verified¹⁰.

9. See *Ibid.*, p. 25

10. Methods to verify family relationships such as photographs, oral evidence, documents and questionnaires have to be employed first. Yet, in this way verification has not been successful, DNA testing could be carried out, but only to meet the child's 'best interests' and by keeping a rights- and dignity-based approach, and so as to ensure full respect for the principle of family unity. Uppard, S., Birnbaum, L. (2017) *Field Handbook on unaccompanied and separated children*. Interagency working group on

The guardian after discussing with the child, the family and other professionals who support the child shall assess whether family reunification serves the best interests of the child. If this is the case, the guardian should consult a lawyer and the Dublin Unit of the Asylum Service (or any other agency facilitating this reunification) to collect all the necessary documentation to make this possible (e.g. family book, passport copies, copies of the legal status of relative, pictures of relatives, or DNA test).

Family members may provide information to consider placement or reunification options and the child's best interests. They may also be aware about particular conditions, such as physical and mental health issues of the child, losses of loved ones and/or accurate date of birth. However, after successful family tracing, and before family reunification or return, ensure that a risk assessment is conducted to assess the suitability of the parents and/or other family members to care for the child and represent her/his interests. In any efforts to trace or reunite families, act in the child's best interests and respect any requirements laid down in law.

 **Assessment of the child's best interests and planning of next steps (residency, legal status, education, health, psychological support, vocational training/legal employment opportunities, other activities)**

As aforementioned, a guardian at an early stage should endeavor to meet the child at least once a week in order to establish a relationship of trust. During this period, s/he should try to collect as much information for the child's history either from the child him/herself or from other professionals that care for him/her. In this way s/he shall have a clearer overview and understanding about the child's case and shall be in a position to

unaccompanied and separated children. Alliance for child protection in humanitarian action, p.245. Available at: <https://www.iom.int/sites/default/files/HANDBOOK-WEB-2017-0322.pdf>

better assess the child's best interest to plan the next steps that need to follow (action plan/case plan).

A Best Interest Assessment form (see part III, chapter 9) shall assist the guardian to collect all necessary information. In any decision-making it is very important to hear the child's views. This does not suggest that whatever the inspirations of the child are, this is what will be pursued. Instead it is valuable for the child to know that the guardian is his/her ally and is there to listen to and understand him/her and discuss together all matters that puzzle him/her. Many children may not be used in having a mind of their own and expressing this opinion. Such process needs encouragement and facilitation from the guardian's side. Noteworthy that some children may be guided from their parents (back home) as to what they should be doing in Europe and there the guardian plays a key role to ensure that the child's best interest, rights and security are safeguarded.

Through the best interest assessment, a guardian should be able to understand what should be done regarding the child's legal status options. From the information collected, it may be obvious to him/her if there are reasons based on the Geneva Convention and the Qualifications Directive that make imperative for the child to apply for asylum. There are cases of children, who may not have understood the reasons that prohibits them from returning to their country but while discussing with a guardian or a lawyer it is revealed that there were serious dangers for the child's safety or rights back home. For example, a young boy from a Western African country during the first meetings with his guardian, he was claiming that he came to Europe for a better life, because he didn't enjoy his life before. During more in-depth discussions it was apparent that this boy had almost all his rights violated and in addition, he became a victim of human trafficking, according to the definition of the Palermo Protocol, twice before entering the reception country. Yet, he wasn't able to understand that all these constituted rea-

sons for undoubtedly being granted a refugee status. Numerous similar examples exist for girls and boys too. Cooperation with a lawyer is valuable and necessary in the inquiry and management of such issues (e.g. the guardians shall provide him/her with all available documents concerning the child and the information s/he has gathered up to that point; a meeting could be arranged with the guardian, the child the lawyer and the interpreter).

Some children are in need of receiving psychological support. This may difficult for them to understand and agree on, because they are not accustomed with such a (therapeutic) process. Yet, the guardian has to see if there are other ways to support the child's psychological health or s/he has to urge the child to attend such meetings, such for a trial period. Children who have experienced traumatic experiences and suffer from symptoms indicating that (PTSD, psychosis, distress) need to be treated by an experienced psychologist or psychiatrist (ideally with strong knowledge on the various cultural aspects, e.g. ethno-psychiatrist, if available) and so a referral should be made.

Furthermore, education plays a principal role in a child's sound psychosocial and mental development and for this reason all children should be registered to one and be encouraged to attend. For the years of compulsory education in the reception country, all children should understand that it is their right and obligation to attend school. Nevertheless, having access to education encompasses a lot more than having merely access to a school; education should be adapted to the needs and potentials of a child. Apart from that, the guardian shall identify the skills that the child may already have and explore the possibility of vocational training that may be of the child's interest. Moreover, there might be occasions, e.g. the child is about to become an adult, where finding internships and appropriate and legal job opportunities could be very empowering for the child and thus these should be included in the child's action plan.

Children should have the opportunity to be involved in recreational, leisure and sport activities. Being in a country alone without their parents to supervise or advise them, may sometimes increase the risk of getting depressed, feeling withdrawn, or getting involved in dangerous activities. Children should be asked what they used to do back home, if they enjoyed it and whether they would like to start something in the reception country that they enjoy. Yet, they should be encouraged to pick an activity after giving it some thought, in order to decide whether they would like to engage with that.

 **Registration of international protection application (depending on the case, request for family reunification) and submission of relevant official documentation to Regional Asylum Office**

If the child has reasons prohibiting him/her from returning to the country of origin or last residence falling under the Geneva Convention and the Protocol of New York for the refugee status, as well as the Qualifications Directive, then an asylum application should be lodged before the competent Asylum Office. This requires that prior to the submission of the application the child has been informed about the procedure, the necessary information that will be asked from him/her and the implications of it. A child should be aware that his/her fingerprints will be provided to inform the European database “EURODAC” in order to register them and compare them with other potential registrations in another EU country or in the reception country. Moreover, the child should be requested to provide to the authorities any official documentation that s/he may hold that proves his/her identity, country of origin, potentially ethnic group and age. This helps registering personal data correctly, since the change of data usually requires a very demanding procedure (official documents from the country of origin and officially translated).

National passports should be submitted to the Asylum Office on the day of lodging the application. A copy of the act of sub-

mission will be received. The guardian should review this documents carefully with the help of an interpreter and the child to check whether data standing in the official documents are accurate; depending on the country of origin, registering a child during birth might not be a common practice; at the same time, registering a child and his/her siblings many years after his/her birth -and often all together at once- may produce inaccuracies in the date of birth. A clear copy of the passport should be kept in the child's file. In addition, a passport (e.g. colour or wording in the cover) may indicate the child's legal status (e.g. statelessness) in the country of origin/last residence.

Given that, according to Dublin Regulation III art. 8, if there are family members of a minor in another EU country the competent state to examine his/her application is the member state where his/her family legally resides, the guardian has to be very well aware if there are any family members in another EU country. Importantly, due to the 3-month deadline to request for family reunification under article 8 of the Dublin Regulation, the guardian has to act quickly. The guardian has to discuss with the child and come into contact with these family members in order to understand, if it is in the child's best interest to lodge a request for a family reunification. S/he has to make sure that the competent Dublin Unit will send promptly the request, as there is immense workload, but any delay may hinder the reunification. Although there is a different deadline for sending a "take charge" request on humanitarian grounds (art. 17.2 Dublin III Regulation), this is hardly accepted by member states, given that it lies at their discretion.

In case at a later point and before a decision of transfer has been issued, family reunification seems to not serve the child's best interest or the request has been three times rejected, the guardian should make sure that the child's case has been planned to be examined on a concrete date by the reception country.

-  **In case of family reunification, investigating the relationship and living conditions of the child's relative and gathering relevant documents – in case it is necessary to receive DNA both from child and his/her relative in order to identify the relationship, offer support to the child during process and communication with the relative**

Necessary documents to prove the kinship may be family book, IDs, birth registration certificate and photos. A Best Interest Assessment where a child has the opportunity to extensively analyse the kinship and close relationship with relative are very helpful as well. DNA may be required to prove the kinship, if no other documents are available. In addition, the relative has to declare his/her intention to care for the child and accept a potential family reunification. The relative should be alerted to respond to the authorities of the country s/he resides as soon as they endeavor to communicate with him/her. Some member states require proof from the relative that s/he is in a position to undertake the care of the child financially or that s/he holds a place of residence that has space for the minor as well. Noteworthy that the relative has to legally reside in the member state and proof should be provided for that too, e.g. asylum application card, refugee status or subsidiary protection status or residence permit for humanitarian or other reasons.

-  **If the child is likely to fall under the provisions for residence permit due to humanitarian reasons, a submission should be done to the competent migration office in cooperation with the actors involved**

In case, the reasons that prohibit the child from returning to the country of origin don't fall under the Geneva Convention and the Protocol of New York and the qualifications Directive, then an application should be lodged before the competent migration authorities for the child to receive a legal residence permit based on his status as a minor in need of humanitarian protection or as a vulnerable person in need of protection –based on

concrete circumstances– according to national migration laws of the reception country. Before any action, the child should be duly informed.

 **Assessing the available and most suitable option regarding minor's placement in alternative care**

This applies to children that have not been placed in alternative care settings up to this point. Given that decisions have to be reviewed periodically and taking into account what has been mentioned above, that any child is better to grow-up in a family or family-like environment, guardians together with other competent professionals have to orient the child's placement option towards that direction. Especially young children should be preferably stay at vetted, well trained and matched foster families. The estimated time of stay and the existence of other relatives should be considered to decide whether a short-term or long-term foster care shall be preferred. In addition, it should always be considered to minimize the changes of residence for a child to absolute minimum and necessary. This is something to be decided by the responsible authorities for foster care together with the guardian after the child's views have been heard.

 **Assist the child in acquiring Social Security Number and any other documentation necessary for being able to receive healthcare and social welfare services.**

During this early stage the child must acquire all necessary documentation that will provide the child's access to healthcare, social services, school and sport activities.

ON A REGULAR BASIS/ WHEN APPROPRIATE/ WHEN NECESSARY

Physical and mental health

Accompany the minor in scheduled examinations for identified symptoms

The guardian primarily needs to have a clear picture of the child's health at all times. Depending on national legislation, s/he may be responsible for signing as the legal representative of the child for examinations or treatments (under the guidance of the medical staff and, if necessary, after having heard more than one opinions e.g. delivering heavy medication to a child). For important decisions, the guardian shall refer the case to the supervisory board that most likely is in place, according again to national legislation.

If the child is hosted in a shelter for unaccompanied minors probably personnel there are responsible for catering for the child's health state and promptly responding to the child health needs. Yet, the guardian should be aware for any symptoms that the child suffers from and make sure that the necessary steps to address these symptoms have been taken by the shelter's personnel (e.g. transfer to hospital if necessary accompanied by a staff member). Accordingly, if the child resides in another type of residential facility. Yet, if there is lack of mobilization for various reasons, the guardian should make sure that a child is medically checked and treated. This may require occasionally for the guardian him/herself to accompany the minor in scheduled examinations, if no other care staff is available to do so or the child is homeless.

The guardian should be aware of a child's developmental stages (see also part III chapter 6) to be able to understand, if something is not as anticipated. Moreover, s/he should encourage the child to express any worries, disturbances or pain about his/

her health to the guardian and the personnel of the residential facility hosting him/her. Questions regarding the child's health that refer to the past as well as the present are included in the best interest assessment form. It is important when discussing these issues with the child to clarify what is meant by the word doctor and medications, because it is likely that child and guardian could be meaning something different; e.g. a child responded that he had visited a doctor back home, yet after some questions it was clear that he called doctor the person making "medicines" out of plants in the neighbourhood.

Assist the minor in blood or other tests for regular check ups

Apart from situations where the child presents particular symptoms, the child should be periodically checked on his health. This may involve a once every year check-up, yet the guardian should have a clear picture of what needs to be done to have the minor checked. Vaccinations need to be arranged and the guardian should keep record of what has been done already and when and when it should be repeated or schedule the next necessary vaccinations. The guardian should try to learn (from the child him/herself or a parent/caregiver) whether the child has already been vaccinated for several diseases.

Communication and collaboration with medical staff to learn about minor's health

As mentioned above, the guardian should have a clear picture of the child's health. This would mean to receive information from the medical staff who have examined and treated the child, if s/he is accompanying her/him or ask the person who accompanied him/her and keep copies of the results of examinations or diagnosis.

Referral to a psychologist or child psychiatrist for symptoms' diagnosis or/and treatment, if necessary

Building a trust based relationship with the child will be neces-

sary in order for the child to understand that s/he can express his/her feelings to the guardian. Many children are not in a position to comprehend and identify their feelings or feel ready to seek for help, so the guardian should be in a position to understand if something seems problematic in the child's behaviour and refer him/her to the pertinent services that can provide the support s/he needs.

 **In case the child presents signs of disability of any kind, e.g. visual, hearing, physical or intellectual disabilities, progressive or non-progressive, the guardian should refer the child to the pertinent health services for a personalized diagnosis of his/her situation and a planning for the most appropriate placement, care and rehabilitation.**

In case the child has a disability of any kind, the guardian shall ensure that his/her rights shall be respected and in no occasion restricted or infringed. The child may not be able to talk, hear, see, walk or move his/her body parts, may not be able to respond or interact as anticipated with others etc. This requires the cooperation of expert professionals, who are able to diagnose a condition and refer the child to other specialties in order to receive the appropriate treatment. A pediatrician shall make a first estimation and if s/he is not able to diagnose with accuracy the condition then s/he suggest what type of doctors, e.g. developmental-behavioral pediatrician, otolaryngologist, neurologist, etc., should examine the child or what type of examination is necessary to take place. Given that the guardian is not anticipated to have medical knowledge, s/he shall refer the child to the pertinent medical staff, in order to make sure what steps need to be taken for the proper support of the child. The residential facility or group home of family that would host the child should be able to support the child's living, integration and necessary health care (e.g. have a doctor or the necessary medical equipment). Similar provisions should be made for the child's inclusion at school. At the same time, if a person knows

the child well and is in a position to provide information on his/her daily habits or needs, on what distresses or relaxes him/her, then these information should be taken into account by other professionals who are working with the child as well.

Education/activities

School enrollment and notification of guardian's appointment

The guardian shall ensure that the child is enrolled at school. Every child has the fundamental right to education (art. 28 CRC). Moreover, education should be available, accessible, acceptable and adaptable¹¹ in order for the child to fully enjoy his/her right. In practice, there are often shortcomings in the provision of education especially to migrant and refugee children population. Yet, what should be kept in mind is that up to certain years of age, education is compulsory, children are not permitted to work unless a number of requirements are met and that education is the means to empowerment. School is the vehicle for integration and this goes beyond academic achievements.

Children are sometimes reluctant to go to school and prefer to work or do nothing at all, but it is very important to encourage them to attend and to compel them if they are of compulsory school age. At the same time, engaging children in educative activities keeps them safe from other at-risk situations. Schooling is a valuable means for children to achieve even a basic level of oral and written communication in the reception country's language and to acquaint themselves with the country's culture. This contributes to children feeling more included¹².

11. Tomasevski, K. (1999). Preliminary Report of the Special Rapporteur on the Right to Education, Report No. E/CN.4/1999/49. New York: United Nations: Economic and Social Council

12. At the same time the school should be making continuous efforts to sensitize the whole community.

Moreover, the guardian should explain to the child what it means to be a pupil of the particular reception country: classes, content, breaks, behavior, how to ask questions to the teacher, where to find books and how to use them, how to use notebooks etc. It is essential to provide the child with such preliminary information that will help them mitigate any cultural differences and adapt their behavior accordingly¹³. Professionals and officials working with and for children on the move can make education meaningful for children when they support them in accessing the right type and level of schooling and in integrating into the ongoing school year where applicable. In order to achieve this, they need to assess the child's cognitive skills, school level and aspirations for academic or vocational training and match the available educational opportunities to the needs of each girl or boy. Whenever a child completes a course, school year or training, handing out certificates to the child is important as it can enhance the child's possibility to enter continued education, training or the labour market at a later stage, in the country of arrival or origin.¹⁴

Enrolling the minor for any additional language courses

Realising that is important for minor's integration to speak the language of the reception country, the guardian should encourage children to take up language classes. For this reason, state services or NGOs providing free lessons should be identified and enroll the child in their courses. The guardian should take into consideration that sometimes young children may need to be enrolled in language courses of their native language, especially when they are young and have limited communication with

13. CoE (2018) How to convey child-friendly information to children in migration: A handbook for frontline professionals, Strasbourg: Council of Europe Publishing, p. 77

14. KMOP and Defence for Children International-Italy (2015) Resiland: orientations for professionals and officials working with and for children on the move.

persons of the same country of origin. It is vital for children to speak their mother tongue; if they don't, even their communication with their parents back home might be impaired.

 **Enrolling the minor in cooperation with the residential facility in extracurricular activities (that guarantee minor's safety)**

By facilitating children's self-expression and development, children's resilience is supported and their integration is enhanced. Therefore, it is very important to engage children in activities they enjoy, therefore an effort should be made to find extracurricular activities (leisure, culture, sport, volunteering) that are provided for free or that membership could be sponsored by private donors, where children could participate in. Activities should be regarded as safe as possible. Children might be interested in taking up language lessons of their destination country's language.

 **Conducting monthly (or bimonthly) meetings with the school's educational staff and receiving minor's school grades**

The guardian shall stay in contact with the education staff in order to be regularly informed about the child's progress at school, any difficulties that his/her teachers identify and see how his/her teachers perceive his participation in class, school and interaction with classmates and teachers. Guardians shall join parent meetings as well. Sometimes recommendation letters from the school may assist the case of minors in receiving his/her migration status.

 **Justification of absences from school when school class is missed for visiting public services**

The guardian should notify the school for any absences that the child is scheduled to make from school. Moreover, the guardian should be aware of the absences are recorded for a child's case and discuss with the child about particular dates while cross-checking with the record of the residential facility's personnel and guardian's own notes and calendar. The guardian

should provide the necessary written explanation for the absences necessary for health or legal reasons.

Legal representation and assistance

 **Supporting the minor in an age assessment process and ensuring that all procedures are conducted legally and with respect to the child's dignity and rights.**

“Age assessment is the process by which authorities seek to estimate the chronological age or range of age of a person in order to establish whether an individual is a child or an adult.”¹⁵ “Age, as part of the personal status of a person, determines the relationship between the state and the person”¹⁶. Any person under 18 years of age is entitled to special protection guarantees and particularly with regard to an international protection applicant child, according to EU law, s/he is entitled to child-sensitive procedural safeguards and special reception conditions. For this reason, “the correct identification of an individual as a child or as an adult is crucial to ensure that children’s rights are protected and guaranteed as well as to prevent adults from being placed amongst children”.¹⁷

While there are EU standards for the procedure of age assessment, national laws are in place regulating the issue in detail. The European Asylum Support Office (EASO) published in 2018 a practical guide on age assessment¹⁸ and set some require-

15. European Asylum Support Office (2018). The EASO practical guide on age assessment: Second edition, EASO practical guide series, p.17. Available at: <https://www.easo.europa.eu/sites/default/files/easo-practical-guide-on-age-assessment-v3-2018.pdf>

16. Ibid., p.16

17. Ibid., p.17

18. “The EASO practical guide on age assessment publication builds upon the information and guidance on the age assessment process and the overview of the age assessment methods already analysed in the EASO age assessment

ments for the procedure to meet the ‘best interest of the child’ principle and other core rights¹⁹, as enshrined in the UN Convention on the Rights of the Child.



According to international and European legal framework, the following standards and safeguards necessary for age assessment are identified²⁰:

- The benefit of the doubt shall be applied as broadly as possible in the case of unaccompanied children, who are less likely to have documentary evidence (except for cases that the person is obviously an adult, e.g. 30 years old).
- Immediate access to a qualified, independent representative and/or guardian, who acts in the child’s best interests, safeguards the general well-being and exercises the legal capacity.
- The right to receive age-appropriate information in a language that s/he understands.
- The right to participate and to have the child’s views heard and considered according to his or her age and maturity.
- Informed consent and the right to refuse medical examinations.
- Confidentiality, data protection and safety considerations.
- Child-friendly procedures conducted by qualified professionals who are aware of the cultural and ethnic particularities (e.g. no method involving nudity or the examination, observation or measurement of genitalia or intimate parts should be used for age assessment purposes).
- Least intrusive method, least intrusive process (gradual implementation), gender- and culturally appropriate.
- Accuracy and margin of error to be applied in the applicant’s favour.
- Right to effective remedy as may be applicable.



Accompanying the minor in the Asylum Service for the renewal of the applicant’s international protection card (date indicated on the card)

practice in Europe (2013). It offers practical guidance, key recommendations and tools on the implementation of the best interests of the child when assessing the age of a person from a multidisciplinary and holistic approach. It also brings up-to-date information on the methods conducted by EU + states and on new methods still not in use as possible or future alternatives.” Ibid, p. 3

19. See Ibid, pp. 18-19

20. Ibid., p. 22. For more information about the process, the procedural safeguards and the method employed please see pp.11-12

It is necessary for the guardian to keep a record of all important files of the child. Among other documents, those concerning personal identification documents in the reception country and residence permits should be copied and carefully checked in order to keep up with any deadlines for renewal or other procedural obligations. The applicant's international protection card is renewed every some months according to the rules in every reception state. Attention should be paid not to miss that date. Keeping a copy of the card, and recording all important upcoming dates in the SOPs checklist can be very helpful.

 **Notifying authorities about any changes to the minor's current residence address**

Asylum and migration services need to know for any change in contact details or residence of the child, in order to know where to reach him/her and be of a registered address. Therefore, if any change takes place, then authorities should be notified by the guardian accordingly. In case, there has been a change in the child's location (e.g. moved to another city), it may be necessary to request a transfer of the case in the current city, especially if travelling for any circumstances is deemed very difficult and as long as national law permits this²¹.

 **Preparation for the minor's personal interview in Asylum (or other migration) Service and attendance**

The guardian shall inform the child about the process of any personal interview: how the whole process is, where, what is asked and why. It will be very helpful for the child to have a clear picture of how it is going to be before and during the interview to minimise his/her stress. Any formal procedure can be very stressful for a child. If it is deemed necessary to refer

21. The guardian should discuss the transfer of the child's case with him/her, because a transfer to another Asylum office might mean that his/her case will be examined much later than expected.

the child to a lawyer at this stage, then the guardian should try to connect the child with an NGO or other public services that offer legal assistance for free, in order the lawyer helps the child to highlight the points of his/her story that are related to his/her inability to return to the country of origin. The guardian may need to coordinate the professionals involved in a child's case in order to compose an informative note or professional opinion or diagnosis or "recommendation letter" or a legal document – depending on each one's specialty– and defend the child's case.



Advise the child to sleep early at night and have breakfast in the morning of the interview in order to be more relaxed and focused. Inform the child that there may be delays and waiting. For the same reason, make sure that there will be available food or water, if necessary. Describe the place you are going to, and how many times s/he may encounter officers (e.g. four times, for:

- a) body control in the entrance,
- b) providing personal data next,
- c) getting a ticket for the concrete hour and interviewer,

d) meeting the interviewer and interpreter for accompanying the child to the office for the interview). Describe the office that interviews take place (small room, plain and white with a table, a computer, a voice recorder, two chairs from the one side, two chairs from the other, where the applicant usually sits).

Let the child know that there might a possibility of double interpretation (e.g. Bambara-French and French-Greek) or interpretation through skype; although this is not usually the case, the child should know it so that s/he is not negatively surprised. Inform the child beforehand that the caseworker may be typing the whole discussion and for this reason eye contact may not be so often, but this is not personal or a negative sign rather necessary to manage the process.

Explain to the child that a lot of information will be asked and it is to his/her best interest to give a lot of information relevant to his/her case for the Asylum Service to carefully examine it.

The guardian shall be present to a minor's personal interview to make sure that his/her rights and best interest is safeguarded. S/he will be able to make remarks and pose questions to the child to make sure that the minor's views are heard and his/her personal story is thoroughly examined and properly understood. The process should be conducted in a child friendly way respecting the needs and capacities of the child. The guardian may pose his/her questions at the end of the procedure, except if the guarantees and rights of the minor are undermined and s/he needs to object and complain. Any breaks in the procedure (interview) should be recorded in the interview transcript. Noteworthy that, if a child suffers from a disease that affects his/her clarity or emotional state or is a victim of torture or serious abuse and still faces difficulties due to such incident/s, the guardian should inform the caseworker beforehand (by submitting either an informative note or a diagnosis or other documents proving the claim), in order for the latter to be prepared as well.



Carry your ID and your appointment as guardian with you. The minor should carry his/her international protection applicant's card and any other documentation that may support his/her case. Official translation may be necessary for documents, if in a language other than the reception country language.

In the beginning the caseworker will explain why the minor is there today (international protection application) and describe briefly some rules for the procedure (speak about true events, voice recording of the interview, interpreter is actually the voice of the child for this procedure, ask for breaks, confidentiality; guardian may comment and ask questions preferably after the caseworker).

Caseworker asks whether the child is on medication and then if s/he is ready to start the interview. Questions could be organized under three sections;

Section 1 - background: confirming personal data or suggesting any inaccuracies in spellings or other; place of birth and growing up, ethnic origin religion; caste; providing details to prove any personal information (monuments, near cities, rivers, national currency, religion doctrine); years of schooling; describing a common day back home; members of family and location

Section 2 - the journey: when, how, for how long, through which countries, with whom; accidents/attacks/frightful incidents

Section 3 - reasons for fleeing and not being able to return: what happened, who was involved; what did the state; what did you do; where are the others; what would happen if you would return; could you be safe in another city.

Closing the interview: assuring that everything is clear and has been said, asking the guardian to comment, add, ask further questions; informing the child about the process from then on (submitting supporting documents, decision, positive/negative, residence permit/ appeal)

If there is a problem during the interview (e.g. interpretation taking place through skype and connection fails a number of times, the child gets stressed, the caseworker gets angry, then the child shuts down; the child uncertain about the exact time that an event took place, s/he feels stressed to answer immediately and ends up giving different answers at different points; the child is illiterate and his/her speech is not very coherent and comprehensive as it interpreted) this should be mentioned and clarified in order to be recorded in the audio record as well as the written transcript of the interview. Importantly, everything should be clear and the child must have the opportunity to clarify and explain his/her claims. The guardian has the right to ask for a copy of the transcript as well as the audio record.



Collaboration with a lawyer to compose all necessary documents in case of negative decision for family reunification or in any other case where a legal document regarding asylum procedure is required (after the minor's interview, appeal, filing and application for annulment before administrative courts) in order to submit them within the deadline defined by law.

If it is necessary to submit a legal document at any stage of the examination of the child's case, the guardian should consult a lawyer to receive guidance on what should be done and if necessary refer and sign the task to a lawyer. For example, it may be the case that after the minor's interview a supporting document should be drafted to state the story more comprehensively and support it by similar decisions by other European Refugee Councils or Country of Origin Information or explanatory notes by international organisations, such as UNHCR. Moreover, a child has been denied at first instance to be granted international protection, then it is necessary to appeal and provide

the appeals authority with supporting document explaining the reasons for making the appeal necessary and substantial. At a later stage, a lawyer may also be necessary to file a request for annulment of the appeals authority's decision before the competent courts.

 **Assisting the minor in applying for residence permit and travel documents.**

In case the minor has been granted international protection or needs to apply for another type of migration status, s/he shall need assistance to do so. Therefore, the guardian should receive information on what is necessary to be done for these procedures and accompany him/her where necessary and legally represent him/her where necessary.

Such procedures may seem complicated even for people nationals of the reception country, let alone for a minor, who is not accustomed with visiting public services and not fluently speaking any other language apart from his/her native one. It might be the case that money is required to be paid in order for a document to be issued; this should be taken into consideration in order to try to find the necessary resources from state or NGO funds or donations to cover such expenses.

 **In case the minor is arrested for allegedly having infringed the law, the guardian shall cooperate with the pertinent authorities for securing the rights of the child and shall ensure that the child will have proper legal representation (legal aid) during the penal procedure.**

If the child has allegedly committed a crime, the role of the guardian needs to be supportive and guiding. Moreover, the guardian may provide authorities or agencies involved useful information about the child's history, his/her mental state and other situations that may be supportive for the child's case. The child should be informed about the procedure (what has taken place so far and what is anticipated to take place from here

on; who is who what is his/her role in the procedure) in a language that s/he comprehends. The child should be able to be represented by a lawyer and have professional interpretation. The guardian shall be informed at all stages about the child's case and the procedure and act as a reference person for the authorities (e.g. police, public prosecutor, investigator, juvenile probation office, judge).

 **In case the minor has gone missing, the guardian shall ensure that the police is notified promptly. Either the person responsible for the day-to-day care of or the guardian must make a statement as soon as possible to the police.**

Children gone missing may be at great danger and the police or even amber alert should be notified to start the search for the child.

Case management

 **Monthly meetings with the minor's reference person from the residential facility.**

The guardian should schedule meetings with the minor's reference person in the residential facility at least once in month to discuss about the minor's case and well-being. If in person meetings are not feasible every time, communication via telephone shall take place. Professionals surrounding the minor for his/her care should cooperate, act in a coordinated way and follow a common line of action. It might be the case that the minor feels that his/her rights are not being safeguarded and such issues must be discussed with the shelter's personnel. Moreover, sharing information can help them better understand the minor and his/her needs.

Decisions taken about the minor should involve all key professionals that are aware of the minor's case. Moreover, the child should be informed at all stages about any matter that concerns

him/her and feel encouraged and empowered to speak his/her mind. His/her views shall be taken into consideration according to the child's maturity and best interest.

 **Keeping a record of the child's documents at every stage of his/her case (registration transcript, interview transcript - written and audio, copies of authorities' decisions, appointment of guardian, copy of the international protection card, residence permit copy, copy of travel documents, medical documents, copy of school registration, etc.)**

It is necessary for the guardian to keep a record of all important document and files of the child. These include copies of personal identification documents from the country of origin (ID, passport, family book); identification documents from the reception country, application of international protection or other type of migration status; all decisions and orders concerning his/her case issued by asylum or migration or judicial or prosecutor authorities; residence permits; guardian's appointment for the particular child's case; medical tests results, diagnoses, school enrolment, student's progress reports (grades), extracurricular activities enrollment; best interest assessments or best interest determination.

 **Updating the best interest of the child assessment form and the case plan periodically**

Any case plan (see standard operating procedures for guardians checklist, annex 1) and best interest assessment (see part III, chapter 9 & annex 3) should be periodically updated given that circumstances may have changed and what has been decided at a certain point for the child may not serve the child's best interest at another point. Best interest assessment shall include the viewpoint of the child, the guardian and any key-professional involved in the child's case.



Case management and information management for unaccompanied children²²

Confidentiality, informed consent and children:

Respect the confidentiality of the child and only share information about him/her on a 'need to know' basis and when in the best interests of the child. Never publicly associate names of children with their photos.

Confidentiality does not imply in any case that a child will be at risk and no one will be notified. If the child is in danger or faces difficulties, the supervisory office should be informed and the necessary referrals shall be made. If the child faces imminent risk, the authorities must be notified at once.

Seek informed consent from children by explaining in simple, age-appropriate language why information is sought and what it will be used for, including how it will be shared. Obtain informed consent before proceeding with documentation, tracing, case management, referral and any other actions related to care and protection.

Protection of the child

 **If it is suspected or disclosed that the child is abused or neglected, the guardian shall notify the supervisory office/authority and the necessary referrals shall be made. The pertinent authorities need to be notified as well. A best interest determination shall take place.**

Every suspicion of child abuse or neglect must be profoundly examined, in order to make sure that the child is safe and his/her needs covered. Each country has regulations regarding mandatory reporting and the protocol of actions that need to be followed. Guardians should be well aware of the regulatory framework. After the competent authorities and services have

²² Uppard, S., Birnbaum, L. (2017) Field Handbook on unaccompanied and separated children. Interagency working group on unaccompanied and separated children. Alliance for child protection in humanitarian action, p.22. Available at: <https://www.iom.int/sites/default/files/HANDBOOK-WEB-2017-0322.pdf>

been informed, the guardian shall ensure that the child is adequately supported (safe placement, psychological support, health care, penal procedures-testimony/examinations/etc.).

 **If a child is suspected that s/he is a victim of trafficking, the guardian shall notify the pertinent authorities and the supervisory office. The necessary referrals shall be made to record the event(s) and to provide the appropriate support.**

The guardian should pay attention to possible indicators signaling that the child may be a victim of trafficking.²³

The competent authorities have to be notified and the necessary arrangements for the care of the child have to be made. If there are official procedures for recognizing a child as victim of trafficking, then the guardian shall inform the child about them, refer the child to other professionals or services of needed and support the child during the procedure. If the child is engaged in a penal procedure [against identified perpetrator(s)], legal assistance, sound information about the procedures and psychological support shall be ensured at all stages. Safe placement has to be arranged. There may be national provisions with regard to applying for residence permit based on the recognition of a person as a victim of trafficking.

 **If a child is a victim of torture, s/he may be referred to the victim of torture certification procedure, if this is considered to be in his/her best interest.**

The guardian shall ensure that the child victim of torture receives the support of expert professionals. Moreover, s/he shall make sure that the child's case is complete and well organized in order to defend it appropriately before the Asylum Service. The responsible caseworker should be aware beforehand that the child has been a victim of torture in order for him/her to

23. Please see chapter 7 for trafficking indicators.

be prepared and pose the appropriate questions that are necessary. The guardian shall discuss with the child and other professionals separately to examine the occasion of the child going through the victim of torture certification procedure (Istanbul Protocol). The guardian shall inform the child about the entire procedure and explain that s/he may quit from it any time. In any occasion, the child's case has to be complete and well organized in order to defend it before the Asylum Service or any other state authority.

DIFFERENTIATION IN PROCEDURES BASED ON THE PROTECTION FRAMEWORK/RESIDENTIAL SETTING

There are occasions where the role of the guardian may differ, depending on the living conditions of the child. While children have the common needs, circumstances may require that the guardian adapts his/her mandate accordingly. Differentiations may be observed among being a guardian of a child placed in short-term foster care, long-term foster care, being under protective custody or living in border reception centres or are homeless (instead of living in shelters, hotels, or apartments-supported independent living).

Short-term foster care

When a child is in foster care, the role of the guardian is to supervise the placement, make sure that his/her needs are met and his/her rights fulfilled. S/He shall cooperate with the social worker, who supervises the placement, but if there are any concerns these should be reported. His/her role may be supplementary and flexible depending on the foster family's and child's needs.

 **Informing the child about his/her placement to a foster family and what this means (temporary accommodation for the actual care**

of the child, keeping the foster family's address confidential to third parties or the child's relatives)

It is of paramount importance to inform the child in an appropriate manner (child-friendly) for any durable solution that has been suggested or decision that concerns him/her. For every step of a procedure the guardian should inform the child and if s/he is not aware of some aspects then s/he should be honest about it. A child may need reassurance that if in cases when the next step or a duration is not known, the guardian will be by the child's side.

-  **Communicating with the child's biological family in order to be informed about the child's placement and the terms of the co-operation (in co-operation with the supervisor social worker), except if this does not serve the child best interests.**

All professionals involved must have a common approach so as the child receives a single impression rather than many different and contradicting ones. If there is a biological family, it is necessary that they agree with this approach. Otherwise, the communication will be held in the presence of a social worker or a guardian and after a discussion between the parent and the professional has taken place.

-  **Mediation between child and foster family in order to make a smooth adjustment, particularly if the child has already developed a relationship with the guardian**

-  **Ensure the safe placement of a minor in the family**

While this is probably the duty of the responsible social worker who supervises foster care, the guardian shall be informed about the transfer and whether s/he or the social worker should be present during the placement at the foster family's house. It should be clear who should be present during this process and together with the child, so as to ensure that the child will feel comfortable and ready to stay.

-  **Supporting the minor in relation to his/her legal procedures (de-**

scribed above in detail) and cooperation between guardian and lawyer (organizations who provide legal aid) – facilitation of the communication between minor and lawyer and access to documents

 **Depending on the child's age, entertaining activities can be organized with him/her**

The guardian shall keep in mind that the child may need some time to adjust in the new family who host him/her and that s/he may be the key-person to facilitate this transition and adjustment. Therefore, it might be the case that more activities have to be organized involving the child and the foster family to enhance their connection. Yet, this also depends on the already established relationship between the guardian and the child; the needs of the child and the potentials of the family. For example, in kinship care (foster parents are relatives of the child), practice has shown that children are in great need of scheduling out-of-home activities with the guardian, because the guardian is ultimately the sole person who can facilitate their integration into the reception country's society.

This could apply particularly in relation to older children; for younger ones there should be a limit since their actual care is provided by the foster family and their supervision is under the responsible social worker. Noteworthy that the child's supervision is conducted periodically by a psychologist; so, for younger children the presence of many professional/ unknown adults in his/her life may be problematic. Yet, as aforementioned, prior established relationship between guardian and child plays a significant role, as well as the child needs and the family's capacities.

The social worker is usually responsible for performing home visits and the guardian's visits to the foster family's house are of minimum possible duration, only for being helpful and not intrusive. However, the guardian has the mandate to ensure the overall well-being of the child and that his/her rights are safeguarded. In this context, s/he may need to visit the family's

house, discuss with them and report back to the supervisory office/authority.

- ⚙️ **Educational and medical issues are arranged according to the social worker's -responsible for the supervision- directions and the family's needs – yet, the guardian caters for the minor's education and health care. Specifically, the guardian is responsible for enrolling the child to school, meeting the school staff, receiving the child's progress report and grades, unless otherwise agreed, but still ensuring that all necessary actions are taken.**

Long-term foster care

Limitations of the guardian's role must be set, since the foster family will be responsible for the child's care in long-term. The family must be encouraged to take responsibility for handling the child's matters. Besides, the organization or institution that holds the legal custody of the child is responsible to sign for serious matters related to child's life (legal representative), unless someone specifically has been authorized to do so.

- ⚙️ **Supporting the minor in relation to his/her legal procedures (described above in detail) and cooperation between guardian and lawyer (bodies who provide legal support) – facilitation of the communication between minor and lawyer and access to documents**

Protective custody in a facility for temporary stay (hospital/migration detention center or border reception facility)

- ⚙️ **Inform the child about the reason why s/he is under protective custody and what is expected to happen next (e.g. placement in foster care or in shelter, hotel or elsewhere)**

Children need to understand why their freedom of movement is restrained. Taking into account that smugglers scare them

about what might happen to them (e.g. arrest, deportation etc.) -sometimes in order to convince them to give smugglers more money for moving to another European country- and urge them to give false data.

- ⚙️ **Ensuring child's basic needs and rights – collaboration with agencies in order to cover these needs (food, clothing, hygiene)**
- ⚙️ **Ensuring child's safety in cooperation with other staff or NGO personnel**
- ⚙️ **Obtaining brief social history in order to identify vulnerability, be able to make any necessary referrals and to have a first record of the child's legal needs**
- ⚙️ **Ensuring interpretation (either in person or through phone-call) for appropriately informing the child or for any medical issues or obtaining the personal history, in case it isn't provided by the facility**
- ⚙️ **Ensuring that the competent agency has made a referral for the child's appropriate accommodation**
- ⚙️ **Paying regular visits to the minor, since s/he does not have a normal daily routine there due to lack of activities, communication and nothing for him/her to do.**
- ⚙️ **Collaboration between the guardian and the lawyer (organizations providing free legal aid) – facilitation of communication between the child and the lawyer and access to documents**
- ⚙️ **Registration of international protection application and ensuring that the case will be examined following the standard procedure and not exceptional-applying when in custody or border procedures**

It may be the case that the child should apply for asylum or any other migration status as quickly as possible, especially if it is not known yet, when a suitable placement for the child will be available. Yet, depending on the child and his/her case, any important interview with the competent authorities, e.g. Asylum Service, would be preferably conducted after the child has been

placed in a residential facility and not while in custody, because the minor might not have had enough time to understand the processes, what should be mentioned during the interview, his/her rights and legal options. Practice has shown that at an early stage from their entry in the reception country, children don't trust authorities, because of what smugglers have told them. During this period, a significant number of children (and adults) trust persons who seem to be in the same position as them (migrants, refugees) more, than official authorities or NGOs staff. Apart from that, during frustrating circumstances the minor might not feel comfortable to open up. (Table 1)

Homelessness

The term homelessness is used to describe the situation of a child living in the streets or in insecure settlements (occupied buildings, abandoned factories) or in settlements where the child is not legally registered as hosted or has no adult responsible for his/her care (e.g. child living in an apartment with other youngsters or unknown adults, or child living undocumented in an open camp).

 **Submitting a request for accommodation or verifying that it has been submitted and employing all possible means to find a safe place for the child.**

The guardian should have regular contact with the service responsible for the accommodation requests of unaccompanied minors. In practice, some settings or conditions may be more dangerous than others and specific cases have to be prioritized (e.g. a child living in the streets; a child living in an occupied abandoned building with no water or sanitation, together with many adult men abusing and selling drugs; a child living in a n apartment with unknown adult men who found him/her in the streets and have attempted to harass him/her).

Table 1: Guidance relevant to any type of detention²⁴:

<p>Questions children might have:</p> <ul style="list-style-type: none"> ■ Why am I here? ■ What did I do wrong? ■ I'm not a criminal, what am I doing here? ■ Is this prison? ■ Am I being punished? ■ Who put me here? ■ How long will I be here? ■ Who can I contact? ■ How can I contact someone who can help me? ■ What happens to me ■ when I get out of here? 	<p>Things you must help the child understand:</p> <ul style="list-style-type: none"> ■ the child's rights; ■ right to make a complaint; ■ complaints mechanisms; ■ who to talk to for more information or help 	<ul style="list-style-type: none"> ■ Do they have a right to a guardian or legal advisor? How can they contact them or have one appointed? ; ■ How to access legal procedures, asylum procedures, procedures after detention.
<p>Mental health concerns</p> <ul style="list-style-type: none"> ■ A child who has experienced torture or inhuman treatment in detention in another context (e.g. their home country or during their journey) may be afraid that this will happen again in this detention context. ■ Children in detention are at greater risk of self-harm, suicidal thoughts, mood swings and aggressive behaviors. ■ Provide children with information and counselling to protect their mental health. 	<p>Rights of the child:</p> <ul style="list-style-type: none"> ■ right to protection (a life free from violence or inhuman and degrading treatment); ■ right to non-discrimination; ■ right to have his/her best interests taken as a primary consideration; ■ right to be heard and have their views given due weight; ■ right to legal advice; ■ right to health care; ■ right to education, leisure and development; ■ right to privacy (private and family life); ■ right to complain (effective remedy). 	
<p>What the child will be feeling:</p> <ul style="list-style-type: none"> ■ scared and sad; ■ disorientated; ■ alone; ■ helpless; ■ stressed. 		

²⁴. Council of Europe (2018). How to convey child-friendly information to children in migration: A handbook for frontline professionals, p. 120. Available at: <https://rm.coe.int/how-to-convey-child-friendly-information-to-children-in-migration-a-ha/1680902f91>

- ⚙️ **Ensuring child's basic needs – collaboration with agencies in order to cover these needs (feeding, clothing, hygiene).**
- ⚙️ **Accompanying and supporting the child in case s/he needs medical care.**
- ⚙️ **Obtaining brief (social) history and submitting an accommodation request to the competent public authority.**
- ⚙️ **Assisting the minor in locating agencies/organizations providing food, clothing (addresses, telephones), emergency telephones.**

Connect the minor with such organisations by visiting them with him/her in order to feel one step closer to satisfying his/her needs and earn a feeling that s/he is not alone.

- ⚙️ **Ensuring that there will be interpretation (in-person or via telephone/skype) in discussions with the child in order to express him/herself in his/her native language for all matters that concern him/her and understand the options that s/he has.**
- ⚙️ **Inquiring about the child's legal needs.**
- ⚙️ **Registration of international protection application.**

Though dealing with the child's legal issues may seem the least important task to carry out when a child is homeless, it is however, very important for the child to be registered and not stay "invisible" to the system and apply for any protection status is deemed necessary for his/her case.

These tasks correspond to *The Standard Operating Procedures for Guardians Checklist*, where a guardian may check each task accomplished, keep notes and dates. The checklist serves as an easy-to-complete case plan for each child.

Part III



Background knowledge



1. BASIC PRINCIPLES THAT UNDERLIE THE WORK OF GUARDIANS

Professionals or volunteers undertaking the mandate to provide guardianship services to children must adhere to basic principles and the rights of children.

Primarily, the **four general principles**, or else overarching rights, set out in the Convention on the Rights of the Child shall guide guardian's work:

- **The best interests of the child** constitute the core principle for guiding decisions and actions that affect individual children, whether these are taken by national or international organizations, courts of law, administrative authorities or legislative bodies¹. The guardian is called upon to act in the child's best interests after having carefully assessed the situation, as well as to ensure that all actors make decisions about the child on the same basis.
- **The right to life, survival and development of the child** entitles all children to have their lives protected, to grow and

1. Uppard, S., Birnbaum, L. (2017) Field Handbook on unaccompanied and separated children. Interagency working group on unaccompanied and separated children. Alliance for child protection in humanitarian action, p.15. Available at: <https://www.iom.int/sites/default/files/HANDBOOK-WEB-2017-0322.pdf>

develop healthy, including with access to the resources necessary to achieve their maximum human potential².

→ **Participation and respect for the views of the child** underscore that all boys and girls should be able to express their views, and that these views should be respected and given due weight in relation to the child's age, maturity and evolving capacities. Children must be kept informed and, as far as possible, involved in decision-making and the plans concerning their placement, care, psychosocial development, tracing and reunification³.

→ **Non-discrimination**, requires that the protection and guarantees of international law must be granted to all, regardless of nationality, ethnicity, gender, age, ability or other status⁴.

Moreover, with regard to children deprived of parental care at least while staying in a reception country, one should always consider the children's right to a family:

→ **Family unity** –or integrity of the family– entitles all children to a right to a family, and families to a right to care for their children. Unaccompanied children must be provided with services aimed at reuniting them with their parents or primary legal or customary caregivers as quickly as possible, if this is in their best interest⁵.

In more practical terms, guardians should keep in mind the following points⁶:

2. Ibid.

3. Ibid., p.16

4. Ibid.

5. Ibid., p.15

6. Ibid., pp. 89-93. See also UNHCR and IRC (2011). Field Handbook for the Implementation of the UNHCR BID Guidelines, p.89. Available at: <https://www.refworld.org/pdfid/4e4a57d02.pdf>

- **Non-discrimination and diversity:** Avoid age-based discrimination; all children have the right to express their views and be heard; Keep in mind that children are a diverse group; while they share basic universal needs, the expression of those needs depends on a wide range of personal, physical, social and cultural factors, as well as gender, age, maturity and experiences. A guardian should not judge the case of a child based either on the child's peers who have been born and grown up in the reception country or the guardian's needs and desires when s/he was at the child's age.
- **Act as an advocate for the child:** The guardian advocates for the child in his/her best interests, not in the interests of a country, an organization or a relative/parent.
- **Do no harm:** Any action or process initiated by the guardian should not cause any type of harm to the child. S/he should weigh the pros and cons of an action and based on his/her individual profile, s/he should consider any possible impact that a decision of his/her may have on a child. A guardian shall treat the child with respect and dignity.
- **Building on resilience:** The guardian should avoid focusing merely on stressful events in the child's life or difficult experiences or risks. Emphasis should be given in the strengths and coping mechanisms of children. During discussions positive subjects should also be included in relation to the child's life.
- **Neutrality:** The guardian should be non-judgemental and give the child the benefit of the doubt.
- **Child participation:** The child has the fundamental right to share his/her views and to influence and contribute to decisions concerning his/her life and this should be exercised voluntarily. Therefore, before initiating a "serious" discussion, or if the guardian intends to keep notes from a discussion, informed consent should be sought. The guardian shall explain the purpose and content of the interview to the child (e.g.

best interest assessment-interview), as well as how the collected information will be used. S/he shall inform the child that s/he has the right to refuse participation, or not to answer questions with which s/he is not comfortable. Yet, if this the case, the guardian should try to understand why the child is reluctant and work on that by reassuring the child and showing empathy. The opportunity for children to ask questions and to speak freely should be provided. The guardian should try to create an atmosphere of open discussion and positive engagement by understanding and accepting the child's ideas, thoughts and feelings. Finally, summarizing what has been said may help children sense that they are being listened to and taken seriously.

→ **Developmental stage of the child:** The guardian needs to be aware of, and interact in a manner that is appropriate to the developmental stage of each child and take into consideration the maturity, gender, culture and social circumstances. Child's experiences and the situation s/he survived in the country of origin (e.g. armed conflicts, bombings, child soldiers, extreme poverty, child labor, lack of education, different lifestyles) or during his journey to Europe (possible traumatic experiences) may have affected the child's development in many ways. Such situations may, among other things, have made the child more mature or made him/her behave more like a young adult, according to the "western" standards. The guardian needs to take the above into account in order to establish with the child a relationship that is characterized by honesty, understanding and trust.

→ **Cultural background of the child:** cultural markers and rites of passage signalling stages of development vary from culture to culture, as do the meanings given to social actions and behaviours. The best way to identify these cultural markers is to ask children themselves to identify these cultural markers and explain what impact they have on child development.

- **Information management and confidentiality:** Case files must provide enough information for any member of a team to understand the child's personal history and situation, to know the steps that have been taken, as well as the steps that need to be taken, by reading the case file.

Guardians, any child protection staff member and the interpreter shall respect the principle of confidentiality, the context of which should be explained to the child plainly before starting an interview or focused discussion. Yet, confidentiality on no occasion can serve as an excuse to let a child at risk.

When information concerning a child needs to be shared, the guardian should seek and obtain the consent of the child (depending on the child's age and level of maturity/development) and/or the caretaker/family. Information is to be shared with a limited range of actors/services/professionals, only those who are involved in providing assistance on a need-to-know basis and in line with the best interests of the child. Personal data and confidential information, including identifying information (name, address, etc.) should be protected.

In overall, guardians should⁷:

-  **Be able to feel comfortable with children and to engage with them in a way that is child-friendly.**
-  **Be able to use language and concepts appropriate to the child's age and developmental stage.**
-  **Accept and understand that children who have had distressing experiences may find it difficult or impossible to trust an unfamiliar adult.**

7. Based on "6.3.Interviewer requirements, 6.3.1.Basic skills" from UNHCR and IRC (2011). Field Handbook for the Implementation of the UNHCR BID Guidelines, p.93. Available at: <https://www.refworld.org/pdfid/4e4a57d02.pdf>

- ⚙️ Recognize when they should employ another methodology when discussing or interviewing the child.
- ⚙️ Understand that children may view their situation in ways very different from that of adults.
- ⚙️ Take thoughts and feelings of children seriously.
- ⚙️ Believe children and young people to be bearers of human rights.
- ⚙️ Be aware of their own perceptions when discussing with children and recognize that these perceptions, which are based on their own ideas, feelings, experiences and socio-cultural context, may affect how they understand and assess a situation. They should be open to different viewpoints and be ready to change their perception of others⁸.
- ⚙️ Be available for and accessible to the child.

8. Ibid.



2. INTERCULTURAL ISSUES

Interculturalism^{9, 10, 11}

The term “interculturalism” refers to a dynamic process of interaction between people coming from different cultures, with various national, ideological, religious and linguistic features. This interaction is based on mutual recognition, understanding and respect for the Other’s diversity. More concretely, the fundamental dimensions of such a process are the exchange of different beliefs, perceptions and system of values of each culture, equal opportunities to everyone regardless their origin, recognition of different lifestyles and viewpoints, acceptance of human rights and individual’s obligations towards the society they live in. Furthermore, the aim of interculturalism is not limited to a plain and static recognition of the diversity, rather it is the active dialogue which will set the foundations of a coordinated and peaceful coexistence¹².

9. Nikolaou, G. (2011) Interculturalism – Intercultural education (in greek)

10. Council of Europe (2008). White paper on intercultural dialogue “Living together as equals in dignity”

11. Gkavaris, C. (2001). Introduction to Intercultural Education, Athens: At-rapos (in greek)

12. Noteworthy that even etymologically the word interculturalism (prefix “inter” + derivative of the word culture) depicts this commemoration of mutual exchange and interaction that occurs when people from different cultural

The complexity of interculturalism and culture in general is often compared to an “iceberg”, because it has both visible and invisible parts; above “the surface of the sea” are the more obvious and easy identifiable traits of an individual, such as: physical characteristics, clothing, native language, food, music, art, sports etc. On the contrary, features that may go undetected at first sight stand under the “surface of the sea” and constitute the majority of cultural aspects. These may not be identified as cultural elements, even by the individual him/herself, and are the moral values and beliefs, general perceptions and worldview, non-verbal behavior (gestures, facial expressions, etc.), stereotypes and prejudices, views on gender roles, perceptions concerning physical and mental health, education, aesthetics, role of the family in the individual’s life, sense of justice, sense of humor, life priorities, personal dreams and aspirations. The level of comprehending the above elements indicates one’s level of cultural competence; such competence is valuable for the guardian’s work with unaccompanied minors who commonly have different cultural background from his/her own.

More concretely, going through the different cultural contexts of unaccompanied children, it is clear that the role and structure of family, values, perceptions and way of living are influenced by various social, religious, economic and other factors. The guardian has to identify and take into consideration the perceptions, attitudes and practices dictated by the cultural and social context of the child’s country of origin. These specifics shall constitute a basis for his/her daily practice, communication and interaction with the child as well as for any determination of durable solution or decision making.

backgrounds interrelate and communicate.

Intercultural communication

Intercultural communication can be effectively achieved by the following three steps¹³, where the guardian is anticipated to: a) identify his/her standardized patterns, values and behaviors; b) learn the standardized patterns, values and “codes of conduct” of the unaccompanied child; and (c) identify how the child reacts to a situation where a cultural difference comes up and enhance the “cultural management” of such situations. This can be accomplished by defining the extent up to which one can adjust and accept a situation and by explaining this to the child in an appropriate for him/her manner. A cultural mediator can play an important role in this direction and specifically in the smooth adjustment and harmonious integration of the child in the reception community; for example, in some countries/cultures shaking hands is very common when two people (regardless of sex) meet for the first time, but in other shaking hands between a woman and a man is unacceptable; so it might be a case, where the guardian gives her hand to a boy and he refuses to reciprocate the gesture; unless they understand why each one acts or reacts this way, it will be an awkward moment for both.

Consequently, essential aspects for the guardian’s day-to-day practice are his/her *intercultural competence*¹⁴ and familiarization with *intercultural communication skills*¹⁵, such as respect and awareness of cultural diversity, as well as the development of *cultural empathy*¹⁶, according to which the guardian is responsi-

13. CONNECT project (2014). A tool for guardians and other actors working for the best interest of the child, pp. 28-29

14. Stier, J. (2006). Internationalisation, intercultural communication and intercultural competence. *Journal of Intercultural Communication*, Issue 11

15. Perry, L.B. & Southwell, L. (2011). Developing intercultural understanding and skills: models and approaches, *Intercultural Education*, 22:6, 453-466

16. Rasool, C., Eklund, J., & Hansen, E. M. (2011). Toward a conceptualization of ethnocultural empathy. *Journal of Social, Evolutionary, and Cultural Psychology*, 5(1), 1-13

ble for bridging the cultural gap between him/herself and the unaccompanied child.

The migration context and intercultural issues¹⁷

In the following paragraphs, various issues in relation to a child's cultural background are addressed, which primarily concern children whose family is alive either in the country of origin or in another European country. In any case, serious consideration needs to be given to children's experiences –inside and outside the family context– so far, since these tend to influence the decisions they presently make and their aspirations for the future.

A child is forced to leave his/her country of origin, either on his/her own initiative or under his/her family's urge, for a variety of reasons¹⁸. Briefly, the main reasons why a child is fleeing are: loss of housing and loved ones to combats, imprisonment of family members who were the child's caregivers, human rights' violations, the child being targeted due to membership of a particular social group¹⁹, domestic violence, vendettas because of land disputes and/or family honor issues, poverty and absence of medical care. Similarly, absence of legal status, labor exploita-

17. CONNECT project (2014). A tool for guardians and other actors working for the best interest of the child

18. UNHCR (1994). Refugee children guidelines on protection and care, Geneva: UNHCR; / UNHCR (1996). Guidelines on Working with Unaccompanied Children, Geneva: UNHCR; / UNHCR & IRC (2011). Field Handbook for the implementation of the UNHCR BID Guidelines.

19. See UNHCR Guidelines on international protection: "Membership of a particular social group" within the context of Article 1A(2) of the 1951 Convention and/or its 1967 Protocol relating to the Status of Refugees (2002). Available at: <https://www.unhcr.org/3d58de2da.pdf> For children especially see: UNHCR Guidelines on international protection: Child Asylum Claims under Articles 1(A)2 and 1(F) of the 1951 Convention and/or 1967 Protocol relating to the Status of Refugees (2009). Available at: <https://www.unhcr.org/publications/legal/50ae46309/guidelines-international-protection-8-child-asylum-claims-under-articles.html>

tion, human trafficking, forced marriages and general violation of human rights constitute a brief but crucial list of reasons why children decide to leave the place of last residence, whether this is his/her country of origin or a transit reception country on their difficult journey.

A child may be separated from his/her family either by force of circumstances, or due to his/her own or family's desire. Forced family separation causes may be the following: natural disasters, lack of financial means for all family members to flee together, violent separation or death of at least one family member during the journey, imprisonment, recruitment of a child or other family member to (para)military groups or gangs, falling victims of human trafficking and/or abduction. At the same time, even a child's voluntary separation from his/her family in search of a better future may have a similar impact on the child. Particularly, parents paying for their child's journey to Europe are expecting a brighter future for their child or merely better living conditions and/or his/her financial contribution and/or that s/he will join another family member already living in a European country, who can take care of the child. All the above have to be taken into account by the guardian who may have experienced a completely different childhood.

The child may have experienced severe situations that have had a major impact on his/her life. The guardian should take this into account in order to establish an effective communication based on mutual respect and appreciation. This does not mean that the child has necessarily the maturity to make sound life-changing decisions on his/her own or that s/he does not need any kind of support, rather that communication between guardian and child should be adapted accordingly, e.g. a teenage boy has encountered and overcome immense adversities during his journey and is currently acting as a strong and self-assured adult man; in this case, it is wise for a guardian not to consider the boy, as if he is a "poor little child", rather respect

the fact that he has come a long way (literally and metaphorical-ly) and has managed to survive.

Especially, violent family separation, exposure to extreme dangers during the journey, inappropriate living conditions, let alone the temporary but long-term stay in the reception country or the beginning of a new life in the final destination country, disrupt the cultural continuum of the unaccompanied child's life. Undoubtedly, the child's adjustment to the new conditions contributes to the development of resilience, while changes in his/her everyday life, mind-set and behaviour play a key role in his/her entire development. A child faced with a new life, s/he often experiences intense anxiety, fear and a sense of loss of control over his/her life. The process of migration as a whole (before or during the journey and the following period of adjustment in the reception country) is, especially for unaccompanied children, a particularly stressful situation which can be a source of intense anxiety and even affect their mental health²⁰. Besides, the unaccompanied child's encounter with another culture in the reception country may affect his/her typical psychosocial development, as vital parts of his/her identity (language, religion, family structure, system of values and beliefs, gender relations) are developed in an entirely new context and often under completely opposed terms compared to the country of origin.

In practice, the guardian may experience situations that will seem quite challenging to handle. Some indicative examples follow:

The child's family may not approve of the choices s/he makes while in a foreign country and away from the close family and wider social network, resulting in the risk of the child being rejected by his/her own family which may consider the child's

²⁰. BABEL (2010) Cultural Awareness Tool – understanding cultural diversity in mental health (in Greek).

best interest less important than their own. Such “controversial” choices may include: school attendance, learning of the language of the reception country or other foreign languages, engagement in educational and entertaining activities important for the child’s development, planning of immediate steps to be taken, mapping a life plan in order to achieve goals set together with the guardian. All the above, will define the relationship between the unaccompanied child and his/her family left behind (if any), as well as the general attitude that the child will adopt presently and in the future.

A substantial percentage of unaccompanied children arriving in European countries comes under significant pressure from their families to chase the “western dream” and secure a better future.

Often the potential financial benefits from the child’s stay in Europe constitute the biggest expectation of the family. In such cases, the unaccompanied child’s sole purpose is the family’s financial support, placing all his/her efforts there and rejecting any other plans that might diverge from this objective, such as attending school or other educational activities. Additionally, any rejection concerning the child’s legal status (e.g. negative decision in the international protection application) may create immense negative feelings to the child who may react intensely; e.g. absconding from shelter, contact smugglers in order to be transferred to another country illegally, self-injury. Such reactions often stem from feelings of shame towards his/her family because s/he “failed” to fulfill his/her parents’ aspirations²¹.

Some children may be forced by their families to leave their community or country as punishment for disgracing them, e.g. due to the child’s sexual orientation. Family honor²² is a cul-

21. CONNECT project (2014). A tool for guardians and other actors working for the best interest of the child, chapter 3.

22. CONNECT project (2014). A tool for guardians and other actors working for the best interest of the child, p. 9,37

tural aspect prevalent in conservative societies and traditions. Unaccompanied children's interaction with people and social systems in European countries where family honor and system of values do not dictate similar restrictions or practices, can put children on the horns of a dilemma, whether to "defend" the concept of family honor or fail family's expectations in favor of the child's personal choices. Some children avoid telling their parents about the life they are leading in the reception country for fear of their parents being disappointed and feeling ashamed. Children may come from countries, where the restriction of the right to expression, to develop one's personality and to self-determination might be prevalent, especially when it comes to children. This may be related to the "we" culture that is more commonly detected in non-western communities instead of the "I" culture, which is usually associated with "western" communities. In addition, it is apparent that children often rank very low within the family and society and have to comply with the family's demands in relation to their choices in clothing, school attendance, marriage and employment. Furthermore, sometimes girls are expected to achieve high school performance –for as long as parents approve school attendance– and also help with the household, while their movement outside the home is limited, especially in comparison to the boys. Girls may be forced by their family to marry at an early age²³, whereas both boys and girls may be forced to marry or engage in pre-arranged way. Children's rights as enshrined in the CRC may not be widely respected.

Notwithstanding, **children may also exhibit a general mistrust towards the professionals or national system of the reception country.** One aspect of this complicated situation may concern health and medical care. In particular, it has been observed that

²³. CONNECT project, 2014, A tool for guardians and other actors working for the best interest of the child, chapter 3

children, as well as adults, coming from another “health culture” than the reception country’s may be distrustful of western health care and medical staff (necessity for treatment, type of medicines, strict fasting without paying attention to the health risks). Mistrust, however, may also be evident in the children’s everyday contact with the guardian and often stems from cultural, religious and social perceptions (e.g. gender stereotypes).

Gender roles is an issue that inevitably emerges during the child and guardian interaction, especially if the guardian is a woman. Children especially young boys might be reluctant to trust a woman, other than their mother or aunt. At the same time, adolescent boys may be very shy when interacting with a female guardian; for the same reason, they might even avoid eye contact and be very reluctant to speak. Likewise, girls might feel shy to express themselves freely to a male guardian. Yet, this is something that can be resolved and respect and understanding can be achieved by explaining the role of the guardian. Another factor that significantly influences the child’s way of living, defining his/her worldview and inevitably his/her actions, is **religion**. The guardian should always have in mind the child’s religious background, as this will help him/her identify the needs and reasons of a child’s behavior; e.g. in relation to the child’s diet or the most appropriate time for a meeting (not when s/he visits the mosque or church, not early in the morning when s/he fasts during Ramadan); a girl not feeling comfortable to remove her hijab in front of boys or men when in hospital or in very warm days; a very young boy seeing an advertisement with women in bikini bathing suits and being shocked.

Interculturalism and the guardian's role

According to Berry, people living in different linguistic and cultural contexts than the one they grew up in, tend to employ four acculturation strategies²⁴. These are *integration*, *assimilation*, *separation* and *marginalization*. Firstly, *integration* refers to the preservation of values and beliefs the child already has from his/her country of origin, combined with the acquisition of the values and beliefs of the reception country. Secondly, *assimilation* refers to the cultural loss i.e. the elimination of preservation of the individual's identity as defined by his/her group of origin, and the daily endeavour of cross-cultural encounters. Thirdly, *separation* refers to the maintenance of the cultural elements of the individual's country of origin and the avoidance of any interaction with other cultures. Finally, *marginalization* refers to the process during which any cultural interaction is avoided, be it the individual's culture of country of origin or that of the reception country. The mentality of the child's family commonly determines the attitude that the child will adopt while in the reception country. Nevertheless, individuals experience migration in a differentiated way in terms of intensity and time.

The guardian should be informed about core cultural characteristics of children under his/her care, in order to provide them with the best possible support. It is normal for the child to vacillate between taking up the dominant culture of the reception country and struggling to combine both cultures harmoniously. In fact, the child may be confused, since s/he often comes from a collectivistic culture ("we"), whereas an individualistic culture ("I") is more common in several European countries. The child may feel that adherence to his/her cultural perceptions and values keeps him/her linked to his/her past while his/her present is characterized by different conditions and patterns.

24. Berry, J. (1997). Immigration, acculturation, and adaptation. *Applied Psychology: an International Review*, 46, pp. 5-68

Inevitably, the guardian unofficially undertakes the role of the mediator between the culture of the reception country and that of the child. A professional (inter)cultural mediator shall facilitate this effort. With the latter's expertise and experience in practical issues will help the guardian to comprehend the child's special cultural characteristics. In essence, the guardian should be aware of the child's cultural, social and family background, the dangers s/he was exposed to and the difficulties s/he has encountered. In this way, s/he will be able to better understand the child's vulnerable situation, to have a clear picture of his/her upbringing and the relevant specifics of the social environment s/he comes from; factors which all play a significant role when it comes to making decisions on the child's best interests.

In addition, according to the child's right to participate in his/her cultural life and preserve his/her cultural identity, the guardian must ensure that the child if s/he wishes to, is informed about local communities of the same country of origin, local cuisine places, entertainment and activities, ethnic community gatherings, and anything else relevant to the child's cultural traditions and close to the unaccompanied child's residential facility. A typical (unintended) example of a child's integration to a reception country is the gradual limited use of his/her native language; this usually happens, if the child does not communicate with persons from the same country of origin, where s/he would use it on a frequent and regular basis. A meaningful and rights-based integration would require the preservation of the child's native language and the parallel effort to advance his/her knowledge and skills in the reception country's language and customs. Noteworthy that the child's way of thinking may be indirectly affected given that an individual's language mirrors his/her cultural and social identity²⁵.

25. Paraphrasing Leibniz. See Losonsky, M. (2006). *Linguistic turns in modern philosophy. The evolution of modern philosophy (series)*. Cambridge University press, p. 60

Similarly, the guardian shall ensure the necessary “space” that the child needs in order to develop and maintain his/her particular cultural traits. This can be achieved, indicatively, by informing the child about his/her rights, like the right to freedom of expression, to self-determination, to practice his/her religion as well as to adhere to his/her values and beliefs, as long as these do not restrict the rights of others or contradict the laws of the reception country. Importantly, the context of the reception country (values, beliefs and habits) should be well explained as well. School as an important part of a child’s life is the primary place for enhancing a child’s integration by familiarizing him/herself with the local community. The guardian being the reference person for an unaccompanied child, is the one responsible for enhancing the establishment of a cooperative climate at school, especially with the school staff, setting as a starting point the respect for diversity. The guardian shall also try to ensure and defend the child’s equal opportunities in education and a respectful school life, by adequately preparing the child and by holding accountable anyone who violates the child’s rights. Moreover, the guardian should also inform the child about the state services and non-governmental organizations s/he can address to –with the guardian’s help– in order to complain and protect him/herself from incidents of racist violence or any type of rights violation.

In conclusion, a primary concern of the guardian should be to facilitate the integration of the child into the reception country’s society while preserving his/her own cultural identity. This can be principally achieved by informing the child about his/her rights and obligations, but also about perceptions, behaviors, everyday habits, customs and traditions of the reception country. However, since harmonious integration into the local community requires the sound psychosocial development of the child, this can only be achieved by encouraging the child’s participation in activities that keep his/her cultural identity alive, if

this is his/her desire too. Useful tools in this direction is effective communication, which is indicated by mutual respect, intention and availability to discuss these issues and joint activities of the guardian and the child, for example, by going to the movies in a commercial center where many children hang out, by accompanying the child to museums and by going to the child's local cuisines restaurants. Thus, this "intercultural journey" will have ultimately contributed to defending the child's best interests.



3. CREATING A TRUSTING RELATIONSHIP BETWEEN GUARDIAN AND CHILD

In order for the guardian to be able to create a relationship based on trust, understanding and respect with the child, s/he needs to know what exactly his/her role is, along with what is and what isn't expected of him/her to be.

What the guardian is not - setting relationship boundaries

The relationship between guardian and child is, and needs to be safeguarded as such, a particular relationship, separate and differentiated from all other relationships in the lives of both of them. It is extremely important, first and foremost the guardian to understand and subsequently help the child understand that:

- **The guardian is not a parent**
- **The guardian is not a friend**
- **The guardian is not a therapist,**

although his/her relationship with the child may bear similarities to all three categories of relationships. It is very important that the guardian “teaches” through his/her own example from the beginning the child which is the desired and appropriate relationship model in order for their cooperation to be functional and effective. More specifically:

The guardian is not a parent: The guardian has to fill in some of the gaps left by the parent's absence, but in no case to substitute a parent. The relationship between parent and child always includes a degree of psychological merge. This means that parent and child are so "close" to each other that boundaries, even the boundaries of the self and individuality of both parties, are often lost. The way parents sometimes speak of their children saying "we" is a characteristic example: "We passed the exam"; "we were ill". The guardian has to keep clear of this trap at all costs and remember that his/her relationship with the child is by definition temporary and targeted. S/he may need to regularly go back and refer to the description of his/her role and duties, in order to strengthen the cognitive and rational part of his/her attitude versus the emotional one, which may get him/her carried away to the point of losing the objectivity and neutrality required to fulfill his/her role. S/he also needs to be alert to identify and evaluate his/her feelings towards the child, a procedure that may serve as a criterion of whether s/he begins to merge with the child or not. For example, if the guardian feels angry or frustrated by the child, it is a clear indication that their relationship begins to drift towards a different model.

The guardian is not a friend: The guardian, regardless whether s/he wishes to or not, de facto is not in an equal position in the relationship with the child, due to both his/her age and his/her role. All adults working with children as a result of their knowledge, position and/or authority by virtue of their work or the nature of their mandate are in a position of trust in relation to children in their care, i.e. one party is in a position of power or influence over the other²⁶. This is in no way to be perceived as

26. "A relationship between an adult and a child or young person cannot be a relationship between equals". "Adults have a responsibility to ensure that an unequal balance of power is not used for personal advantage or gratification". See more information in Tameside Metropolitan Borough, Guidance for Safe Working Practice for adults who work with children and young people here: <https://www.tameside.gov.uk/ChildProtection/Guidance-for-adults-who->

something negative, as these two characteristics differentiating the guardian from the child is exactly what allows the guardian to help. The child very well knows that his/her relationship with the guardian is not a relationship between peers, even if s/he tries, for any reason, to test its boundaries. If the guardian feels confident in his/her role and qualifications s/he will be able to embrace his/her authority without any second thoughts, and thus allow the child to accept it as well and cooperate even when the child's wishes conflict with his/her best interests. The guardian may have to make tough decisions and s/he needs to believe in him/herself that s/he really "knows better" in order to persuade the child to trust him/her. There is no doubt the guardian has to keep the child informed about issues concerning him/her and to ask for his/her opinion and take it seriously into consideration. Nevertheless, as already mentioned, a guardian's main mission is to ensure the child's best interest, which does not always coincide with the child's wishes. Children and adolescents need an adult parent or guardian exactly because young people tend to act on impulse, are easily influenced by peers or unrealistic promises and expectations, might have limited awareness of danger and are thus not expected to be able to make always the best decisions for themselves. So the adult must step in, discuss the options on a realistic basis and try to steer him/her towards the best decision possible. The guardian may even have to confront the child if necessary, give him/her a reality check and try to persuade him/her about what's best for him/her. And, even if the child is not persuaded, the guardian needs to stick with his/her informed opinion and work on the direction of the child's best interests.

The guardian is not a therapist: An unaccompanied child is by definition part of a vulnerable population group. By the time a child or adolescent is appointed a guardian s/he has already

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gone through multiple traumatic experiences. His/her relationship with the guardian may even be the first example of a healthy relationship and communication s/he has experienced for a significant time period and, if the guardian manages to earn his/her trust, the child may wish to unload on the guardian more than this relationship would allow. Even if the guardian's previous professional identity, for example as a psychologist, would in theory allow him/her to deal with any psychological and emotional issues, trauma or else, which the child reveals to him/her, the guardian will once more have to set the boundaries and not succumb to the "savior syndrome". "S/he trusts no one but me" is a narcissistic trap which the guardian needs to steer clear of, by activating his/her logic and once more referring to his/her role and duties' description. If this trust is genuine and sturdy and the guardian feels confident in his/herself and his/her decisions, the prerequisites are met to allow him/her to effectively refer the child to the specialist who will be able to provide him/her the support required according his/her difficulties.

The guardian's professional identity may act as a "safety net" which prevents the guardians from violating or allowing the violation of the boundaries in his/her relationship with the child. Even in the case of volunteer guardians, it is important that they remember that voluntary work bears similar characteristics and responsibilities of paid work; the most evident difference being the fact that the volunteer is not being paid in money.

Basic principles of effective communication - Dos & Don'ts

During all communications with the child, the guardian should keep in mind and apply some basic principles that facilitate communication anyway:

Do	Don't
Explain, be clear about roles, rules and boundaries	Don't take anything for granted
Teach by example and coach the child	Don't preach
Share your action plan	Don't make promises you're not sure you'll be able to keep
Try your best	Don't try to be a savior
Be assertive	Don't allow your personal boundaries to be stepped over
Focus on the positive and strong points of the person and system	Don't fixate on weaknesses and "faults"
Be present and make yourself available	Don't put pressure on the child
Take responsibility for your own actions	Don't take responsibility for the child's actions and/or thoughts and emotions
Demand respect and common courtesy	Don't judge the child's thoughts and emotions
Establish and maintain a positive emotional climate	Don't use emotionally charged words like "good-bad", "fair-unfair", "right-wrong"
Observe and describe	Don't presume too much
Acknowledge cultural differences and the challenges they pose	Don't criticize the child's cultural particularities, values and beliefs
Always keep in mind the child's best interest	Don't just try to please the child

Evaluating the child's commitment to the relationship

Human interaction is not an exact science. There are some basic global principles and guidelines, but no guarantees. Successful relationships require mutual commitment on the one hand, and perpetual adjustment on the other. In the guardian-child relationship both parties need to commit and ally, but it is the guardian who has to be constantly alert and flexible enough to adjust his/her approach depending on the child's involvement and level of commitment. Of course, unaccompanied children can be expected to be cautious, defensive and ambivalent, especially during initial meetings. The guardian needs to make an effort for objectivity and rely on certain, mainly non-verbal aspects of the child's behavior that may serve as respective indicators:

- **Availability:** Does the child usually respond to the guardian's communication initiatives (phone calls, texts, visits)? Is s/he readily available for meeting in person?
- **Reliability:** Does the child keep scheduled appointments? Is s/he usually on time?
- **Communication initiatives:** Does the child take initiative to contact the guardian (by phone, text or other)? Does s/he have questions to ask the guardian?
- **Respect for the guardian's role – the relationship boundaries:** Does the child address the guardian appropriately (using the name and/or title provided by the guardian him/herself)? Does s/he respect the rules and boundaries clearly described by the guardian during their initial meetings? Is his/her non-verbal behavior appropriate?

Examples of possible difficulties in the cooperation between guardian and child

Apart from the child's level of commitment, though, there is a chance the child manifests an attitude or behavior that may trouble the guardian and challenge his/her relationship with the child. The following examples refer mainly to adolescents:

A child may be going through a period s/he seems to blindly attack the guardian, the “system”, anyone and anything. S/he may even try to blackmail or threaten. The guardian should not try to reason the child or engage in an exchange of arguments. S/he should listen to the child, acknowledge his/her feelings, but without encouraging and/or accepting the expression of hostility. The guardian should try to steer the discussion towards other, more substantial issues. If the child persists with the hostility or becomes aggressive the guardian had better end the meeting. It is of utmost importance that the guardian does not challenge the child back and does not reciprocate to the child “raising” the tone. On the contrary, the guardian responds by “lowering” even more his/her tone.

→ **A 15 year old boy refused to cooperate with the guardian if she didn't buy him the stuff he wanted (new cell phone, shoes etc.).**

If the guardian complied, the boy would never stop asking for more, and would establish a totally unhealthy pattern of dealing not only with her, but also anyone else trying to help him. The guardian should remember that it is part of her role to coach this young boy in managing his impulses and show him he has more to gain from their relationship than instant gratification. “What you are asking me is not part of my role. I can try to help you get some of the things you want, maybe not new or the exact model you want, but I'll do my best. But I am not going to buy you things. Please remember I am here for you and I can help you in other ways. If you don't want to cooperate I cannot force

you, but I wish you change your mind” would be an appropriate answer.

→ **Another adolescent tried to threaten his guardian: “If you don’t do something NOW to get me asylum and let me out of here, you’re going to regret this later”.**

“I understand you are frustrated and angry, and you have every right to be. But you have no right to threaten me and I cannot allow this. I am leaving now and I’ll be back tomorrow (later/next week), when I hope you will be a little calmer”.

A child may be tempted to try too hard to get the guardian’s undivided attention and make a good impression. The guardian should acknowledge the compliments and continue as nothing happened. If the child persists, the guardian may have to clearly refer to the relationship boundaries.

→ **A 17 year old boy calls his guardian “mama” (his parents are both alive). He claims she is the only one who cares about him and keeps praising her in any possible way.**

“I am glad you feel good about our cooperation and thank you for saying so. This is my job and I really enjoy it, but we’re not here to talk about me. So, back to our action plan”.

A child may try to establish a too close friendly relationship with his/her guardian. This is a hard case of non-conformity to the rules and boundaries of the relationship. S/he fantasizes about being special and thus exempted from the rules applying to others. The guardian may have to become more typical than usual to discourage the child and should be especially careful not to send mixed messages that could be misinterpreted.

→ **A 17 year old boy keeps calling his guardian “to chat”.**

“Thank you for calling, but I cannot talk right now. If there is not something really urgent, we can talk on our scheduled meeting”.

→ **An adolescent girl tries to befriend her guardian and keeps complimenting and asking her to go window shopping (for coffee/snacks etc.) together.**

“I really like you and want to help you, but becoming pals is not the way for me to achieve this”.

A child may fixate on his/her misfortunes, unable to focus on the “here and now”. The guardian should not try to comfort the child. S/he may listen to what the child has to say, but has to remain calm and collected, offering sympathy through his/her non-verbal behavior, maybe offering a handkerchief and/or a glass of water.

→ **A 17 year old girl living in a shelter constantly complains about her bad luck and no one caring about her. In reality there is a well-established supportive network of professionals working on her case.**

“I am really sorry you feel this way. Would you like me to arrange a meeting with the shelter’s psychologist?”

→ **A 14 year old boy refuses to attend school, claiming there is no future in the reception country for him or for anyone.**

“I am really sorry you feel this way” is always appropriate in similar cases. “But you are here for now and this is really the only way to get a chance, however hard the situation. I would like you to give it a try. If things do not look better after a few weeks (2 months etc.) we will discuss this issue again and try to see what else can be done”.

A child may use his/her ailments and/or traumatic experiences (sometimes even imaginary ones) to shock and move the guardian, subconsciously seeking more and more attention, time and privilege. In such a case, the child may disclose gruesome details of his/her story, sometimes making it hard for the guardian to remain calm. S/he may show empathy, but it would be of no assistance to the child to see terror in his/her eyes. A child may also display the “doorknob effect”, keeping the shocking revelation for the very last minute, when both of them might already be on their feet to go. Some revelations need to be addressed right away, especially if someone is in danger, but if

the doorknob effect is repeated too often, the guardian might need to end the meeting, saying that this is too important to discuss standing up, and the two will have to talk about it during another meeting.

→ **A child living in a shelter systematically reports pain in various body parts after the end of his meetings with his guardian and asks the shelter's personnel to call the guardian to take him to the doctor. His tests are always good and he always claims to feel better after a while.**

"I want to talk to you about the pain you are feeling after our meetings. I believe you do need help, but this is something neither me nor the doctor can help you with. I want you to see a psychologist, get a chance to really talk about what is happening or has happened to you".

A child may also challenge the guardian's resolve and commitment, usually by being withdrawn. S/he is usually hurt, scared and mistrusting, refusing to speak and/or make an effort. The guardian should try to keep a balanced attitude towards the child without over-pursuing him/her, but making clear s/he will not give up and remains available. Patience is key here, to allow the child the time and space s/he needs to trust the guardian and bring him/herself into the relationship.

→ **A child residing in a shelter for unaccompanied children refused to speak with his appointed guardian.**

The guardian, in cooperation with the shelter's caregivers, created a series of opportunities to drop by the shelter over the period of a whole month. He greeted the child every time and monitored his responses. The child finally managed to open up, and after that their cooperation was almost exemplary.

Some adolescents try to flirt with their guardian. They compliment him/her, make innuendos, and make "dirty" jokes. A child trying to flirt usually tries to act like an adult, by being provocative. S/he may assume an inappropriate body posture, try to sit

too close to the guardian and make excuses to touch him/her. Sometimes the child will even try to openly court the guardian. This is a behavior that should not be ignored, as the guardian's silence might be interpreted as consent. What the guardian should do is try to restore the adult versus child balance in the relationship in a good humored way, by all means avoiding looking either flattered or shocked. Letting someone else know is also important in this case. The guardian should keep a detailed record of the facts and talk to the coordination office or his/her supervisor as soon as possible.

→ **A 17 year old boy compliments his guardian, asks to take her out for coffee and explicitly states he has the means to "provide her a good life".**

"This is not an appropriate way to talk to your guardian. I do not like this. Now, take your seat and let me hear, how was your day?"

Any child may display one or more of the above described behaviors at any given time. The key to dealing with any of them is the guardian's self-confidence that will allow him/her to avoid feeling frustrated and to demonstrate the stability and patience required. In too persistent or difficult cases, the guardian should not hesitate to ask for support from his/her supervisor and/or a mental health expert.



4. STANDARDISING INITIAL MEETINGS

Guidelines for the initial meetings between the guardian and the minor

The guardian is the reference person for the child and this should be made clear to distinguish his/her role from other professionals. Ideally, s/he is the person who will establish a healthy and respectful relationship with child and represent him/her in all matters in his/her best interests.

The following constitute suggestions in order to provide guidance on what could be discussed during the first meetings between the guardian and the child. Taking into account the objectives of the first meetings and the need to be flexible and adaptable to the conditions that the child is facing, the guardian may form his/her personal way of approaching the child during them.

Meetings can take place inside the residential setting of the child or outside, depending on what is best of each child. Especially, when the child starts to feel more comfortable with the guardian, it may be a good idea to meet outside the residential setting, since the guardian can facilitate the child's familiarization and integration into the reception country's community.

First meeting

Time	The soonest possible after his/her appointment, the guardian should visit the minor in his/her location of residence, even if there is no interpreter available.
Goal	To inform the minor about his/her appointment as guardian, provide him/her some baseline information and start working on establishing a positive emotional climate as the basis for the relationship between guardian and minor. Even the initial non-verbal communication may play an important role in their future cooperation.
Procedure	The guardian introduces him/herself and presents the minor with whatever print material is available in his/her mother language (information leaflet, guardian id), along with a note with the time of their next meeting. The guardian should stay with the minor while s/he goes through the material.
Tools	Leaflet “Guardianship at a glance”, “Guardian id”, “next meeting” note, meeting report sheet.
Tips	Don’t overthink your behavior. Children sense insecurity and pretense. Smile and introduce yourself, even if the minor does not understand your language. Put your hand out for a handshake, but don’t insist if the child does not respond. Keep the meeting brief if there is no interpreter. Now the minor has a mental image of you and the basis of your relationship has begun building.

Second meeting

Time	The introductions meeting should be repeated as soon as there is an interpreter available. After that, meetings should be scheduled at least on a weekly basis, even if there are no practical issues to be dealt with.
Goal	To introduce yourself properly and start setting the first rules and boundaries for the relationship.
Procedure	The guardian introduces him/herself again. The amount of personal information s/he will share with the minor depends mostly on how much the guardian him/herself feels comfortable sharing. S/he however needs to provide the minor with enough information in order to construct a humane and approachable profile, proposing at the same time an example of how the minor may present him/herself. “My name is Mary Smith, I am a psychologist, and I enjoy cooking and walking my dogs” could be enough to serve those goals and even spark a conversation.

The guardian should make clear right away that the guardian may ask him/her anything else about him/herself, but if a question is too personal, or s/he does not wish to answer for whatever reason, s/he will explain this appropriately and of course the same applies for the minor. Then the guardian may ask the minor what s/he would like to share about him/herself.

During the second half of the meeting, the guardian should present once more the leaflet and the guardian id and explain their contents to the minor. The minor has to get a first idea of what the guardian's role is and what kind of cooperation is expected of him/her.

Finally, the guardian should also address some practical issues and start composing a first draft of the action plan together with the minor.

Tools Leaflet "Guardianship at a glance", "Guardian id", "next meeting" note, meeting report sheet.

Tips Allow enough time for this meeting, but don't let it linger. One and a half hour should be enough. Do not forget that this is definitely a stressful situation for the minor and you don't want to emotionally exhaust him/her. If there are urgent issues pending, schedule a second meeting for the next day. Refrain from making any promises, except from the fact you will do your best to help the minor from your appointed position. End the meeting by thanking the minor for his/her time and cooperation and reminding him/her your next appointment.

Third to fifth meeting

Time At least once a week or even sooner, if there are issues to be dealt with.

Goal Establish a positive emotional climate and deal with any "challenging" behaviors.

Procedure All meetings should begin with a short "warm-up" and end with a "cool-down". This means the guardian should allow enough time for small talk, even after the relationship and cooperation are already on a track. S/he may need to keep this time to a minimum, but s/he should remember this is an important part of his/her relationship with the minor.

The guardian should keep working on the action plan together with the minor as this may serve as a reality check and keep the minor's expectations realistic.

Tools "Next meeting" note, meeting report sheet.

Tips This is the time to deal with any possible “problems” in the relationship. Do not try too much to resolve everything on your own and don’t wait too much before you ask for a consultation with your supervisor or some other expert.

Sixth meeting and on

Time At least once a week or even sooner, if there are issues to be dealt with.

Goal To provide systematic practical and emotional support to the minor.

Procedure At this point it is expected that most behavioral/relationship problems will be dealt with, at least to a point. Things are not expected to be perfect but hopefully a month after his/her appointment the guardian will be able to feel s/he is really doing his/her job. Now it is the time the guardian may even relax a bit, for example organizing an extra-curricular activity for him/herself and the minor.

Tools “Next meeting” note, meeting report sheet.

Tips Time may bring peace in the relationship between guardian and minor, but, depending on how the minor’s legal, bureaucratic and other issues are faring, it may also bring frustration, disappointment and rage. Try to be prepared for unexpected difficulties, don’t get frustrated and don’t get angry. Consider problems something normal, take a step back and deal with them. Once more, do not hesitate to ask for help.

Key-words: objectivity, neutrality, patience, stability, poise, calm, understanding for diversity.

Meeting report sheet

All meetings between guardian and minor should be appropriately documented. A standardized report sheet (the same for all meetings) may considerably simplify the procedure, save the guardian some time and effort and provide a concise and comparable overview of each meeting, which along with the action plan, allows the guardian to monitor the progress achieved at any time.

Meeting no. ...	
Date & Time	scheduled time of meeting
Location	scheduled location of meeting
Duration	actual final duration of meeting
The minor arrived	minor's time of arrival, alternatively "early/on time/late"
General appearance	short comment on the minor's appearance (see "non-verbal signs to keep an eye on for")
Emotional state	as above
Issues discussed on the guardian's initiative	either scheduled issues concerning the action plan or comments on the minor's apparent emotional state
Issues discussed on the minor's initiative	Issues, questions, complaints the minor wishes to discuss with his/her guardian
Issues that came up and need to be dealt with	e.g. the minor seemed hostile/depressed etc.. needs to see a doctor or other expert etc.
Strong points - positive signs	e.g. the minor was smiling/eager to share information etc.
General evaluation of the meeting	e.g. positive/practically or emotionally helpful/had to be interrupted/intense etc.



5. DECISION MAKING PROCESS

A systematic, coordinated and sustainable response should be designed and implemented in a way that involves key actors of the unaccompanied child's system. Individual professionals and actors must collaborate by adopting a multi-disciplinary approach in order to reach durable and life-long solutions that are in the child's best interests. Each agency or professional shall contribute with its expertise and support in effective decision making and all together with the guardian shall accomplish to fulfill children's rights. Multi-agency cooperation on case planning, identification of durable solutions, regular evaluation and review meetings, monitoring and follow-up and potential case conferences establishes a "professional safety-net" that supports the child during on-going case management.

Common agenda, goals, (carefully) shared information, detailed clarification of roles and responsibilities, and standardized procedures should be agreed among all actors involved (guardians, social workers, camp and shelter management, caregivers, interpreters, educators, psychologists, doctors and medical staff, lawyers, legal representatives, border staff, Asylum and Migration Services officers etc.) and in all areas of a broader case management (e.g. identification, assessment procedures, family tracing and reunification).²⁷ The child is involved in all decisions

27. Uppard, S., Birnbaum, L. (2017) Field Handbook on unaccompanied and

that concern and affect him/her and his/her best interest constitute a primary consideration²⁸.



Make sure the child understands that you must act in his/her best interests. Help the child understand that his/her views are important. As his/her guardian, your job is to make sure s/he can participate in the procedures affecting him/her. Inform the child that his/her views will be given weight, but will not necessarily be the only decisive factor²⁹.

To help the child understand the best interests assessment, you may want to discuss the following elements with him/her:

- when adults and authorities make decisions, they must take into account how their decisions will affect the child;
- an assessment of the child's best interests must take into account the views, opinions and broader needs of the child;
- their best interests will be taken into account in everyday decisions and in more formal procedures;
- acting in the best interests of the child is not only something you do as guardian or lawyer but may require feedback from different actors (doctors, social workers, teachers). Explain to the child who is involved and how.

Decision making in 5 steps

Standardization of the decision-making process can greatly facilitate the guardian's work by diminishing his/her anxiety and providing him/her with the reassurance of an informed decision.

separated children. Interagency working group on unaccompanied and separated children. Alliance for child protection in humanitarian action. Available at: <https://www.iom.int/sites/default/files/HANDBOOK-WEB-2017-0322.pdf>

28. See also "Core standards for guardians", especially indicators under standards 1-2,4-6. Available at: <http://www.corestandardsforguardians.com/images/11/279.pdf>

29. CoE (2018) How to convey child-friendly information to children in migration: A handbook for frontline professionals, Strasbourg: Council of Europe Publishing, p. 87

This is particularly important because, on the one hand, it ensures that the decision taken is the most appropriate at the given time and, on the other hand, complete documentation provides safeguards, even if the final outcome is not the desired one.

There is always the possibility that a decision may have a negative outcome, even if the guardian has followed the “right” steps. Unpredictable factors may potentially be present and it is important that the guardian keeps that in mind. A change in the child’s attitude, a sudden refusal to cooperate, a serious health condition, a conflict with the law, an unjustified dysfunction of a service or legislation changes are predicaments that any guardian has encountered. Each of these aspects can stand as an unpredictable factor and jeopardize the success of even the most accurate -at the given time- decisions and case management.

Given the above, the proposed steps for decision-making are the following:

1. Discussion with the minor: the guardian before making any decision shall consider the child’s request and views. These cannot be binding for the guardian, but it is necessary step for the minor to feel that his/her opinion is heard. In this way s/he will feel that s/he is the main focus of the process and that the guardian is there for him or her. Thus, s/he may be more cooperative throughout his/her interaction with the guardian, and may also have a positive attitude towards the system, the country, and his/herself too.

2. Collaboration and information sharing among caregivers/experts who know the minor: It is of the utmost importance for the guardian to have a considerable amount of information at his/her disposal and a comprehensive overview regarding the child’s needs and situation. This will allow him/her to assess whether the minor’s aspirations are realistic and can be given due weight when deciding on his/her future. By discussing with the caregivers and/or experts who know the child, possibly

more deeply than the guardian him/herself, or have the expertise to define the child's special needs, the guardian shall be able to ensure that any decision taken will respond to the child's needs and circumstances and provide the necessary protection to the child.

3. Best Interest Assessment – setting objectives: At this stage, the guardian should be able to make an informed assessment of the minor's best interests. Based on this assessment s/he shall set the objectives that a decision should serve. On this basis, s/he shall proceed to the decision making.

4. Update of the action plan: Based on the decision taken, the guardian needs to define precisely the actions that s/he shall take and/or together with the minor, in order to implement it. At this stage, it is very useful for the guardian to identify the contact persons with whom s/he shall work for the child's case and gather relevant contact details. Also, the possible time plan of the above actions and the final implementation of the decision are necessary in order for the guardian to arrange his/her daily schedule accordingly.

5. Informing the minor: Even if the implementation of the decision does not require the presence or immediate co-operation with the minor, the guardian is obliged to inform him/her, firstly, since it is the child's right and secondly, for reasons of establishing a positive and trusting relationship, as described under step one. At this stage, especially if the decision s/he has taken is not in accordance with the expressed wishes of the minor, the guardian may need to explain, not only why s/he took that decision but also why s/he could not satisfy these particular desires. Reality checks are necessary even when these are not pleasant. The minor should be allowed to express his/her dissatisfaction. If the guardian feels confident about his/her decision, s/he may be able to remain stable and positive towards the child, endure the child's disappointment and help him/her overcome it.



6. PHYSICAL AND MENTAL HEALTH ISSUES

Unaccompanied minors are by default underprivileged and in need of protection. They are often burdened with trauma, loss, frustration, fear about their families and their future. If they also happen to be burdened by some kind of pre-existing psychopathology, their protection needs are automatically multiplied. It is not the identity of refugee or migrant per se that renders these children more vulnerable, but their exposure to stressful situations³⁰. The aftermath of all the stress may be diminished by providing the child with basic services of safety and social support. The appointment of a guardian is part of this kind of support.

Child development stages from birth to adulthood

For the guardian of an unaccompanied minor who may have been deprived of family care and possibly of appropriate primary health care, knowledge of the main characteristics of the

30. World Health Organisation, Regional office for Europe, Mental Health and Psychosocial Support for Refugees, Asylum Seekers and Migrants on the Move in Europe: A multi-agency guidance note. Copenhagen: WHO-EURO, 2015. Available at: http://www.euro.who.int/__data/assets/pdf_file/0009/297576/MHPSS-refugees-asylum-seekers-migrants-Europe-Multi-Agency-guidance-note.pdf?ua=1

child's diverse development stages may prove a valuable tool. Having in mind the typical course of development, the guardian will hopefully be able to detect deviations that require further evaluation by a specialist and refer the child on time.

This chapter aims to provide the basic knowledge that may allow the guardian to understand the procedure and course of development in a holistic way, on a biological, emotional and psychological and social level, by presenting the typical, expected or "normal" course per age. Any significant deviation from this course may be considered as an indication for intensified monitoring or/and referral. Taking into consideration the fact that the majority of unaccompanied minors assigned to guardian care are children in adolescence, there has been a particular focus to this developmental stage.

It should be underlined here that children who have undergone serious traumatic experiences, as the majority of unaccompanied minors, are expected to demonstrate delays and/or regressions to the acquisition of the developmental stages as described below. This is considered more or less normal and does not necessarily mean the existence of some kind of disorder. Often in this kind of cases, normalization of the child's living conditions leads to a swift and spectacular amelioration. What the guardian is called to do is detect any developmental delays or regressions and, with the aid of the appropriate experts, try to establish their causes and plan the most fitting care scheme for the child, which may not necessarily be a strictly therapeutic one.

1. Infants and toddlers (0-2 years)

The newborn is faced with the challenge of adapting to an environment much different from the one s/he had known during intra-uterine life. During the first months of life primarily the mother but also the rest of the family play a critical role to the development of the infant. This is why during this stage it is

necessary to pay particular attention to supporting the family or the infant's primary caregiver.

During the first two years, the child has to reach a series of developmental milestones that may well be the most important of his/her life:

- **Communication and interaction with adults:** The infant is expected to be interested in his/her environment, especially human environment. From the very first week the newborn interacts with the caregivers, looks around for them, recognizes the sound of their voice, listens when they speak and provokes them with motions and vocalizations when they stop. Lack of interest or/and response from the infant is a serious indicator that something may be wrong. At the same time, an environment lacking in stimuli during this stage may have serious negative consequences for the child's development.
- **Building an emotional bond:** During the first two years the child builds his/her basic emotional bonding toolbox. Initially, although the infant recognizes the voice and scent of the mother, s/he has not yet established a true bond to her, since s/he easily accepts the interchange of primary caregivers. Attachment to the primary caregiver is developed and established from the second until the eighteenth month, when the infant is expected to begin demonstrating separation anxiety that is getting upset every time the primary caregiver tries to leave the room where they are together. The primary caregiver's emotional response during this stage is of crucial importance, this is why care for the mother's emotional health and support from her environment are indispensable in order to allow her to raise a psychologically healthy child.
- **Gross motor skills and independent walking:** Gross motor skills are the movements that involve the whole body, are supported by a wide coordination of muscle tone, and are necessary to allow the child to support his/her body, to move, and to start moving objects. Newborns are examined

mainly in regard to the neonatal reflexes, but gradually children begin to gain control of their body:

- At 4 months they can support their head and control head movement
 - At 12 months they can sit on their own
 - At 14 months they can move around
 - At 18 months they can stand on their own and walk with some support
 - At 20 months they are expected to walk independently.
- **Cognitive development:** The total of cognitive skills that are expected to have been conquered during each stage of development.
- At 9 months the infant is expected to have mastered the concept of object permanence that is the understanding that objects continue to exist even when they cannot longer be seen or sensed in any way.
 - After 18 months the toddler also masters person permanence, and may for example understand that the primary caregiver who hides his/her face while playing does not actually disappear.
- **Speech and language development:** Speech development begins at birth and does not identify with concrete words, although it is a prerequisite for language development. Speech development includes the understanding other's speech and the inner speech that may be externalized by non-verbal signs, such as gestures, expressions and vocalizations.
- Turn-taking with the primary caregiver appears from the very first week of the infant's life and is the first form of conversation, the "protoconversation", and an early sign of healthy speech development
 - At 9 months infants begin to babble and respond to their name

■ At 18 months:

- they consciously use approximately 5 words
- they understand at least 50 words
- they finger-point
- they respond to simple orders
- they point at familiar faces and objects either physically present or in pictures

Vigilance and monitoring of the child's development during the first two years are crucial for the detection of genetic abnormalities/syndromes on the one hand and attachment disorders on the other. Deviations in the communicative/social development of the child during this stage may constitute early indications of an autism spectrum disorder.

2. Preschool age (2-6 years)

During the preschool stage, the child is expected to face the first major lifestyle changes (day care center, kindergarten), which also mark the first significant separations, but also to start his/her first revolution. Reaching the "terrible twos", children have achieved the concept and use of "no", take every opportunity to use it, and often experience the first conflicts in an explosive way. They test their limits and the limits of their environment and gradually learn to control their emotions and impulses.

During this stage the child will have to face a series of new challenges, such as:

- **Independence in everyday life:** The child gradually develops the skill to eat on his/her own using a fork and a spoon and to dress and undress with little help from adults. The child is expected, in the context of his/her healthy desire for independence, to have the will to try these skills and it is very important that the caregivers allow it, even if the child seems to have a hard time in the beginning.

- **Sphincter control:** The child is expected to be neurologically mature enough to control his/her sphincters from the age of 2.5 years, but delays in sphincter control are considered acceptable until the age of 4. Also acceptable and common enough is the phenomenon of nocturnal enuresis, until the beginning of school age.
- **Social play:** Infants and toddlers get involved in play with adults, but not with other children their age. They may enjoy being with other infants and toddlers, but they usually prefer “parallel” play, with each child playing seemingly alone, but close and in visual contact with the others, often choosing to play with similar toys. Children engage in team play and begin to develop their first friendships after their four years.
- **Joining the group of peers:** Even if an infant has previously attended a nursery/day care center, very young children are not yet able to form real groups. Only after 3.5 years the child is ready to join a group of peers, like in a day care center or kindergarten, even with a small difficulty during adjustment period. The child needs to have conquered emotion and impulse control in order to be able to accept the limits and observe the rules joining a group requires.

At the same time the child needs to perfect skills already conquered, such as:

- **Verbal communication:** By the time they graduate kindergarten, children are expected to be able to:
 - Listen to and understand a narration from the beginning to the end
 - Respond to complex orders (comprised of two or more parts)
 - Understand the metaphoric use of some words
 - Express him/herself with clarity, proper articulation and use of grammar and syntax
- **Gross motor skills:** Until the age of four, the child is expect-

ed to have developed adequate balance and mobility to move independently on different surfaces, walking or running, while by age six the child is a “little athlete”, and can jump, throw and catch a ball and aim at a target.

→ **Fine motor skills:** Fine motor skills refer to movements requiring the coordination of small muscle groups of the hands and fingers. Fine motor skills include a series of skills which are necessary for a child to successfully meet the demands of schooling and which the child is expected to have conquered by the age of 6:

- Grip a pencil correctly
- Copy simple shapes
- Write his/her name
- Use scissors correctly

During preschool age, children should be even more closely monitored for any developmental disorders, such as autism spectrum disorders, possible intelligence deviations and for speech disorders. Any adjustment difficulties in preschool education need to be seriously dealt with, since, if uncared for, they may lead to secondary learning difficulties and negatively affect the child’s school life.

3. School age (6-11 years)

Also called the latent period, during this stage the sexual and aggressive impulses calm down. The child is integrated in the school system, which takes first seat in his/her life. Even for children who have attended pre-school or kindergarten, there are qualitative differences that render school education much different than preschool. The development and perfection of skills that will allow the child to successfully adjust to the school environment takes a central role among the developmental challenges of this stage:

- **Compliance with limits and rules:** Children begin having real obligations towards both the school and the family. They may now be responsible for their own stuff, for cleaning their room, for small chores around the house. They are expected to be able to be relatively quiet at school and devote adequate time for homework. They also learn the difference between right and wrong.
- **Socialization:** Children become more independent from the family and have their own lives and interests. Friendships become more and more important and the caregivers should encourage them. Children begin to develop empathy that is the ability to understand and accept other people's feelings.
- **Establishment of gender identity:** School-age children are expected to spontaneously identify and conform to the socially accepted norms corresponding to their biological gender.
- **Learning skills:** Children are expected to be able to at least cope with the demands of each school grade.
- **Further perfection of gross and fine movement:** Children learn how to write comfortably and with speed, while their athletic skills and balance are also perfected.
- **Attention:** Children are expected to have conquered adequate control on their attention, impulse and mobility to be able to adjust to the demands of school life and learning complex concepts and skills. They can organize their speech and actions and concentrate on school work.
- **Concrete thinking:** Children develop the ability to perform logical acts to resolve particular problems. This kind of thinking allows them to combine, differentiate, categorize and transform objects in their mind.

During school age it is necessary to closely monitor the school adjustment and learning skills of children, in order to timely de-

tect any learning, attention, social adjustment and psychological problems which may be related to the aforementioned or not.

4. Adolescence (11-19 years)

By the end of adolescence, young adults are expected to have conquered all the skills necessary to an independent adult person. Nevertheless, this doesn't happen without going through an intermediate period of incongruence and conflict. The avalanche of changes during adolescence may compare only to those of infancy. Adolescents need to process the changes they experience and prepare for adult life. It is a period of transition from childhood to adulthood, reflected in the adolescents' emotion, thought and behavior, where the characteristics of a child coexist or interchange with those of an adult.

→ **Abstract thinking:** Adolescents develop the ability to form hypotheses, even alternative ones, for resolving a problem, and checking the facts according to these hypotheses in order to reach a decision. Although adolescents are as "intelligent" as adults, the decisions they make sometimes runs counter to common sense. This phenomenon is due on the one hand to the poor impulse control of adolescents and on the other to the importance they attribute to the opinions of their peer group.

→ **Social development and acquisition of personal identity:** Adolescents begin to realize their differences from the adults in their environment and feel the need to diversify as much as possible in order to build their personal identity. It is the process described by Erikson as the "identity crisis" of adolescence, often painful for both the adolescents and their caregivers. Adolescents turn towards their peer group, often rejecting family values and standards. Especially in contemporary western societies, where there is often some degree of uncertainty regarding both the time of reaching adulthood and the rights and obligations of adolescents, they often

come to conflict with the adults. In closed traditional societies, adolescents tend to conform easier to the prevalent norms and role models.

- **Sexual development:** Adolescents are expected to be intensely interested in their sexuality, as a result of the hormonal changes happening in their body. They masturbate, experiment and engage in detailed discussions with peers about their body and about sex. Sexual identity is expected to have been crystallized by the end of adolescence, when the young person is ready to seek a sexual partner and engage in an intimate and equal romantic relationship.

The term “crisis of adolescence” describes the generalized state of internal and external upheaval the adolescent experiences. Although a considerable percentage of adolescents go through a smooth and gradual change, most of them experience this crisis either as a latent, silent psychological turmoil, or as an obvious externalized crisis, which often brings them in conflict with their environment. Moreover, the crisis does not manifest in the same way during all stages of adolescence.

During early adolescence (11-14 years), this crisis may lead to:

- Mood swings, bleak mood, withdrawal: Adolescents may complain about being lonely, while at the same time seek to be alone, change their mind all the time, blame others for their difficulties and constantly contradict themselves. If they don't reach the extremes of social isolation, this tendency is generally considered acceptable, as maybe the “lighter” version of the crisis of adolescence.
- Distorted body image: Adolescents may feel displeased with, ashamed for or have a totally distorted image of their body or particular parts of their body. They may avoid exposure by refusing to participate in sports activities or by wearing oversized or seasonally inappropriate clothes.
- Feeding and nutrition disorders: Adolescents often resort

to overeating, single food item- or crash diets. Early adolescence is the most common age anorexia and bulimia nervosa first symptoms appear.

- Sleep disorders: Adolescents may have a hard time falling asleep, waking up and keeping to their time schedule. They may feel constantly tired, irritable and out of control.
- Phobias: A phobia is an irrational and excessive fear towards an object or situation. Adolescents may manifest social phobias towards several social situations and interactions, as well as specialized phobias, often taking the form of fear of death.

During middle adolescence (14-17 years), the same internal conflicts may be externalized in somewhat different ways. During this stage, adolescents:

- Become irritable and unceremonious: Usually towards their caregivers, teachers and the opposite sex. This seemingly inexplicable hostility and reactivity reveals how unready adolescents still are to face others in relationships based on equality and not on authority and dependency.
- They reject social values and adopt the role models and values of adolescent culture: Apart from their caregivers' values, adolescents tend to also nullify and reject the whole of social values. They often end up supporting extreme ideologies and adopt not only the role models and values but also the dress code, slang and habits of the so-called adolescent culture.
- They adopt dangerous or/and offensive behavior: Adolescents, under pressure from their internal conflict and their peer group, and in the context of generalized opposition and reactivity towards family and social values and norms, may get involved in a series of behaviors putting their health and safety in danger: substance and alcohol use, smoking, unsafe driving, risky sexual behavior, internet abuse, verbal and physical aggressiveness.

During late adolescence (17-19 years) young adults are expected to have conquered all the skills that will allow them to make a good start to the next stage of their lives. Still, especially in cases where there are pre-existing and untaken care of psychosocial and emotional issues from previous developmental stages, the newly acquired autonomy and independence may expose the adolescent to risks they are unprepared for.

Monitoring during all stages of adolescence is of crucial importance for the timely detection of any of the above behaviors. If an adolescent has the tendency to manifest his/her internal conflict in a particular way that puts his/her mental or physical health in jeopardy, the sooner this is identified the easier it will be to deal with the possible problem. Often, different institutions or adults who share responsibility for the adolescent (for example, the caregivers and the school) detect the issue on time, but engage in a futile effort to assign blame to “the other party”. At the same time, they often, either demonize, or totally absolve the adolescent of responsibility. None of these attitudes helps, either to comfort the adolescent experiencing the crisis, or to control the unwanted behaviors.

All those involved need to comprehend that an adolescent in crisis suffers and needs help in order to reach emotional and psychological balance without the need to resolve to extreme behaviors-internal conflict demonstrations. Seeking expert help would rather not be an ultimate resort, but a preventive move that might save both children and adults from many complications and more severe conditions in the future.

Adolescent sexuality

Adolescence is a period defined by the biological changes affecting the children’s body, along with the social and cultural values and beliefs prevalent in the particular time period and in the part of the world where children are growing up. The biolo-

gy factor acts globally and inextricably and makes adolescence a universal phenomenon: All healthy children reaching the age of 11-14 years will undergo the physiological transformation of puberty, which will also affect their psychological and emotional state. This transformation has to do with the secondary gender characteristics and the acquisition of reproductive ability. Development is accelerated in both genders but at the same time appears the phenomenon of sexual dimorphism. Both genders develop hair growth in the genitals and armpits area, and boys also develop hair growth in the face. Girls develop breasts and start menstruating. Boys see their genitals grow in size, their voice changes, and start producing sperm. These changes affect the children's psychology in two ways: First, through the accompanying hormonal and neurodevelopmental changes, which lead the adolescent to experience for the first time the sexual drive and interest in another individual, tendencies genetically predetermined and absolutely normal. Second, through the cataclysmic transformation of the body image and self-perception of the child. This is where the social and cultural factor comes in. The transformation of adolescence is interpreted and interacts with the values and norms of each society.

During adolescence, children around the world are normally expected to wish to experiment and express their sexuality. The expression of their sexuality though (as of the sexuality of adults too) and attitudes about it is deeply affected by social, religious and family beliefs that have been accompanying each individual during his/her upbringing, and may thus largely differ from one society to another³¹. So, unaccompanied children, who often originate from more a conservative environment or at least from societies with particular stereotypes, are probably influenced by these and bear similar beliefs, along with the

31. Parker, A., Russo, M., Sommer, D. & Yaeger, P. (eds) (2018) *Nationalisms and Sexualities*, Routledge Revivals, first published in 1992. New York: Routledge

guilt of deviating from their upbringing, or the wish to revolt against it. Although it is often considered taboo –both for the child and his/her caregiver(s)/ reference person(s) in the reception country– the guardian should declare his/her availability to talk about anything that may concern the child in general but also about sexuality in particular. Adolescents, no matter which context they are in, may be expected to get involved in some kind of sexual activity, so it is important to discuss about these issues on time. There is no doubt the building of a trusting relationship between child and guardian is what will allow them to openly talk about what may trouble the child and what s/he needs to know in order to stay safe and healthy while growing up. This doesn't mean however that the guardian may postpone the discussion for long.

The guardian should be alert for any reservations the child may have, as well as for his/her own reservation and beliefs, based on his/her personal system of values and beliefs. It is understandable if someone does not feel ready to deal with such a discussion, so the guardian may have to refer the child to an expert who has the knowledge and experience to counsel the child or answer his/her questions. In practice, very few children will take initiative to share their thoughts and concerns. Most will address their guardian or another person of reference when they will be already suffering from something symptomatic or when they will realize they are pregnant. As the expression of sexuality is something totally expected and normal, professionals responsible for the children should be prepared to provide them with information that will ensure their right to a healthy physical and psychological development. The easiest way to achieve this is to let the child know the guardian is by his/her side to act in his/her best interest, to hear his/her concerns, and, if necessary, take advice from other experts as well.

Important issues to be discussed include body changes, self-image, personal boundaries, consent, personal hygiene, the fact

that sex should bring pleasure and adolescents should know how they may safeguard this. The guardian should talk to the child about possible implications and how to prevent or deal with them. So, s/he has to also talk about the risk of sexually transmitted diseases, about protection and contraception – always stressing the fact that chemical contraception does not provide protection from diseases, as well as the fact that it should not be used without consulting an expert. Children need to know what to look for when they buy condoms (appropriate storage, “CE” marking, expiration date), how to use a condom to make sex safe and about the fact that using a condom is necessary for a pleasant and carefree sex life. All this is necessary to be discussed in the context of ensuring children’s human rights. Periodic interventions in the children’s residential facilities could be organized³². It would be very helpful if the professional dealing with these issues is of the same gender as the child or group of children, without this meaning that issues concerning the other gender should be excluded. In any case, the guardian should declare his/her availability to discuss these issues.

It has been observed that most children are not familiar with the scientific approach on the expression of sexuality. For example, there are boys who have declared that they do not wish to get out of their shelter, because they do not want to look at girls, as they feel this is a sin. Other children do not reveal to their families back in their country of origin anything concerning their way of life in the reception country, that is the fact that they go out, make friends or have relationships with other teens, as they believe this is a deviation from their parents’ way of life,

32. Valuable guidelines can be found in United Nations Populations Fund - UNFPA website. Available at: <https://www.unfpa.org/comprehensive-sexuality-education>, as well as in International Planned Parenthood Federation - IPPF website. Available at: <https://www.ippf.org/youthhub/CSE.html> . One example can be found here: https://www.ippf.org/sites/default/files/ippf_framework_for_comprehensive_sexuality_education.pdf

and feel ashamed for this. Other children have no notion of boundaries and consent, and start thinking about it only after these are explained to them. Other children believe masturbation is a sin and even that if they do masturbate they may lose their strength, or connect it with other forms of punishment. An adolescent boy was reported to ask for some kind of pill to fight his erection, as he thought it was a shame and a sin. Both boys and girls seem to connect sexuality with guilt, which was also the case of adolescents in some European countries with strong religious background a few decades back. The guardian needs to keep in mind that children may think differently, so it is important to try to talk to children about these issues. S/he should also remember that these children are here alone –maybe for the first time- without their family, with no supervision, no boundaries and rules set by their important others. They find themselves suddenly living in residential facilities among many others, a situation they have never encountered before. Moreover, unaccompanied children, as most adolescents around the world, share information and questions mostly with their peers, or over the internet, often resulting to misinformation.

All information, interventions and discussion around these issues should be provided on the basis of human rights and cannot be based on fear or personal beliefs of the guardian or any other professional. Instead, it should take place in a climate allowing exchange and discussion. All sexual orientations should be considered possible and acceptable. Nobody should take for granted that all people are heterosexual, as this is not the case. Children need information to feel empowered, to claim what is best for their health and safety. Obviously, this is not achievable through one brief discussion, but needs a long-term intervention. Children need to understand that safety and protection concerns both parties in a sexual encounter, and that it is their right. Girls often feel they have no right to claim something for themselves, so they require more targeted and coordinated ef-

forts to boost their self-confidence – once more, something quite common in some European societies until some years ago. Role play may largely facilitate girls to set boundaries within which they feel comfortable and safe. There have been cases of girls in their early adolescence who wanted to have a sexual encounter and as their partner did not wish to use a condom and they themselves did not know about protection and contraception, they became pregnant. When they realized it, some of them tried to commit suicide, while others developed symptoms of depression, as they thought that a pregnancy out of marriage would put their family in great shame, if they learned about it, and were set on terminating the pregnancy.

So, the guardian should keep in mind that both boys and girls may have already made choices that put them in risk, or led to violation of their rights and safety either in their country of origin or during their journey, but also in the reception country (e.g. a boy who was oppressed in his country of origin because he did not fit the male stereotype, as he likes to keep his hair long and loves theater, song and dance; or homosexual adolescent victims of racist attacks). Moreover, given that the children's choices may not be acceptable for their family and social environment, the guardian should expect this might further hinder the children's free expression of sexuality. The guardian does not need to insist on the children immediately stating their preferences or changing their attitude. The guardian is there to explain the child s/he has the right to freely express his/her personality, experience and express his/her sexuality, while respecting the health and personal boundaries of all parties involved, and to be there by his/her side to provide support. Among others, children should be informed about the risks of the internet, "casual" internet acquaintances, and where they may turn for help. They should also know about the help they may get in case they had a high-risk sexual encounter (e.g. Post-Exposure Prophylaxis (PEP), testing for HIV/AIDS, Hepatitis B&C or pharmaceutical or psychological support). If a child has

been a victim of sexual violence either in the past or recently, the guardian's approach should be appropriately adapted.

Another serious issue that may arise is when children are prostituted, either because they are victims of sex trafficking or because they believe this is the way to make a living or they wish to make some more money to send to their family, buy things, pay a smuggler or cover the expenses of issuing a legal passport or buy an air ticket. The guardian should know that (depending on each country's legislation) minors are not allowed to work in a brothel. Moreover, national laws set a clear age limit for providing consent in sexual intercourse. If a child is under 15 years of age, the individual who engages in a sexual act with him/her is punished³³. In addition the person who acts as an intermediate for a minor to engage in sexual acts is also punished – usually regardless of the child's age. Similarly, intercourse with a minor in exchange for any kind of payment (in money or in kind) is prohibited, as is prostituting a minor, regardless of the child's age. Consequently, this is an illegal act and children need help and empowerment to leave this way of life. If a child is a victim of trafficking, the guardian needs to inform the competent authorities, in order to refer the child to support mechanisms or transfer him/her to a safe haven and rescue the child from these networks.

Sometimes children may wish to visit themselves a prostitute in order to have a sexual experience. In Europe there are two prevalent approaches: a) Punishment of the client, as sexual life cannot be bought and such an action constitutes a violation of human rights, and b) Non-punishment of the client, as someone may be allowed to receive this kind of services. National laws define the policy enforced. Furthermore, national law defines when the minor is able to give his/her consent for having sex. In any case, the guardian may initiate a discussion on this issue and on the child's motives, and definitely inform the child on all the aforementioned regarding protection, boundaries etc.

33. Yet, this depends on each country's law.

Factors affecting children's development

In various cultures there may be rites marking the passage from one developmental stage to another. Depending on the culture of each child, expectations concerning what is required from children at each age may vary considerably. At the same time, war, armed conflict, poverty and other hardships or experiences may affect the development of children and the acquisition of certain developmental milestones, e.g. a child may fail to speak, develop fine motor or cognitive skills at the age s/he would be expected to. Nevertheless, there are cases where children face particular physical and mental health issues that require the intervention of specialized experts.

Guardians are not expected to have the expertise to diagnose such cases; they do need, though, to be aware of some conditions that affect minors to get worried and seek help on their behalf. All the following disorders/conditions may only be diagnosed by specialized experts^{34,35}, who also consider the “culture” variable, and not by the guardian. Yet, the role of guardians is critical, as they are the only ones or among the very few in the minor's life who may detect something is amiss and refer him/her in time to get appropriate help.

Trauma and Post-traumatic stress disorder (PTSD)

As with adults, following trauma most children manifest some symptoms. Early trauma affects the child's nervous system. Stress over a period of time can lead to changes in the parts of the brain that control and manage feelings. That is to say, stress and trauma early in life can change the brain and have long-term effects on physical, mental, and emotional growth.

34. American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.

35. World Health Organization (2016). International Statistical Classification of Diseases and Related Health Problems, Tenth Revision.

Young children may show a fear of strangers or be scared to leave their parent. They may lose skills they once had, such as toilet training and/or regress to earlier habits, like sucking their thumb. Children may repeat themes of the trauma in their play. For example, a child who has been sexually abused might play out “dark” bedroom scenes with dolls. Children of all ages might develop sleep problems or experience persisting nightmares. They might also become more fussy, irritable, aggressive, or reckless.

Diagnosing PTSD in children can be difficult. The definition of trauma that is used to diagnose PTSD is specific. It requires that a person experiences feelings of fear, helplessness, or horror for an event to be considered traumatic. It is hard to identify such condition in very young children, as they are often not able to describe in words the event or how they felt about it.

PTSD includes four different types of symptoms:

- reliving the traumatic event (also called re-experiencing or intrusion), often manifested by nightmares, anxiety or panic attacks, random and interchangeable fears or phobias
- avoiding situations that are reminders of the event, unwillingness to talk about it, reactivity, aggressiveness, withdrawal
- negative changes in beliefs and feelings, loss of trust to others, cynicism, nihilism, depression
- feeling “keyed up”, hyper-arousal, over-reactivity, hypersensitivity to situations.

Most people experience some of these symptoms after a traumatic event, so PTSD is not diagnosed unless all four types of symptoms last for at least a month and cause significant distress or problems with day-to-day functioning. PTSD is highly comorbid with substance use disorders, including substance abuse and dependence. Many adolescents who abuse drugs have a history of physical, emotional, and/or sexual abuse or other trauma.

Percentages of disorders linked to excessive stress, such as

PTSD are higher in refugees in comparison to individuals who have not been violently expatriated.

Substance use^{36,37}

Drugs can have long-lasting effects on the developing brain and may affect family, peer relationships, and school performance. For young people, any drug use is cause for concern, as it exposes them to dangers both from the drug use and from associated risky behaviors. Children who abuse drugs –whether injecting or non-injecting– are at an increased risk for diseases that are transmitted sexually as well as through the blood, including HIV and hepatitis B and C. All drugs of abuse alter judgment and decision making, increasing the likelihood that a child will engage in unprotected sex and other high-risk behaviors, including sharing contaminated drug injection equipment and unsafe tattooing and body piercing practices–potential routes of virus transmission, as well as in illicit activities (e.g. selling drugs or other illegal products). Substance use treatment can reduce this risk both by reducing children’s drug use (and thus keeping them out of situations in which they are not thinking clearly) and by providing risk-reduction counseling to help them modify or change their high-risk behaviors. Even “light” or “experimental” substance use is considered dangerous and may lead to heavier drug use in the future. Most adults who develop a substance use disorder report having started drug use in adolescence or young adulthood, so it is important to identify and

36. Khoury, L., Tang, Y.L., Bradley, B., Cubells J.F., and Ressler, K.J. (2010). Substance use, childhood traumatic experience, and Posttraumatic Stress Disorder in an urban civilian population. *Depression and Anxiety*, 27(12): 1077–1086. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3051362/>

37. National Institute on Drug Abuse (US) (2014). *Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide* https://d14rmgtrwz-f5a.cloudfront.net/sites/default/files/podata_1_17_14.pdf

intervene in drug use early. Children can benefit from a drug abuse intervention even if they are not addicted to a drug.

Talking to a child about his/her substance use is usually a thorny issue, even for family members, so guardians who come across a “suspicious” case might need to strategize. Routine medical visits are an opportunity to talk to adolescents about drug use. Standardized screening tools are available to help clinicians determine a child’s level of involvement in alcohol and/or illicit and nonmedical prescription drug use. When a child reports substance use, the health care provider can assess its severity and either provide an onsite brief intervention or refer him/her to a substance abuse treatment program.

Nevertheless, in case a child is obviously under the effect of alcohol or drugs, the guardian will have to confront him/her about this, and take the opportunity for a “reality check”, inform him/her about possible legal consequences, set boundaries and even deny to proceed with the meeting and reschedule for a time when the child is sober.

Legal interventions and sanctions or family pressure may play an important role in getting adolescents to enter, stay in, and complete treatment. Adolescents with substance use disorders rarely feel they need treatment and almost never seek it on their own. The guardian should try to enlist as many family members and community members (such as caregivers, teachers, peers and mentors) to support the adolescent’s abstinence from drugs. Last but not least, effectively treating substance use disorders in adolescents requires also identifying and treating any other mental health conditions they may have. Adolescents who abuse drugs frequently also suffer from other conditions including, but not limited to, anxiety disorders, attention deficit hyperactivity disorder (ADHD) and conduct problems. Adolescents who abuse drugs, particularly those in conflict with the law, should be screened for other psychiatric disorders

and treatment for these problems should be integrated with the treatment for a substance use disorder.

Eating disorders³⁸

Eating disorders frequently appear during adolescence or young adulthood but may also develop during childhood or later in life. These disorders affect both genders, although rates among women are higher than among men. They are quite serious and often fatal illnesses that cause severe disturbances to a person's eating behaviors. Obsessions with food, body weight, and shape may also signal an eating disorder. Common eating disorders include anorexia nervosa and binge-eating disorder.

Anorexia nervosa

Anorexia nervosa is an extremely serious disorder, in the core of which is not the low weight per se, but a seriously disturbed image of the bodily "ego". People with anorexia nervosa may see themselves as overweight, even when they are dangerously underweight, they experience painful feelings of rejection towards themselves and often engage in extreme, risky, or/and self-punishing behaviors. Anorexia nervosa may take the form of restrictive or overeating anorexia.

Anorexia nervosa, restrictive type

Individuals typically weigh themselves repeatedly, severely restrict the amount of food they eat, and eat very small quantities of only certain foods. Anorexia nervosa has the highest mortality rate of any mental disorder. While many young adults with this disorder die from complications associated with starvation,

38. National Institute of Mental Health (US), Eating disorders. Available at: <https://www.nimh.nih.gov/health/topics/eating-disorders/index.shtml>

others die of suicide. In women, suicide is much more common in those with anorexia than with most other mental disorders.

Symptoms include:

- Extremely restricted eating
- Extreme thinness (emaciation)
- Unwillingness to maintain a normal or healthy weight
- Intense fear of gaining weight
- Distorted body image, self-esteem heavily influenced by perceptions of body weight and shape, denial of the seriousness of low body weight

Anorexia nervosa, overeating type

Individuals have recurrent and frequent episodes of eating unusually large amounts of food and feeling a lack of control over these episodes. This binge-eating is followed by a behavior that compensates for the overeating such as forced vomiting, excessive use of laxatives or diuretics, fasting, excessive exercise, or a combination of these behaviors.

Symptoms include:

- Chronically inflamed and sore throat
- Swollen salivary glands in the neck and jaw area
- Worn tooth enamel and increasingly sensitive and decaying teeth as a result of exposure to stomach acid
- Acid reflux disorder and other gastrointestinal problems
- Intestinal distress and irritation from laxative abuse
- Severe dehydration from purging of fluids
- Electrolyte imbalance which can lead to stroke or heart attack

Binge-eating disorder

People with binge-eating disorder lose control over eating. Unlike anorexia nervosa, overeating type, periods of binge-eating are not followed by purging, excessive exercise, or fasting. As a result, people with binge-eating disorder often are overweight or obese.

Symptoms include:

- Eating unusually large amounts of food in a specific amount of time
- Eating even when being full or not hungry
- Eating fast during binge episodes
- Eating until uncomfortably full
- Eating alone or in secret to avoid embarrassment
- Feeling distressed, ashamed, or guilty about eating
- Frequently dieting, possibly without weight loss

Autism Spectrum Disorder

Autism is a developmental disorder, meaning that symptoms are present from the earlier developmental stages, although they may not become fully manifest until social demands exceed the capacities of the child, or may be masked by learned strategies in later life. Early diagnosis is possible from infancy, but often children are not diagnosed until much later, while sometimes are also misdiagnosed and labeled as “mentally retarded”, “anti-social” or just “problem children”. Misdiagnoses like that expose children to the risk of being rejected, marginalized and ultimately manifesting actual anti-social and problem behaviors.

Symptoms include:

Persistent deficits in social communication and interaction across multiple contexts:

- Deficits in social-emotional reciprocity, failure to understand and engage in “normal” social interaction
- Deficits in nonverbal communication, lack of eye contact, hypersensitivity to touch, poor understanding and use of gestures and facial expressions
- Deficits in developing, maintaining, and understanding relationships, difficulties adjusting to different social contexts, difficulties in making friends, lack of interest in peers.

Restricted, repetitive patterns of behavior, interests, or activities:

- Stereotype or repetitive movements, use of objects, or speech (for example, lining up toys or flipping objects, echolalia, repetitive use of fixed phrases)
- Insistence on sameness, inflexible adherence to routines (for example, extreme distress at small changes, difficulty with transitions, need to take the same route or eat the same food every day)
- Highly restricted, fixated interests that are abnormal in intensity or focus (for example, obsessive preoccupation with own interest, indifference in proposed alternatives)
- Hyper- or hypo-reactivity to sensory input or unusual interests in sensory aspects of the environment (for example, apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

Attention deficit hyperactivity disorder (ADHD)

Children with ADHD show a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with their functioning in diverse contexts. They are often under-diagnosed and characterized as “lazy”, “inattentive”, or “trouble-makers”. They

usually have a really hard time at school. In extreme cases, children with ADHD may manifest offensive behavior and during adolescence or early adulthood get even in conflict with the law.

ADHD may manifest in two predominant types of presentation with distinct symptoms that may coexist in any ratio:

1. Inattention:

- Failure to give close attention to details, “careless” mistakes
- Trouble holding attention on tasks or play activities
- Failure to respond when spoken to directly.
- Difficulty to follow instructions and to finish schoolwork or chores
- Trouble organizing tasks and activities
- Reluctance to do tasks that require mental effort over a long period of time, such as schoolwork or homework
- Tendency to lose or misplace things necessary for tasks and activities
- Distraction
- Forgetfulness

2. Hyperactivity and Impulsivity:

- Fidgeting with or tapping of hands or feet, or squirming in seat
- Often leaving seat in situations when remaining seated is expected
- Children often running about or climbing in situations where it is not appropriate (adolescents or adults feeling restless)
- Inability to play or take part in leisure activities quietly.
- Being “on the go”, acting as if “driven by a motor”
- Excessive talking

- Trouble turn-taking
- Often interrupting or intruding on others (for example butting into conversations or games)

School dropout

Students that drop out of high-school are generally those that struggle to engage behaviorally and/or academically. Any of the above described situations, if left untreated, may turn school attendance to a struggle and ultimately lead the child to dropout. Migration does not seem to be a risk factor per se, but there seems to be important issues in connection with the integration of migrant children need to enter the education system much later than the norm.

Factors that may cause dropout in connection with students and/or their families include:

- Parents' educational example. Most often students who drop out come from families where the parents themselves did not spend more than eight years in school
- Siblings' educational example is even more influential. Families in which elder siblings have left school early often see the younger ones do the same
- Illicit activities. Prostitution, membership of street gangs or of beggars' networks almost always lead to children dropping out of school
- Employment. Making money through unskilled work, bar/restaurant work or illicit activities, such as prostitution or begging during term time almost always results in early school dropout
- Lack of trust in the education system is likely to fall in the run-up to school dropout. It might be useful if adults who had dropped out were in touch with students at risk of doing so to share their current perspective on school.

Above all, however, unaccompanied minors run the risk to drop out of school because of the school system's inability to accept, integrate and inspire them. Racism, marginalization and rejection, not only by fellow students, but by the school community in general, often even by teachers themselves, is a very real phenomenon in all reception countries. The reception country though and the educational system are solely responsible to make students feel welcome, accepted and equal, otherwise school dropout should be considered unavoidable.

School also needs to inspire children, giving them motives to invest on their education. It cannot be taken for granted that children understand how their school education allows them to have more choices and a better perspective either in the reception country or even in some other country they consider their final destination. Last, the connection of education to employment is of outmost importance, especially in cases of adolescents who may regard their duty to make a living not only for themselves, but often also for members of their family still living in their country of origin.

What a guardian can do is talk to the children in order to help them understand how important education is for their lives, but also to support them during hard times. Guardians should ally with teachers and keep in regular touch with them, in order to sensitize and support them in monitoring minors in their class and timely detecting those who are in elevated risk of dropout.

Non-verbal signs to keep an eye out for

The following should be considered in order to make sure that a child is in a good state of psychological and physical health. Yet, any cultural specifics should be considered also in order for the guardian not to draw false conclusions.

→ Emotional state

Despite what the minor may verbally declare about his/her feelings, the guardian has to observe his/her emotional expression, since it is often much more accurate than words. The most important criterion has to be case-appropriateness. Crying, laughing or raging for no apparent reason may be a worrying sign. Speak to the minor about what you see in him/her. Be very careful not to pass judgment. Try to avoid asking “why”, as this is a question globally perceived as aggressive. “Why are you angry?” might easily sound judgmental, and make someone even angrier, while “You seem angry. Talk to me about it” is much milder and, eventually, much more effective.

→ **Clothing-appearance (except from cultural particularities)**

An unaccompanied minor may not have access to new or even clean clothes, but it is important to observe whether s/he has made an effort, within his/her means and in accordance to his/her age. Combing his/her hair, washing up and trying to look as good as possible is a sign of good mental health. Indifference towards one’s appearance, age and season-inappropriate clothes might indicate the existence of an emotional or anxiety disorder and/or systematic use of psychotropic substances. Systematic preference for too-large clothes hiding the shape of the body and/or excessive layering, even in warm weather is correlated to eating disorders and/or possible sexual trauma, as are also clothes and make-up over-emphasizing sexuality.

→ **Mobility**

Children and adolescents are expected to be able to move with ease, free of pain and restriction. If a minor seems to be in any kind of pain, limps or avoids certain body moves for no apparent reason, medical consultation might be necessary, even if the minor insists there is nothing wrong with him/her. Children and adolescents may feel unreasonably guilty for ailments they consider to be their own fault, may feel embarrassed to talk about their body and/or even want to hide something from the

adult, like their involvement in a fight, or an unwanted pregnancy.

→ **General health condition**

Pale skin, dull and/or red eyes, cracked lips and/or dry skin, hair loss, eye and/or nose secretions, yellow, cracking or peeling fingernails are, among others, signs of poor health and need to be monitored. If persisting and/or combined with other symptoms, they might indicate the existence of a more or less serious health problem.

→ **Voice, speech**

Verbal communication can provide much more information than the mere content of words. A school-aged child or adolescent who cannot adjust the volume of his/her voice to what is considered case appropriate may suffer from high anxiety and/or low self-confidence. Spontaneous speech in the minor's mother language is expected to be flowing and coherent. Any interpreter should be able to assist the guardian in evaluating the quality of the minor's speech. Speed and rhythm are also important, as speed-talking or rhythm disruptions may indicate either high stress levels and/or specific developmental disorders.

→ **Other possibly alarming signs**

A minor who blushes too easily, sweats too much, cannot maintain steady eye contact, cannot concentrate and/or keep still, is jumpy, makes nervous movements that look like tics, makes repetitive movements for no apparent reason is definitely under great stress. If any of those behaviors get too persistent or seem to be out of control, they might also indicate the existence of more serious mental health issues.



7. CHILD PROTECTION ISSUES

Early detection of child maltreatment and early intervention can help to minimize the likelihood of further violence and the long-term health and social consequences on the victim. For this purpose, frontline professionals regularly in contact with children and families must be able to recognize the warning signs that indicate children at risk or in need. Accordingly, guardians of unaccompanied children must be able to act upon these signs. This requires special training on:

- myths about child maltreatment;
- physical and behavioural signs of possible, probable and definite maltreatment as well as signs that are not indicative of maltreatment;
- how to respond when possible maltreatment is identified – including the use of protocols for appropriate involvement of the pertinent authorities, services and professionals, as well as reporting of cases and referrals³⁹

39. World Health Organization & International Society for Prevention of Child Abuse and Neglect, (2006). Preventing child maltreatment: a guide to taking action and generating evidence. Geneva, Switzerland: WHO, pp. 51-52.

Child maltreatment

Conceptual definitions⁴⁰ and common indicators⁴¹

Child maltreatment refers to all forms of physical and emotional ill-treatment, sexual abuse, neglect and negligent treatment of children, as well as to their commercial or other exploitation resulting in actual or potential harm to the child's health, survival, development and dignity in the context of a relationship of responsibility, trust or power.

It occurs in various settings and perpetrators may be: parents and other family members; caregivers; friends; acquaintances; strangers; others in authority – such as teachers, military personnel, police officers and clergy; employers; health care workers; or other children. Violence against children by adults within the close circle of trust, though one of the least visible forms of maltreatment, is nonetheless widely prevalent in all societies.

Child maltreatment is recognized as a serious public health issue, a criminal offence, a social issue and a human rights violation. Both the nature and severity of violence and its consequences can vary widely. In severe cases, child maltreatment can lead to death, whereas, in the majority of situations involving maltreatment, however, the physical harm may be less severe than the acute psychological and psychiatric consequences, as well as the long-term impact on the child's neurological, cognitive and emotional development and overall health.

40. Definitions are retrieved from World Health Organization & International Society for Prevention of Child Abuse and Neglect, (2006). Preventing child maltreatment: a guide to taking action and generating evidence. Geneva, Switzerland: WHO.

41. Indicators are retrieved from: http://www.can-via-mds.eu/sites/default/files/WS.4_D6_Trainer%27s%20Guide.pdf

The World Health Organisation distinguishes four types of child maltreatment⁴²:

- physical abuse
- sexual abuse
- emotional or psychological abuse
- neglect

Below definitions for each type of maltreatment are given. These are complemented by the commonly identified warning signs that should alert the guardian that a child may have been abused or neglected.

! Attention! For all types of maltreatment: The presence of one or more indicators does not prove that a child has been abused, but it may however indicate that further enquiries should be made. The potentially identified indicators may be associated with other causes. Concomitantly, the absence of indicators should not deter a guardian from referring a child to the competent services or authorities for further investigation.

Physical abuse

Physical abuse of a child is defined as the intentional use of physical force against a child that results in –or has a high likelihood of resulting in– harm for the child’s health, survival, development or dignity. Physical abuse includes hitting, beating, kicking, shaking, biting, strangling, burning, poisoning and suffocating. In many cases, physical violence that occurs in the child’s home or other type of residential setting is used against children as a means of punishment or very strict discipline.

42. WHO (2002) World report on violence and health. Available at: https://apps.who.int/iris/bitstream/handle/10665/42495/9241545615_eng.pdf;jsessionid=11C7C737C2AC18501A35DFAF2B2CE4B4?sequence=1 and World Health Organization (1999). Report of the Consultation on child abuse prevention, Geneva, 29-31 March. Available at: <https://apps.who.int/iris/handle/10665/65900>

Common indicators of physical abuse

Physical indicators (many physical indicators can be similar to indicators of neglect)

- Injuries (bruises, welts, cuts, burns, bite marks, fractures, etc.) that have no excuse or are not consistent with the explanation offered or the story is constantly changing
- Presence of several injuries (3+) in various stages of healing
- Repeated injuries over a period of time
- Injuries with a specific shape or may look like the object which was possibly used (e.g. buckle, hand, iron, teeth, cigarette burns)
- Injuries not consistent with the child's age and development; e.g. injuries in infants and preschool children who don't move autonomously yet (cuts, bruises, sores, etc.)
- Bald marks on child's head where hair may have been torn out
- Repeated poisonings and/or accidents

Behavioural indicators

- Runaway attempts and fear of returning back home/ to the residential facility
- Stilted conversation, vacant gaze or frozen watchfulness, flat affect, no attempt to seek comfort when hurt
- Describes him/herself as bad and claims s/he deserves to be punished
- Cannot recall how injuries occurred or gives contradictory explanation
- Fear of adults or reluctant to go home
- Often absent from school/day care

- May flinch if touched unexpectedly
- Extremely aggressive or withdrawn
- Shows indiscriminate affection-seeking behaviour
- Abusive behaviour and language during playtime
- Overly compliant and/or eager to please others
- Sleeping disorders, fear of the dark, frequent nightmares
- Alcohol and/or drug abuse
- Depression
- Poor memory and concentration ability
- Suicidal thoughts or self-destructive behaviour (e.g. suicide attempts, self-injury, risk-taking and recklessness behaviour)

Sexual abuse

Sexual abuse is defined as the involvement of a child in sexual activity that s/he does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared for, or violates the laws. Children can be sexually abused by both adults and other children who –due to their age or developmental stage– are in a state of authority, trust or power over the victim.

Common indicators of sexual abuse

Physical indicators:

- Fatigue due to sleep disorders
- Sudden weight change
- Cuts or sores made by the child on the arm (self-harm)
- Repeated physical irritations

- Difficulty in walking or sitting
- Unusual or excessive itching in the genital or anal area due to infections
- Torn, stained or blooded underwear
- Sexually transmitted disease(s)
- Pregnancy
- Injuries in the mouth, genital or anal areas (e.g. bruising, swelling, sores, infections)

Behavioural indicators in a younger child:

- Sadness, cries often, unreasonable anxiety
- Short attention span
- Inserts objects into the vagina or rectum
- Change or loss of appetite
- Sleep disorders, nightmares
- Intense dependency/attachment
- Fear of home or another specific place
- Intense fear of men or women, lack of trust in others
- Age-inappropriate sexual play with toys, him/herself & others
- Drawings/descriptions of age-inappropriate sexual images
- “Advanced”, unusual or unexpected for a child of that age sexual knowledge
- Regression to previous developmental stages e.g. bedwetting
- Sudden behavioural changes
- Sudden non-participation in activities
- Poor peer relationships, isolation, low self-esteem
- Poor overall self-care

→ Sexual acting out in a variety of ways

Behavioural indicators in an older child:

- Social isolation, lack of interest in friends or activities
- Intense fear or startled response to touching
- Great interest in sexual activities
- Hostility towards authority person
- Hazardous behaviour (e.g. fire setting)
- Need for constant companionship
- Regression to previous communication patterns (e.g. speaking childishly)
- Academic difficulties or sudden fall of school performance
- Absent from school and/or running away from home/residential facility
- Provocative outfit
- Wears layers of clothing to hide bruises or body in general
- Repeated complains about physical irritations without pathological findings
- Lack of trust in others
- Unable to have fun with others
- Suicide attempts
- Drug/alcohol abuse
- Poor personal hygiene
- High-risk sexual behaviour
- Sexual acting out in a variety of ways



Programmes to prevent child sexual abuse are usually delivered in schools and teach children about:

- body ownership
- the difference between good and bad touch
- how to recognize abusive situations
- how to say “no”
- how to disclose abuse to a trusted adult.

WHO, Child maltreatment, Factsheet, 30 September 2016

Emotional or psychological abuse

Emotional or psychological abuse involves both isolated incidents, as well as a repeated pattern of failure from the caregiver’s part (parent or else) to provide a developmentally appropriate and supportive environment. Practices in this category may damage the child’s physical or mental health or its physical, mental, psychological, moral or social development. Abuse of this type includes: movement restriction; constant underestimating, blaming, threatening, scaring, discriminating or mockery; and other non-physical forms of rejection or hostile treatment.

Common indicators of psychological abuse

Physical indicators (often co-exist with other child abuse and neglect indicators)

- Bedwetting and/or diarrhea
- Frequent psychosomatic irritations, headaches, nausea, abdominal pains

Behavioural indicators:

- Mental or emotional development delays
- Age-inappropriate behaviour
- Fear of failure, overly high standards, reluctance to play

- Fear of consequences often leading to lying
- Intense withdrawal or aggressiveness, mood swings
- Overly compliant, disciplined, too well-mannered
- Excessive neatness and cleanliness
- Intense attention-seeking behaviour
- Poor peer relationships
- Severe depression, possible suicidal tendency
- Runaway attempts
- Violence as an art or writing subject
- Complains about social isolation

Neglect

Neglect includes both isolated incidents, as well as a repeated pattern of failure from the caregiver's part (parent or else) to take care of the child's development and well-being –provided that the caregiver is in position to do so– in one or more of the following areas: health; education; emotional development; nutrition; accommodation and safe living conditions.

Common indicators of neglect

Physical indicators:

- Abandonment
- Deficient medical and dental care
- Consistent lack of supervision by caregivers
- Ingestion of cleaning fluids, medicines, etc.
- Consistent hunger
- Nutritional deficiencies

- Inappropriate dress for weather conditions
- Poor personal hygiene
- Persistent untreated conditions (e.g. scabies, head lice, diaper rash, or other skin disorders)
- Developmental delays (e.g. language, weight)
- Irregular or non-attendance at school/ day care
- Not registering in school
- Not attending school

Behavioural indicators:

- Depression
- Poor impulse control
- Demands constant attention and affection
- Lack of parental participation and interest
- Delinquency
- Alcohol/drug abuse
- Regular signs of fatigue or lack of interest, falls asleep in class
- Steals or begs for food from classmates
- Reports absence of caregiver at home/residential facility
- Frequent absences or delays
- Self-destructive behaviour
- Drops out of school (if adolescent)
- Takes over an adult caring (parent) role
- Lacks trust in others
- Unpredictable behaviour
- Plans only for the moment

Trafficking in human beings

Trafficking in human beings is a very detrimental form of organized crime and a grave violation of human rights. According to United Nations Office on Drugs and Crime, ‘almost every country in the world is affected by trafficking, whether as a country of origin, transit or destination for victims’⁴³.

Trafficking in human beings is “the recruitment, transportation, transfer, harbouring or reception of persons, including the exchange or transfer of control over those persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability⁴⁴ or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.”⁴⁵ Similarly, trafficking is defined in the Protocol to Prevent, Suppress and Punish Trafficking in Persons (trafficking in person protocol) supplementing the United Nations Convention against Transnational Organized Crime (UNTOC; The Palermo Convention)⁴⁶. On the basis of these definitions, trafficking in human beings has three constituent elements⁴⁷:

43. United Nations Office on Drugs and Crime, Human Trafficking. Available at: <https://www.unodc.org/unodc/en/human-trafficking/what-is-human-trafficking.html>

44. “A position of vulnerability means a situation in which the person concerned has no real or acceptable alternative but to submit to the abuse involved”. Directive 2011/36/EU, art. 2, para. 2

45. EU Anti-Trafficking Directive (2011/36/EU), article 2 para 1.

46. Article 3, paragraph (a) “the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.”

47. See United Nations Office on Drugs and Crime. Available at: <https://www.>

A “victim of trafficking” is a natural person who has been subject to trafficking in human beings as defined in the EU Anti-Trafficking Directive (2011/36/EU)⁴⁸. When any of the aforementioned conducts involve a child, it shall be the punishable offence of trafficking in human beings even if none of the means set forth has been used. So, even if the child has consented to his/her exploitation, the act is still human trafficking and thus a felony⁴⁹.

Constituent Elements of Human Trafficking		
The Act (What is done)	The Means (how it is done)	The Purpose
Recruitment, transportation, transfer, harbouring or receipt of persons	Threat or use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability, or giving payments or benefits to a person in control of the victim	(Why it is done) Exploitation, which includes exploiting the prostitution of others, sexual exploitation, forced labour, slavery or similar practices, servitude, forced engagement in criminal activities and the removal of organs

! Attention! In case of child victims, the “means” are irrelevant to substantiate the crime. Children may be abducted, promised education or decent jobs or be deceived by a person who acts as their lover or their parents may be deceived by promises for better life chances for their children and entrust their children to the trafficker.

unodc.org/unodc/en/human-trafficking/what-is-human-trafficking.html and Directive 2011/36/EU, art. 2, para. 3

48. Art. 2. See also European Union Fundamental Rights Agency (2015), Handbook on guardianship for children deprived of parental care, p.11

49. Ibid, para. 5: “When the conduct referred to in paragraph 1 involves a child, it shall be a punishable offence of trafficking in human beings even if none of the means set forth in paragraph 1 has been used”.

Indicators of human trafficking⁵⁰

Children who have been trafficked may:

- Not be in possession of their passports or other travel or identity documents, as those documents are being held by someone else
- Have false identity or travel documents
- Be threatened with being handed over to the authorities
- Be threatened that authorities will immediately deport him/her
- Be distrustful of the authorities
- Be or have been themselves or their family members of loved ones subjected to violence or threats of violence, if s/he does not conform
- Believe that voodoo (juju) or threats that voodoo spells will be cast on them or loved ones
- Lack free movement outside the place of living (e.g. unable to exit a building always accompanied by a different adult every time) / show signs that their movements are being controlled
- Be unable to leave their work environment (e.g. they live in self-contained accommodation within the area they are working in an isolated uninhabited area; they are locked in the apartment they are forced into prostitution)
- Be under the perception that s/he is bonded by debt (especially for journey's expenses)
- Receive little or no payment/ have no access to their earnings
- Experience unexpected events provoked by others (traffickers) for creating a sense of control loss in order not to be able to make future plans (e.g. change of places suddenly)

50. UNODC, Human trafficking indicators. Available at: https://www.unodc.org/pdf/HT_indicators_E_LOWRES.pdf

- Be found in or connected to a type of location likely to be used for exploiting people
- Have been subjected to methods for reducing the child's capacity to decision-making
- Forced to abuse drugs
- Be emotionally manipulated
- Allow others to speak for them when addressed directly
- Act as if they were instructed by someone else
- Show fear or anxiety
- Be unable to communicate freely with others
- Be disciplined through punishment
- Suffer injuries or impairments typical of certain jobs or as a result of control measures or assault
- Come from a place known to be a source of human trafficking
- Have had the fees for their transport to the country of destination paid for by traffickers, whom they must pay back by working or providing services in the destination
- Have acted on the basis of false promises
- Have no access to their parents or guardians
- Look intimidated and behave in a way that does not correspond with a behaviour typical of children their age
- Have no friends of their own age outside work
- Have no access to education
- Have no time for playing
- Live apart from other children and in substandard accommodations

- Eat apart from other members of the “family”, and be given only leftovers to eat
- Be engaged in work that is not suitable for children
- Travel unaccompanied by adults
- Travel in groups with persons who are not relatives

The following might also indicate that children have been trafficked:

- The presence in a place of child-sized clothing typically worn for doing manual or sex work
- The presence of toys, beds and children’s clothing in inappropriate places such as brothels and factories
- An adult’s claim that s/he has “found” an unaccompanied child
- Unaccompanied children found to be carrying telephone numbers for calling taxis

Smuggling of migrants⁵¹

According to the Protocol against the Smuggling of Migrants by Land, Sea and Air (Smuggling of Migrants Protocol) supplementing the United Nations Convention against Transnational Organized Crime⁵², smuggling of migrants is a crime involving the procurement for financial or other material benefit of illegal entry of a person into a State of which that person is not a national or resident. Smuggling affects almost every country in the world, whether as an origin, transit or destination country for persons intending to migrate by profit-seeking criminals. In the

51. United Nations Office on Drugs and Crime, Migrant smuggling. Available at: <https://www.unodc.org/unodc/en/human-trafficking/smuggling-of-migrants.html?ref=menuaside>

52. Art. 3.

case of smuggling, perpetrators have no purpose to exploit the victim rather than to attain financial or other benefit. However, human trafficking and migrant smuggling are often connected. There are instances where a victim of smuggling may become a victim of trafficking without realizing it, before reaching his/her destination (i.e. the smuggler intends to exploit him/her later). On top of this, the perpetrators seem to take advantage of the refugee crisis. While in the past they had no other choice than to use the legal routes of migration and travelling for transferring their victims with the risk of being caught, now they are using the illegal networks of migration, since asylum seekers use these routes too, without any risk for them and their enormous profits.

How to respond?⁵³



When child maltreatment is disclosed, either inadvertently or purposely, a crisis usually follows. Children do not know how adults may react to the disclosed information, or whether they will be believed, supported or blamed. Young children in particular may not understand the consequences of sharing such information, and may be shocked or bewildered by the reaction of adults to the disclosures they make.

If a child discloses abuse or neglect, it is essential that the guardian responds appropriately to support the child. It is common for children to give a small piece of information first to see how adults react and later to divulge more when they feel safe⁵⁴.

The following are suggestions on how to respond to children who disclose maltreatment⁵⁵:

- Treat the child with dignity and respect.
- Remain calm and do not express reactions such as shock, revulsion or moral indignation. The influence of the listener is less if s/he is in an emotional state, especially if the emotions expressed are different from those the child was expecting to receive.

53. World Health Organization & International Society for Prevention of Child Abuse and Neglect, (2006). Preventing child maltreatment: a guide to taking action and generating evidence. Geneva, Switzerland: WHO, p.54

54. Ibid

55. Ibid

- Avoid expressing disapproval of the alleged perpetrator, as this individual may be loved or cared for by the child even though abuse or neglect may have taken place.
- Listen attentively to a child who is disclosing maltreatment, and avoid filling in silences for the child. Allow the child to express thoughts in its own words, including the use of slang. Do not correct or challenge it – by saying, for example, “Are you sure it was your uncle?”
- Allow the child to express and report whatever emotions s/he feels, rather than making possibly inaccurate assumptions about what should be felt.
- Never force the child to reveal physical injuries or feelings that is not prepared to share.
- Avoid words that may disturb or frighten the child – such as “rape”, “incest” or “assault”.
- Offer the child reassurance and support by using statements such as:
 - “You were very brave to talk about this.”
 - “I am glad you are telling me about this.”
 - “I am sorry that this has happened to you.”
 - “You are not alone – this happens to other children too.”
 - “I will do everything I can to help.”
- Avoid comments about the actual incident, including those referring to the alleged perpetrator or the impact of the abuse, such as:
 - “How can you say such things about ...?”
 - “What a liar!”
 - “That horrible man has ruined your life.”
 - “How could you let him do those things to you?”
 - “Why didn’t you tell me this before?”
- Do not make any assumptions about the identity of the suspected perpetrator.
- Answer a child’s questions as simply and honestly as possible. If, for instance, a child asks, “Will the one who did this to me go to prison now?” a response might be, “I don’t know. Other people decide that.”
- Only make promises that can be kept. Do not agree, for instance, to keep what the child said a secret. Explain, in such a case, that some secrets must be shared in order to get help, or to keep people protected from being hurt. Tell the child the information will be shared only with people who are trying to give help and protection.



8. VULNERABILITY SCREENING

Refugees, asylum seekers, trafficked persons, stateless persons, migrants or third country nationals without legal status can experience a broad range of vulnerability factors⁵⁶. Children reaching or residing in a country without their primary caregivers may be exposed to even greater risks of harm, unless the child protection system responds immediately and effectively. While vulnerability is best evaluated using a person-centred and holistic approach, certain risk indicators that imply vulnerability can be highlighted due to the widely recognized repercussions attached to them. The Vulnerability Screening Tool developed in the framework of the ASOP4G project is based on the UNHCR and IDC “Vulnerability Screening Tool” and the UNHCR and IDC “Heightened Risk Identification Tool v.2”. Any adaptations have been made by the national ASOP4G project teams after consultancy with experts.

The ASOP4G Vulnerability Screening Tool enables the guardian to have an overview of risk factors that may be present now or have impacted the child’s life in the past and in this way decide on the priority for referral. At the same time, by using this tool,

56. UNHCR and IDC (2016). Vulnerability Screening Tool: Identifying and addressing vulnerability: a tool for asylum and migration systems. Available at: <https://www.refworld.org/docid/57f21f6b4.html>

all necessary information regarding vulnerability factors, referrals or services already involved in the support of the child is recorded together.

Below, certain vulnerability indicators are presented and the relevant questions that could be posed as well as aspects to be considered are included⁵⁷. Questions appear in present tense, yet past traumatic experience should be considered and be inquired too, in order to respond properly to the child's needs.

Preliminary screening

- “Tell me about your experience that made you leave your country of origin?”
- “When did you arrive in this country? How did you arrive? Did you face any difficulty during your journey?”
- “Did you spend any time in other countries before reaching [this country]? Did you spend any time in detention in another country during your journey? Have you ever applied for or been granted refugee status in another country?”
- “Are you travelling with anyone? If so, “what is that person's relationship to you?”
- “Do you have any family, friends or persons who can help you in this country?”
- “Do you have any relatives in another (European) country?”
- “Do you have any medical or other needs that require immediate assistance?”
- “Do you have any questions?”

57. Guidance that follows is primarily based on UNHCR and IDC (2016). Vulnerability Screening Tool: Identifying and addressing vulnerability: a tool for asylum and migration systems. Available at: <https://www.refworld.org/docid/57f21f6b4.html> Slight modifications have been made to adapt it to the purpose of this handbook.

Living conditions

- With whom are you living? Can you tell me what you do during the day?
- Do you face any problems with the place you stay/ your current living situation?
- Do you face any problems with your relatives/ your neighbours/ your school/ your teachers/ other children?
- Are there any people around you who can help you address these problems? What support do you need to solve these problems?

Sex, gender, gender identity and sexual orientation

Pregnant girl or nursing mother

Pregnant girls, and nursing mothers, should enjoy a placement that primarily secures their safety and health (timely access to pre- and postnatal health care). Specialist reproductive health counselling and medical support is required in case of a pregnant unaccompanied girl and especially where termination is a consideration.

- Ascertain how long the girl has been pregnant and explore how she feels about being pregnant and what support she would like. How is the current living situation impacting on self-care, and preparations for childbirth and postnatal care? Is there access to adequate nutrition?

Nursing mother

The following prompts and questions may be relevant to nursing mothers who are underage, as well as to mothers or caregiver who may struggle with the care of her baby or another

child that she is hosting, primarily because of physical or mental health problems or other difficulties.

- Can you establish that the sole or primary carer is safe and able to ensure the health and welfare of her dependant/s?
- Ask the primary carer: “What do you enjoy most about your [dependant]? What are some of the difficulties? What do you enjoy doing as a family? Is there anything that [your dependant] does that worries you? Tell me about a typical day with [the dependant]? What is the best/hardest part of the day? What do you do when you feel really stressed? Who supports you? What support would help you to meet your and [your dependant’s] basic needs?”
- Does the primary carer have a problem that impacts on her/his ability to keep the dependant safe (such as family violence, drug and alcohol issues, post-traumatic stress disorder, depression or other mental health problem)? What impact does this have on the dependant? What specialist or additional supports might be required?

Gender-based violence, sexual violence, family violence and abuse

Girls and boys can face discrimination, exploitation, violence and intimidation, a problem identified in all communities including migrant and refugee communities. Unaccompanied minors are vulnerable to sexual exploitation because of their lack of protection and feelings of fear, ignorance, stigma and powerlessness, which prevent them from reporting and seeking help⁵⁸. They are often targeted by abusers precisely for these reasons. In detention or otherwise overcrowded settings, safety is limited and put children at risk. At the same time, unac-

58. World Health Organization, (2018). Report on the health of refugees and migrants in the WHO European Region: No public health without refugee and migrant health, p. 40. Available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/ermh-eng.pdf>

accompanied minors living with unrelated adults are at risk to be pressured to financially support the household (accommodation and nutrition) through prostitution, child marriage or trafficking (or engagement in illegal activities). Sexual violence and child marriage have significant physical, emotional and developmental consequences for children, including school dropout, early pregnancy, sexually transmitted infections, physical and psychological harm⁵⁹.

When the guardian enquires about these particular issues, certain aspects need to be taken into account: avoid generating unnecessary distress; ask for support from organisations/ agencies that have relevant expertise to guide you; the gender of the guardian or anyone interviewing/examining (e.g. the employee responsible for the child's case in Asylum Service or a doctor) as well as the interpreter's, which may hinder disclosure - same sex interviews need to be made available; some boys may prefer to be interviewed by a woman.

- Ask "Have you or a family member been threatened or felt afraid in [your current living situation or country of origin (the latter, if you want to inquire about possible past incidents, especially of the child comes from a region known for case of children maltreatment)]? Are there women and girls with whom you are living who are not safe? Do you feel safe? Have you witnessed or experienced intimidation or physical or sexual violence?"
- For girls, "Do women and girls feel safe here? [Optional probing questions] Has anything happened to you or the women in your family? When/ where did it happen? Did you or they receive any help or support? Are there any people, organizations or community groups that can help address these problems here? What support do you or they need to solve these problems?"

59. Ibid., p.41

Sexual orientation and gender identity

LGBTI identity and associated risk of harm may be observed but is often hidden. For many it is not safe to be openly LGBTI as the repercussions of “coming out” are too severe. Places of detention pose particular risks to LGBTI persons and alternative arrangements should be explored.

- It is important to avoid assumptions and to adopt inclusive language. Use non-gender specific terms - if this applies to the native language of the child too - otherwise refer to both sexes as a possibility; In some situations, it might be useful to enquire: “People identified as belonging to a sexual minority or as [LGBTI] may be at risk of danger... does this affect you or a member of your family?” A supportive response if and when someone does disclose is important; then explore: “What would keep you safe, and what support do you need?”

Health and welfare concerns

Physical and mental health concerns

A timely and holistic health assessment, as well as an on-going monitoring of health status is essential.

- Ask more general: “Do you/ your family have any health problems, conditions or disabilities? What treatment or care do you/ your family member(s) receive for these health problems? What support do you need to address these problems?”
- Ask more in depth: “Do you or any family member have any injury, illness, mental health or medical condition of any kind? Have you been hospitalised for any reason in recent months? What medication, treatment or care do you receive for this

problem? How does this problem affect your ability to care for yourself/family? How have circumstances in your home country, and during your journey, affected you? What kind of support do you need? Are you able to access the health care you require when needed?"

There can be a wide range of mental health problems but at a minimum these include: depression, anxiety disorder, psychosis and post-traumatic stress disorder (PTSD). Consideration should also be given to psychosocial disability. Be mindful of the prevalence and impact of stigma attached to mental illness.

If mental or physical health problems are identified it is important to ensure that all relevant referrals, assessments, treatments and care are effectively delivered, and that the child's placement is fully conducive to this delivery of healthcare (e.g. shelter located near a hospital).

Risk of suicide

It is helpful to distinguish self-harm and attempt/tendency/thought of committing suicide. Screening for suicide risk should take place in a non-threatening, calm and private environment. Alert your supervisor and/or the child's case worker or caregiver about identified risk as soon as possible.

→ The following is a list of factors typically associated with the risk of suicide:

- Current suicidal thoughts: specificity of plan, means, time and place
- History of suicide attempts
- Family/peer history of suicide
- History of violence (including witnessing violence)
- Intensity of current depressive symptoms
- Recent life stress factors in child's life

- History of mental health and substance dependency problems
 - Current living situation and access to means of self-harm
 - Recent behavioural and mood changes
 - Isolation versus access to company/family/friends
- If you are concerned about a risk of suicide, ask: *“The situation you describe sounds serious. I want to know if you have considered harming or killing yourself.”* Keep in mind the options of referral to specialist services and/or emergency services. Talk clearly with the individual about follow-up support and actions she/he can take should suicidal thoughts become more intense.

Disability

People with a disability face greater risks of isolation/ exclusion, neglect, sexual and emotional abuse and undignified treatment and thus, require support and advocacy. Disability is a broad category but includes persons who have long-term intellectual, psychosocial, visual, hearing, and physical impairments. Learning disabilities are often overlooked and can also contribute to isolation and lack of engagement.

Alternatives to detention should be considered for persons with physical, mental, intellectual, psychosocial and sensory impairment. Officials need to ensure that the individual's placement is appropriate given for the specific disability and care required, and migration proceedings need to be accessible to all persons with a disability. As some people living with a disability do not readily identify as “disabled”, questioning (and observation and review of available reports) should focus on the individual's needs, access to relevant support, and capacity to participate in community life.

- Ask: “Do you or a family member have any difficulty with:

hearing/ seeing/ moving around/ self-care such as washing all over and dressing/ remembering or concentrating/ communicating? How does this affect your day-to-day living and ability to care for yourself? What care and support do you require? Are you able to access assistance and health care when needed?"

Substance addiction

Substance addiction and dependence, as mentioned in previous section, may be both associated with depression and anxiety disorders. As with other significant health problems, an alcohol, drug or other substance addiction or dependence can limit a person's self-care and day-to-day functioning. People who are substance addicted or dependent will often experience stigma and avoid disclosure.

→ Ask: "Do you or any family member have any problem related to alcohol or drug-taking? Have you been hospitalised or treated for this? How does this affect your ability to care for yourself/family? What kind of support do you need? Are you able to access the support or health care you require when needed?"

Homelessness

Homelessness (including precarious and dangerous accommodation) is associated with inadequate nutrition, poor physical and mental condition, isolation, exploitation, abuse and high-risk taking behaviour. Detention is not an appropriate response in this case, however sometimes this is the sole solution. In any case, lack of capacity to meet basic needs can be resolved by reception conditions and community placement and support arrangements that ensure these needs are adequately met. Vulnerability is compounded, inter alia, for children, girls-at-risk or persons with a disability. These vulnerability factors undermine

the individual's capacity – apart from their rights and dignity – to comply with immigration law and authority requirements (e.g. the minor misses the date of international protection card renewal). Priorities for the guardian is to seek and ensure accommodation and safety (notifying authorities and perhaps personal effort to find a place) and to cater for the child's nutrition, health care and hygiene.

Protection needs

Refugee and asylum-seeker

Those seeking to be recognised as refugees, and those granted refugee status, have typically experienced life-changing upheavals, danger, loss and fear, and face enormous life adjustments in a new environment. Asylum-seekers whose protection claims have been rejected and who have exhausted their legal options for remaining in the reception country may risk prolonged and indefinite detention⁶⁰ if they are unable to obtain travel documents and their country of origin is not agreeing to their return.

- “How is the security situation in your community/ living area? Have you or your family ever been threatened or felt afraid? When/ where did it happen? Did you receive any help or support? What kind of support do you need to solve these problems? In case of return, what do you think may happen to you? How come you think that? Are you afraid? If so, for what reason/s are you afraid? Are there any barriers to returning to your home country?”
- The asylum-seeker's adjustment to his/her new environment, and his/her understanding of the asylum or migration process, is often characterised by uncertainty and stress.

60. Indefinite detention is arbitrary; maximum limits on detention established in law should not be exceeded.

Clarify where s/he is in the process, his/her understanding of it and what kind of support they might need to remain active in the process. Keep in mind the possibility of intersecting vulnerability factors.

Survivor of torture and trauma

This vulnerability domain requires independent and expert assessment. The impact on a person's life is often categorised as a bodily injury and/or psychological trauma caused by torture and/or violence, including sexual and gender-based violence. The UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 1984, provides a definition of torture. According to art. 1 of the Convention, the term torture includes any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, in order to obtain information or a confession, to punish him/her for a suspected or committed act, to intimidate or coerce him/her or for any reason based on discrimination of any kind. In order for a conduct to be recognised as torture, it should be imposed by or at the instigation of or with the consent or acquiescence of a public official or other person acting in official capacity. Any severe pain which results from a lawful sanction, is excluded from this definition; e.g. imprisonment is a lawful sanction and has nevertheless detrimental consequences on a person's mental health inherent to the very nature of this measure⁶¹. However, if the conditions undermine the human dignity and rights, they may constitute cruel and inhuman treatment. Cruel, inhuman and degrading treatment or punishment are not defined in the Convention. According to art. 3 of the European Convention on Human Rights, torture and inhuman and degrading treatment

61. Council of Europe (2002). The prohibition of torture: A guide to the implementation of Article 3 of the European Convention on Human Rights, Human rights handbook, No.6. Available at: <https://rm.coe.int/168007ff4c>

or punishment are expressly and unconditionally prohibited. The European Court of Human Rights can interpret, when appropriate, whether an act or condition constitutes torture, inhuman or degrading treatment or punishment⁶².

Indicators of trauma can include: impaired memory, difficulty focusing, inability to trust, tendency to startle easily and be excessively anxious and avoidant, nightmares and inability to sleep, headaches, loss of appetite and digestive problems. There may also be physical signs of inflicted injury. The journey of migration itself can involve significant experience of trauma, and detention can aggravate and even cause illnesses and symptoms related to trauma. Vulnerability screening aims to facilitate an informed referral and should avoid generating unnecessary distress and re-traumatisation. Recommended organisations can advise, train and support others to respond effectively to these issues.

- Are there any indicators of trauma or torture present? Ask: “Some people in your situation have experienced trauma or torture. Torture is suffering physically or psychologically, which has been caused on purpose by a soldier, policeman, militant or other person acting with government approval – has that ever happened to you or a family member?” Wherever possible, assure children exhibiting symptoms potentially related to torture and trauma about available support.

Survivor of sexual or gender-based violence or other violent crime

This vulnerability domain can form part of a torture and trauma profile. Although girls and women are disproportionately af-

62. The European Court for Human Rights defined the concepts of torture, inhuman treatment or punishment and degrading treatment for the first time in 1969 (“The Greek case”; Denmark, Norway, Sweden & the Netherlands v. Greece, Communication 3321/67. Available at: https://www.echr.coe.int/Documents/Denmark_v_Greece_1.pdf. See also European Court of Human Rights (ECHR), Case of Ireland v. the United Kingdom. Judgement of 18 January 1978 (N° 91). Available at: <https://www.refworld.org/cases,ECHR,3ae6b7004.html>

ected by sexual violence associated with armed conflict, boys and men are also targets of such violence. Systemic sexual violence can also be experienced in many other contexts. Shame can render the experience and associated trauma difficult to disclose. As aforementioned, provision of same sex interviews is important; however, in situations where same sex violence was experienced, some males will feel more at ease being interviewed by a female officer.

- For prompts refer to the previous section on torture and trauma. In addition, ask: “Sometimes adults and young people are the target of physical and sexual violence or exploitation.... have you or anyone in your family experienced or witnessed such violence? When and where did this happen? Can you briefly say how this experience has affected you or your family member? Have you or your family member received help in relation to the effect of this violence?” Wherever possible, assure the individual about available support.

Victim of trafficking in persons

This vulnerability domain requires independent and expert assessment (special services or units of police). In order to better understand the victim’s state and provide appropriate assistance, professionals must comprehend the cultural contexts, the social circumstances and the traditions of the unaccompanied child’s country of origin. Trafficking in persons involves adults and children being recruited and coerced into slave-like conditions in the sex industry and domestic work (especially women and girls), forced labour (especially young men and boys), as well as other areas of exploitation (including the harvesting of organs). Child and forced marriages and abductions are also situations of serious exploitation to be given special attention. Screening aims to facilitate an informed referral and should avoid generating unnecessary distress, re-traumatisation or further danger from traffickers and associated persons. Safety is the priority. At

borders, victims of trafficking may arrive with their traffickers, so it is essential that all parties be interviewed separately.

When interviewing someone in regard to possible experience of trafficking, consider:

- Is the child in a situation of dependence on a person or persons who appear to be controlling her/his movements and communications?
- Does the child show signs that his/her movement is being controlled, or that s/he is subject to violence or threat of violence?
- Is the child travelling with and/or being controlled by persons who are suspected traffickers or associated with trafficking?
- Ask: “Has anyone deceived/intimidated/forced or held you for any purpose of exploitation? What is your current situation with respect to this person or these people? Do you feel safe? What kind of support do you need?” (These are only indicative questions for initiating a discussion on this issue. Otherwise, a child is a victim of trafficking regardless of the means that were employed to ultimately exploit him/her.)

Stateless person

A person is said to be stateless when he/ she is not recognised by any State as its national. A person may remain stateless throughout the migration or refugee status determination process, or be simultaneously both stateless and a refugee. Stateless people can risk prolonged and indefinite detention often because they do not possess identity documentation, or being in expulsion proceedings they do not have a country to return to or which accepts responsibility for them. Minors however are usually excluded from deportation.

Other vulnerability domains

Based on the child's personal and social circumstances that may give rise to risk of harm, other vulnerability factors may be identified. These, indicatively, may include membership in a minority group (risk of xenophobic violence in the reception country/ need for careful management and safeguards); ignoring the risks that boys may be facing, such as self-harm, recruitment by criminal groups; detention (impact on the child's health and welfare/ need for support; the rights of the child should be respected); language barriers (especially for rare languages), illiteracy, learning and educational barriers, social isolation, lack of understanding of legal processes and lack of access to legal advice (child's limited capacity to seek help and to engage in the asylum or migration system); natural disasters; new arrivals requiring critical health care.

Response to identified vulnerability: four steps⁶³



Step one: consider placement options starting with a presumption of liberty and least restrictive measures

- What community-based placement, open reception facilities and alternatives to detention are available in law, policy and practice?
- How does current living situation impact on the child's health and welfare, and what would be the expected impact of the recommended placement option?
- What documentation is required to support the individual's stay in the community?
- If there are grounds for detention, how can this be avoided or how can it be ensured that his/her rights will not be violated?

63. UNHCR and IDC (2016). Vulnerability Screening Tool: Identifying and addressing vulnerability: a tool for asylum and migration systems, Section C. Available at: <https://www.refworld.org/docid/57f21f6b4.html>

Step two: consider support options

- What are the available support services with capacity to manage the identified situations of vulnerability? Which ones are best placed to provide the required support?
- Are proposed support services linked to or easily accessed from the proposed placement option?
- Has the child undergone a comprehensive, expert health assessment, and if not when is it expected for such an initial assessment to occur? Ensure on-going access to health care.
- Ensure that the child has access and means to meet his/her basic needs.
- Ensure that the child has access to independent, competent legal advice and representation.
- Ensure that the child clearly understands how to access help when needed.
- Is there evidence to show that the child would be unable to effectively engage with such supports? If so, how will this be addressed? (Consider, for example, linking the child with caseworkers active in the accommodation facility).

Step three: consider ways to strengthen resilience

- Is the child awaiting a decision in an asylum, migration or other legal procedure, or intending to start such a procedure?
- What are the child's community ties – current, potential and planned? (Explore the following: schools, language/study/training options, legal advice and support, health care support, volunteer work opportunities, family, friends, peer support, mentoring support, ethnic, cultural and religious connections and other supportive social networks).
- What communication and reporting arrangements help the child to remain in contact with authorities and active in the asylum or migration procedure? Note that once consistent co-operation is established, reporting frequency can be adjusted. How will the child's resilience and community ties be strengthened and be supported to cooperate with reporting and other compliance requirements (e.g. in person presence in asylum card renewal)?
- Ensure that the child has access and means to meet his/her basic needs.
- For those on a family reunification pathway, what kind of preparation and additional assistance will be provided to support their transition?

Step four: final decision-making and referral

- Having considered a broad range of circumstances and options it is now possible to make a well-informed decision concerning the most appropriate placement and support option in the individual case, and to make the necessary referral/s. As previously noted, ensure that the individual clearly understands how to access help when needed. Encourage the individual's capacity to self-refer as appropriate.



9. ASSESSMENT OF THE BEST INTERESTS OF THE CHILD

As stated by the UN Committee on the Rights of the Child⁶⁴, the Best Interests of the Child is a threefold concept.

a) A substantive right: the right of the child to have his/her best interests assessed and taken as a primary consideration when different interests are being considered in order to reach a decision on the issue at stake, and the guarantee that this right will be implemented whenever a decision is to be made concerning a child, a group of identified (or unidentified) children or children in general.

b) A fundamental, interpretative legal principle: if a legal provision is open to more than one interpretation, the interpretation which most effectively serves the child's best interests should be chosen.

c) A rule of procedure: whenever a decision is to be made that will affect a specific child, an identified (or unidentified) group of children or children in general, the decision-making process must include an evaluation of the possible impact (positive or

⁶⁴. General Comment No 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration (Article 3, para. 1), available at: http://www2.ohchr.org/English/bodies/crc/docs/GC/CRC_C_GC_14_ENG.pdf

negative) of the decision on the child or children concerned. Assessing and determining the child's best interests requires procedural guarantees. Furthermore, the justification of a decision must show that the best interests of the child have been explicitly considered. In this regard, authorities shall explain how the right has been respected in the decision, i.e. what has been considered to be in the child's best interests; what criteria it has been based on; and how the child's interests have been weighed against other considerations, whether broad issues of policy or individual cases are concerned.

As the Commission notes, the concept of "best interest" should be individualized in each case, be flexible and adaptable according to the particular situation of each child or children (context, conditions, needs). Noteworthy that the principle of the best interests of the child is actually enforced when interlinked with art. 2 CRC concerning non-discrimination, art. 6 CRC right to life, survival and development; and art. 12 CRC on the right of the child to be heard (together with art. 5 on the evolving capacities of the child).

An individual assessment of a child's best interests is necessary (a) in order to identify a durable solution, (b) to determine whether family reunification should take place or (c) because a child is at risk or (d) his/her rights have been violated.

Factors that determine a child's "best interests"^{65, 66}

All factors listed below are of relevance when determining which

65. Ibid., pp.13-17

66. International Organization for Migration (IOM) (2012). Training manual for Guardians and social workers dealing with unaccompanied minor asylum seekers, in the framework of the project: Improving the quality of unaccompanied minor asylum seekers' guardianship and care in Central European countries, Vienna: Publication IOM. Available at: http://www.iomvienna.at/sites/default/files/Training_Manual_Final.pdf

among the available options is in the child's best interests, including identification of the follow-up measures required. The weight of each factor inevitably varies according to the individual child.

(1) Views of the child

- Child's wishes and feelings and were these obtained from the child directly;
- The weight to be given to them, in light of the child's age and maturity;
- Child's ability to comprehend and assess the implications of the various options.

(2) Development and identity needs

- The child's cultural and community network;
- Continuity in the child's ethnic, religious, cultural and linguistic background;
- Specific considerations based on age, sex, ability, and other characteristics of the child;
- Particular physical or emotional needs;
- Physical and mental health considerations;
- Educational needs;
- Prospects for successful transition to adulthood (employment, studies, accommodation, marriage, own family).

(3) Family and close relationships

a) General factors:

- Quality and duration of the relationship and degree of attachment of the child to:
 - siblings

- other family members
- other adults or children in the cultural community
- any potential caregiver;
- Potential effect of separation from family or change in caregivers on the child;
- Capacity of current and potential future caregivers to care for the child;
- Views of persons close to the child, where relevant.

b) Factors specifically relevant to durable solutions for unaccompanied children:

- Possibility of family reunification (normally presumed to be in the best interests). Consider whether:
 - tracing has been initiated and its results
 - the efforts made to contact the parents/family directly
 - the family relationship to the child has been verified
 - the child and family member are willing to be reunited and, if not, reasons for any reluctance.

(4) Safe environment

Safety is normally a priority. Exposure or likely exposure to severe harm usually outweighs other factors. Consider:

- safety in the geographical location/ household/ residential setting under consideration
- availability of life-saving medical treatment for children suffering an illness
- past harm (frequency, patterns, trends)
- ability to monitor whether root causes of past harm still persist.

Best interest assessment form (see Annex 3)

The suggested form for assessing the best interests of the child is based on a sample form developed by the United Nations High Commissioner for Refugees and the International Rescue Committee with inputs from UNHCR and partner staff in six regions between 2009 and 2010. Adjustments have been made by the project team after consultation with experts on guardianship, in order to meet the needs of guardians specifically (professionals or volunteers). A best interest assessment is advised by UNHCR and IRC to take place for cases of children, who are at risk of abuse, neglect, exploitation or violence. Yet, given that unaccompanied children constitute a vulnerable group and it may need combined and coordinated efforts to meet their needs and protect their rights, the ASOP4G project team suggests to conduct an assessment for every single unaccompanied child.

Below brief guidance notes for the completion of this form are presented⁶⁷:

Objectives

This BIA Form aims to support guardians in carrying out case management work. The form should be continually maintained and should start as soon as possible after the identification of a child (especially when at risk of abuse, neglect, exploitation or violence). The BIA Form is a tool to be used until a sustainable solution has been found for the child. It helps to understand the child's case and identify his/her needs and risks that s/he might be facing in order to make proper planning, monitor and follow

67. UNHCR & IRC (2011). Field Handbook for the implementation of the UNHCR BID Guidelines, Annex 4: Guidance Notes: Using the Sample BIA Form. Available at: <https://www.refworld.org/pdfid/4e4a57d02.pdf> Not all parts of the BIA form are thoroughly described here.

of his/her case (here including referrals).The BIA form can also inform the Best Interest Determination process carried out by UNHCR and BID panel or else provided in each country's legislation and policy, if a BID is needed at a later stage.

Content

The BIA form includes parts that are considered critical for managing the case of a child. These can be completed at different stages and time. Information can be gathered over a period of time through visits and interviews with the child and relevant persons; guardians as well as child protection staff can use the form for ongoing monitoring and follow-up.

Information gathering

The length of the interview and the type of information gathered depend on the characteristics of each individual child, such as age and level of emotional well-being. Some questions are open and others are closed; it is best to combine open and closed questions. Questions must be easy for the child to understand and appropriate for the child's age, maturity level and cultural context. Remember that gaining children's trust takes time. Do not rush through the questions; this may be intimidating or even harmful to the child. Allow children to become familiar with you. Seeing the child several times over a period of time, such as through visits at his/her residential setting, can make a child feel more at ease⁶⁸.

68. See also UNHCR & IRC (2011). Field Handbook for the implementation of the UNHCR BID Guidelines, Chapter 6: Communicating with children, pp. 89-102

Introductory part: Overview of the case/ Status of the child/ Purpose of BIA/ Priority of the case

The information required in this parts must be completed for each child. The purpose of the BIA needs to be clearly indicated on the first page, for example “child at risk”, “child in need of child protection interventions”, or “family reunification”. The child’s needs also need to be indicated, for example, if the child is in need of family mediation, care arrangement or referral to medical services. An order of priority can be indicated through ticking the boxes of “high priority”, “priority” or “normal”. Prioritizing helps improve planning for following-up with the child.

Part I: Basic information – Child’s personal data

In this part personal information of each child should be completed. These data are necessary to be retrieved to make sure that all data entered in application forms for international protection or migration status are correct, as well as in all state registries. Moreover, this information can help identify any double registers of the same child but with different, for example, last name. The guardian after having this basic information shall be in a position to know what type of country of origin information to search for to understand the child’s context.

Part II: Family and History of Separation

Part II is only completed for unaccompanied children (as opposed, for example, for children for which there is a suspicion of abuse and an inquiry is taking place about the situation and possible protection measures through assessing their best interests). It gives background information on the family members and their relationships and the root causes and circumstances of the separation. Information recorded in Part II facilitate tracing activities and identification of any additional needs of the child. For example, an abandoned child may need psychosocial support.

Part III: Protection Needs & Care Assessment

These questions give a general overview of the protection needs and the current care situation of the child. The information recorded in response to these questions inform future follow-up actions. Generally, it is better to conduct the information-gathering interview at the child's place of living, as long as this serves his/her best interests (see also Part VI).

Living & Care Arrangements

This section must be completed for all unaccompanied children. It can also be useful for children who are not separated from their family, but are facing abuse, neglect, exploitation or violence at home. The answers to these questions will improve understanding of the child's living situation.

Safety & Security

The information gathered through these questions is important to the well-being of every child, but is particularly important for those children who have a history of past abuse or are, for example, are members of a minority group.

Health & Access to Medical Care

These questions assist in identifying any issues linked to the child's health or medical condition that the child may face. They will also indicate any current medical follow-up and inform future follow-up planning.

If the child has an urgent medical condition, an immediate referral to a relevant medical actor/facility is necessary. The guardian needs to discuss possible interventions with the child and the caregiver, following-up immediately.

Access to Food

The BIA must indicate whether the child is receiving adequate food rations or not. It is useful to ask when and what the child last ate. Unaccompanied children, children living in child-headed households, inter alia, may face problems in accessing an adequate amount of food. Sometimes problems are also observed when the responsible person is a young adult.

Water & Sanitation

The information gathered through these questions focus on safe access to water and sanitation facilities. This information is especially relevant for girls, including at night, as they have unique protection risks. Gathering information on water and sanitation particularly applies for children living in safe zones and camp settings.

Education

For children in school, these questions provide information on how the child feels at school and with classmates. Information should be gathered on if the child enjoys classes or if there are specific issues to be addressed, such as language problems or discrimination.

For out-of-school children, the root causes of not attending school must be established, and ways to address these causes discussed. If fostered children do not attend school, but other children in the foster family do, then the child may be facing discrimination within the family.

Daily Activities

These questions will help you to understand what a day in the life of the child is like. You can ask, “What was your day like today?” or “What did you do after you woke up?” and “Please describe what you did after school today.” The child may need

time to answer and more visits or interviews may be necessary to gain the child's trust. Questions here will help to identify any further risks of abuse, neglect, exploitation or violence, or any other child protection issue that the child may be subject to. This also applies for the section below.

Protection & Psychosocial Well-being

This set of questions should indicate the level of protection and psychosocial well-being experienced by the child. Additional useful questions are, "When you face a problem, who do you go to for help?", "What kind of help or support do you usually ask for?", or "How are others able to help you?". If the child is in serious emotional distress, you can refer the child to a counsellor/psychologist, with the child's consent. Whenever the guardian identifies protection or psychosocial issues, follow-up actions need to be taken as soon as possible; the child and the caregiver must always be informed and consulted first.

Family Tracing

These questions should be completed for all unaccompanied children, both those placed in foster families and those in other alternative care arrangements. The guardian needs to inquire on the willingness of the child to have his or her family traced, and with whom the child wants to be (re)united. The information gathered helps assess the quality and duration of the child's relationship with these family members. The family members can be siblings or distant relatives, not only parents.

If the relatives live in an insecure area, or tracing may cause risks for the child or the child's family, tracing and reunification may not be possible. The child must be informed on likely prospects for tracing. Even if the child's family lives in an insecure area, tracing may still be useful to re-establish or to maintain contact between the child and family. Tracing requests should be re-

ferred as soon as possible to relevant tracing agencies. UNHCR can liaise with other UNHCR Offices to trace family members – as long as these members are registered and not invisible to a country’s system. Sometimes children may need time to reveal tracing information, due to past experiences of violence in the home country, for example. If the child has no relatives you can record “n.a.” in the BIA Form and explain.

Legal status

By these questions, you inquire on the legal needs of the child; what has been done so far and what needs to be done; is there a lawyer handling the case already.

Child’s drawing

If the child has a hard time expressing him/herself, it may be a good idea to ask for something to draw.

Other

At the end of the interview, or the visit, the child should be invited to ask questions or to make further remarks. Try to end the interview or visit on a positive note, especially if the child has disclosed difficult experiences or shows signs of distress.

Part IV: Visits at the child’s location

At least one visit to place of living should take place for the BIA; ongoing visits and follow-up are preferable. During a visit, the guardian can gain a more complete picture of the child’s living conditions and witness the child in her/his own current environment. Observation can be a powerful tool in detecting child protection risks and protective factors.

Part V: Information Filled by the Guardian

At the end of the interview or visit, the guardian should fill out Part V recording thoughts and impression regarding the interview and the child's care, protection, psychosocial and health situation. The child may not be able or willing to verbally provide detailed information in response to certain questions. It is therefore important that the guardian looks for what the child expresses through body language. For example, the child may be withdrawn—head and eyes cast down, arms held tightly to the body, hands clasped, voice soft and barely audible—alerting the guardian that there may be an underlying issue that the child is afraid to voice. Part V is the assessor's opportunity to note these types of details.

Part VI: Verification Interview with Adult Caretaker/Foster Family (if applicable)

This part only needs to be completed for fostered unaccompanied children to assess the foster care arrangement or for children living in an organized residential setting with adult professional staff. The questions provide information that will help assess if the care arrangement is appropriate and in the best interests of the child.

Part VII: Summary & Recommendations

The guardian can summarize his/her findings and conclusions indicating the child's primary needs.

Part VIII: Action Plan

Part VIII must be carefully completed with detailed information on plans for follow-up and monitoring of the child's case. The section needs to indicate who is responsible and what the timeline is for taking action. Part VIII needs to include a clear action

plan which needs to be updated at each step of the follow-up process, until a sustainable solution is found and the case is closed.

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Annexes

Annex 1: Checklist of Standard Operating Procedures for Guardians

Standard Operating Procedures for Guardians: Checklist

Tasks

Instruction: For each of the tasks below please check when accomplished, fill in the date and provide comments, where appropriate.

Within 72 hours

Appointment of guardian by the pertinent public authority

Notifying the residential facility about the guardian's appointment for the particular minor's case

Meeting with the residential facility's personnel to discuss the minor's case

Meeting with the unaccompanied minor (with or without the (physical) presence of an interpreter); exchange of contact information and brochure on the guardian's role; defining nationality and spoken language

Within 1st week

Assessing rapidly minor's basic needs and identifying vulnerability

Development of a plan for the most appropriate accommodation facility: Submission of request for accommodation, in case this has not been done already; inquiry about placing child in foster family; ensuring that mandatory medical examinations for the placement to an accommodation facility are taking place

Notifying the Asylum Service or any other responsible migration service about the guardian's appointment for the particular minor's case, if applicable at this stage

Scheduling of weekly meetings with the child with the help of an interpreter in order to build a relationship of trust, obtain information for his/her past and present and inform the child about his/her rights, obligations and options

Tasks

Within 2nd – 5th week

Tracing and communicating with child's parents or relatives

Assessment of the child's best interests and planning for the next steps regarding the child's case (residency, legal status, education, health, psychological support, other activities)

Registration of international protection application (depending the case, request for family reunification) and submission of relevant official documentation to Regional Asylum Office.

In case of family reunification, investigating the relationship and living conditions of the child's relative and gathering relevant documents – in case it is necessary to receive DNA both from child and his/her relative in order to identify the relationship; offer support to the child during process; and communication with the relative.

If the child is likely to fall under the provisions for residence permit due to humanitarian reasons, submission of request to the competent migration office in cooperation with the actors involved

(Re-)Assessing the available and most suitable option regarding minor's placement in alternative care

Assist the child in acquiring Social Security Number and any other documentation necessary for being able to receive healthcare and social welfare services

On a regular basis/ when appropriate/ when necessary:

Physical & mental health

Catering for the minor's scheduled examinations for identified symptoms

Catering for minor's blood or other tests for regular check ups

Communication and collaboration with medical staff to learn about minor's health

Tasks (2nd – 5th week)

Referral to a psychologist or child psychiatrist for symptoms' diagnosis or/and treatment, if necessary

In case the child presents a disability/impairment of any kind (e.g. sensory, physical, mental; temporary or permanent), referral to the appropriate health services for diagnosis and planning for the appropriate placement, care and rehabilitation

Education/ activities

School enrollment and notification of guardian's appointment

Enrolling the minor for any additional language courses

Enrolling the minor in cooperation with the residential facility in extracurricular activities or language courses

Conducting monthly (or bimonthly) meetings with the school's educational staff and receiving minor's school grades

Justification of absences from school when school class is missed for visiting public services or other legal or health issues

Legal representation & assistance

Supporting the minor in an age assessment process and ensuring that all procedures are conducted legally and with respect to the child's dignity and rights

Accompanying the minor in the Asylum Service for the renewal of the applicant's international protection card (date indicated on the card)

Notifying authorities about any changes to the minor's current residence address

Preparation for the minor's personal interview in Asylum (or other migration) Service and attendance

Collaboration with a lawyer to compose all necessary documents in case of negative decision for family reunification or in any other case where a legal document regarding asylum procedure is required (after

Tasks

the minor's interview, appeal, filing and application for annulment before administrative courts) in order to submit them within the deadline defined by law

Assisting the minor in applying for residence permit & travel documents

In case the minors is suspected or accused of committing a crime, cooperation with Prosecutor and Investigator and lawyer for the child's best interest

In case the minor has gone missing, ensuring that a report is filed at the appropriate state authority (Police)

Case management

Monthly meetings with the minor's reference person from the residential facility

Keeping a record of the child's documents at every stage of his/her case (registration transcript, interview transcript - written and audio, copies of authorities' decisions, appointment of guardian, copy of the international protection card, residence permit copy, copy of travel documents, medical documents, copy of school registration, etc.)

Updating the best interest of the child assessment form and the case plan periodically

Child protection

In case of suspicion or disclosure that a child is a victim of abuse or neglect, making the necessary referrals and reports to the pertinent authorities and agencies

In case of suspicion or disclosure that a child is a victim of trafficking, making the necessary referrals and reports to the pertinent authorities and agencies

In case the child has disclosed that s/he is a victim of torture, if considered on the best interest of the child, refer the case to the certification of victims of torture process

Tasks

Differentiation in procedures based on the protection framework

Foster care – short term

Collaboration with the social worker/agency responsible for the supervision of foster care

Informing the child about his/her placement to a foster family and what this means (temporary accommodation for the actual care of the child, keeping the foster family's address confidential to third parties or the child's relatives)

Communicating with the child's biological family in order to be informed about the child's placement and the terms of the co-operation (in co-operation with the supervisor social worker)

Mediation between child and foster family in order to make a smooth adjustment, particularly if the child has already developed a relationship with the guardian

Ensuring a safe placement of a minor in the family

Supporting the minor in relation to his/her legal procedures (described above in detail) and cooperation between guardian and lawyer (organizations who provide legal aid) – facilitation of the communication between minor and lawyer and access to documents

Depending on the child's age and the prior relationship between the child and the guardian, entertaining activities can be organized with him/her

Educational and medical issues are arranged in collaboration with the social worker's -responsible for the supervision and the family's needs and capacities; in any case, catering for the child's health and well being

Tasks

Foster care – long term

Cooperation and communication with the social worker/agency responsible for the supervision of foster care

Assessing and ensuring that foster care continues to serve the best interests of the child

Supporting the minor in relation to his/her legal procedures (described above in detail) and cooperation between guardian and lawyer (bodies who provide legal support) – facilitation of the communication between minor and lawyer and access to documents

Protective custody in a facility for temporary stay (hospital/migration detention center or border reception facility, etc.)

Ensuring that the competent agency has made a referral for the child's appropriate accommodation

Ensuring child's basic needs – collaboration with agencies in order to cover these needs (food, clothing, hygiene, safety)

Ensuring interpretation for appropriately informing the child or for any medical issues or obtaining the personal history, in case it isn't provided by the facility

Inform the child about the reason he/she is in protective custody and what is expected to happen next (e.g. placement in foster care or in shelter or elsewhere)

Obtaining brief social history in order to identify vulnerability, be able to make any necessary referrals and to have a first record of the child's legal needs

Paying regular visits to the minor, since he/she does not have a normal daily routine there due to lack of activities, communication and nothing for him/her to do.

Collaboration between the guardian and the lawyer (organizations providing free legal aid) – facilitation of communication between the child and the lawyer and access to documents

Tasks

Registration of international protection application and ensuring that the case will be examined following the standard procedure and not exceptional-applying when in custody or border procedures

Homelessness

Verifying or submitting a request for accommodation and employing all possible means to find a safe place for the child

Ensuring child's basic needs – collaboration with agencies in order to cover these needs (feeding, clothing, hygiene)

Accompanying the child to doctor or hospital, if s/he is in need of health care and treatment

Ensuring interpretation for facilitating communication, the expression of child's views and worries and understanding the available options

Obtaining brief social history and informing registry for minors

Assisting the minor in locating agencies/organizations providing food, clothing (addresses, telephones), emergency telephones

Inquiring about the child's legal needs

Registration of international protection application

Annex 2. Vulnerability Screening Tool^{1,2}

This tool may be completed either by following a form of interview or at different points by retrieving information through discussions between the guardian and the child and/or by collecting information by other sources (e.g. psychologists, social workers, caretakers)

Introduction	Done?
Guardian, interpreter, and anyone else present introduced	
Purpose and duration of the interview explained	
Confidential nature of the interview explained	
Need for child's honesty explained	
Child's freedom to stop the interview at any time explained	
Expectations/outcome of the interview clarified	
Interviewee's consent to the interview obtained	

Personal details of the child
Name (family, given)
Date of birth (dd/mm/yy) Sex M F
Registration / ID number
Country of origin
Ethnic group
Location / Residence

1. UNHCR and IDC, 2016, Vulnerability Screening Tool – Identifying and addressing vulnerability: a tool for asylum and migration systems: <http://www.refworld.org/pdfid/57f21f6b4.pdf>

2. UNHCR, The Heightened Risk Identification Tool User Guide highlights critical professional practice guidelines for undertaking vulnerability screening: <http://www.refworld.org/pdfid/4c46c6860.pdf>

Risk indicators		Past	Present
1	Separated child (without parents but with relatives in the same camp/community)		
2	Unaccompanied child (living alone or in temporary care arrangement in camp/community)		
3	Orphan child/young person		
4	Adolescent parent		
5	Child-headed household/family (e.g. 16 year old taking care of his younger brothers and sisters – all unaccompanied)		
Physical and mental health issues – wellbeing			
6	Person with chronic illness (medical condition which requires long-term treatment and medication and/or supervision/follow-up by a physician; e.g. diabetes, respiratory illness, cancer, tuberculosis, HIV or heart disease.)		
7	Person with other medical condition which has a serious impact on the ability to function independently and perform activities of daily living		
8	Mental illness (e.g. depression, stress, disorder, psychosis)		
9	Substance addiction		
10	Suicidal ideation		
11	Self-harm		
12	Homeless child		
13	Unsafe living situation with family member(s)		
14	Unsafe living arrangement with non-family member(s) (e.g. in institutional care)		

15	Lack of food, water, shelter or other basic needs		
16	Of school age and not attending school		
17	Special educational needs (that cannot be achieved in a standard classroom or without learning support assistance)		
Safety issues			
18	Rejection or victimization by own community (e.g. due to transgression of social mores)		
19	At risk or victim of abuse or neglect by family member(s)		
20	At risk or victim of sexual exploitation and/or sexual abuse by non-family member(s)		
21	At risk of violence due to their sexual orientation and/or gender identity (LGBTI: lesbian, gay, bisexual, transgender or intersex persons)		
22	Victim of human trafficking (e.g. prostitution, other forms of sexual exploitation, slavery, forced labour, removal of organs) – define which form in remarks table below		
23	Engaging in survival sex		
24	Early marriage		
25	Early pregnancy		
26	Witnessed others killed and/or physical violence to other		
27	Recruitment as a child soldier		
28	Forced to do harm to other and/or commit other criminal acts		

29	Has no legal documentation		
30	Stateless		
31	At risk of deportation or refoulement		
32	Detained (arbitrarily), imprisoned or otherwise in captivity		
33	Below the age of 18 and alleged, accused or recognized as having infringed the law		
34	Other:		

Concluding the interview	Done?
The child was asked whether s/he has any additional information to provide	
Any questions the child needs answered, or need for follow-up (not already been accounted for) is noted in the "remarks" section below	
Child is notified of next step(s) and/or referral(s)	

Overall risk rating		
High	Medium	Low
Significant vulnerability is apparent. Serious imminent risk to personal safety requiring immediate intervention and/or follow-up within few days	Likelihood of significant vulnerability if supporting measures are not foreseen. Likelihood of serious risk to personal safety requiring urgent intervention and/or follow-up within 4-5 weeks	Not significant vulnerability risk is apparent. Likelihood of serious risk to personal safety is low but intervention for specific needs may be required

Remarks:

Areas of concern/ referral areas	Priority			Name or type of organization for future or current referral
Protection / safety	H	M	L	
Legal protection (criminal charges)	H	M	L	
Legal documentation/international protection status	H	M	L	
Medical	H	M	L	
Psychosocial/ counselling	H	M	L	
Victim support	H	M	L	
Resettlement/transfer to another EU member state	H	M	L	

Annex 3. Best Interests Assessment Form¹

- a. Obtain consent from the child
- b. Complete according to information acquired from all available sources
- c. Please update when new information is acquired (keep a record of dates)
- d. Questions included are suggested and indicative

Overview of the case	
Registration No in state registry for minors or unaccompanied minors:	Linked cases:
Registration No of application for international protection or migration status or in other state agency (e.g. border reception centres)	Case referred by:
Guardian(s) responsible (name, contact details, registry No):	Dates of completion/reviews:
Former guardian(s):	Other persons of reference for this case (name, profession, organization/agency, contact details):

¹ UNHCR & IRC (2011). Field Handbook for the implementation of the UNHCR BID Guidelines, Annex 3: Sample Best Interest Assessment Form. Available at: <https://www.refworld.org/pdfid/4e4a57d02.pdf>

Status of the child	Purpose of BIA
Unaccompanied	Durable solution
Separated	Care arrangements
Orphan	Separation from family environment
Other	Other

Priority of the case (mention reasons)	
Urgent	Specify:
Normal	
Special needs of the child:	

I. Basic information

Child's personal data (refer to registration form in Asylum service or other migration service; if there are differences, please note them & indicate the valid data)

	Where relevant, indicate if information is an estimate
Full name	
Alias	
Age	
Gender	
Date of birth	
Place of birth (city/village, country)	
Mother's name	

Father's name	
Names of siblings	
Date of arrival in the country	
Date of arrival at current location	
Nationality	
Ethnic group	
Ethnic group of each parent separately	
Religion	
Religion of each parent separately	
Spoken languages (specify which one is the native language)	
Education level (years and corresponding level; in the country of origin)	
Type of current placement: Border reception centre/ hotel/ open reception centre for refugees/ safe zone/ shelter for minors/ semi-independent living apartment/ foster family/ homeless/ other (please specify)	
Current address	
Registered address in last asylum seekers card	
Related case(s)	

II. Family & history of separation

With whom did you live back home? (specify for each family member in order to have a clear overview – mother, father, siblings (name, sex, age)). Do you know where they are now? (be clear for whom you are talking about and understand about who is where). Where do you think they are now? Where did you last see them? When was that? Do you have contact details of them? Would you be ok for you to pass me on the contact details? I would like to talk to them at some point; of course, I will let you know first and you will tell me if you are ok with that. Do you talk to them? If no: how come? If yes: How often? Meaning?

How did you spent your days back home? Did you feel ok?

How did you become separated from your family? (Indicate time, place of separation, as well as causes of separation.) Why did you leave your home country? Did you leave on your own? Did you decide that yourself or someone else decided that for you? How did you travel to (name of the country of asylum)? (Indicate mode and route of travel, names of persons who assisted and their relationship to the unaccompanied/separated child). When did you arrive in (name of the country of asylum?) Do you have any relatives or friends in (name of the country of asylum) or in another country? If yes: would it be ok for you to tell me their names, address, telephone number? What is your relationship with them? Do you talk to them in any way? Is there anything else you would like to say about your journey?

III. Protection needs & care assessment

Living and care arrangements

With whom do you currently live? (Note names, ages, gender.) Is there an adult in (name/location in country of asylum) who is looking after you? If so, note name, relationship, contact information. How did you find this place to stay? How is your relationship with your caretaker and/or housemates? What are your activities (chores) in the household? What are the activities (chores) of the other children in the household? Do you feel you are treated similarly as the other children? Do you like to stay with this [family/peer group/people]? Are you happy here?

Where did you stay before? Did you decide on your own/did you ask to change places? Did something happen that made you leave your previous location?

Safety and security

Do you feel safe in this place? If not, what are the reasons? Did any incidents happen that made you feel uncomfortable or that you felt endangered? If yes: would you like to talk more about that? Can you describe the place where you are staying? (Note the number of rooms, conditions and how many people are living in the place, etc.)

Health and access to medical care

Do you feel healthy? If not, please, explain type of sickness/how you feel physically. If so, have you seen a doctor who told you that something is wrong? Do you know what exactly? Did/ Do you have access to medical care (were/are you able to visit a doctor or hospital)? If not: why wasn't that possible?

Access to food

Do you have food every day? How often do you eat? Do you think you have enough food? If not, please, explain. What did you eat yesterday? Who provides you with the food? Do you know of any places where you can eat for free, if needed?

Access to water* and sanitation

*(*access to water may apply to refugee camps, detention centres)*

Do you have access to clean water? How far is the water point? Are appropriate sanitation facilities in place where you live (toilets, showers)? Are they clean? Are there any risks for you related to collecting water or using the sanitation facilities/ do you feel safe going to the water point or the toilets/showers? Can these be locked from the inside in order to feel that no one can enter?

Education

Do you currently attend school or any educational activities? (Ask for details about the name of the school/training course, grade, regularity of attendance, etc.). If not, explain why not. Did you go to school prior to the separation with your family/back home? Do you like to go to school? If yes, what do you like most in school? If not, explain the reasons. Do you face any problem while at school or on the way there? Do you want to tell me more about that? Are the other children in the [home] going to school?

Child's daily activities

How do you usually spend your day? Do you play with other children? If so, what do you do and where? How many hours per day? Do you currently work to earn some money? If so, what do you do? How many hours per day? What do you do with the money you earn?

Protection and psychosocial well-being

Where/to whom do you go to discuss problems or ask for help/assistance? Do you receive support from the facility you live in? Do you have someone else you can talk to? From whom and what type of support? If not, please explain. Do you feel safe from harm? Do you have any particular worries? Do you sleep well? Do you have nightmares? If yes, how often? Are you able to wake up in the morning?

Family Tracing

Would you like to receive help to find some of your family members? If so, note whom the child would like to trace and any information the child has about relatives' location. If not, what are the reasons you do not want to find your parents/relatives? Is tracing of family members taking place? Do you know if an agency or organization is already looking for them? If yes, by which agency? Have you been informed about the results?

Legal status

Have you talked about your case to a lawyer? If yes: do you know his/her name or organization s/he works for or how I can talk to him/her? Do you have any documents related to you/ your family or your case?

Child's drawing

You may ask from the child to draw and attach the drawing to the BIA form, if you consider that age appropriate and helpful for the child to express him/herself and your work. S/he may draw his/her family or home, where s/he used to live. All rooms and who lived where could even be indicated. This may shed some light on the family ties and understand the relationship. The child could also draw his/her hometown/village/neighbourhood or other important buildings such as his/her school or the place of worship. Moreover, the child could draw anything that would express his/her feelings or thoughts at that time. Discuss with the child about s/he has drawn and whether there is any symbolism or feeling behind his/her drawings. Do not interpret the picture on your own unless you have the necessary qualifications (specialty, training, clinical experience, etc.)

Other

Is there any other information you would like to share with me today?

IV. Visits at the child's location

Note the name, age and gender of persons present in the residential setting at the time of the visit.

Who is currently living with you in this [home/place]? (Note names, ages, gender.) How long have you been living here? Who prepares the food? How often do you eat? What types/kind of food do you eat? Where do you sleep in this [home]? (check the place) How do you spend your time? What do you like to do? How do you feel about living in this home? Are you happy here?

V. Information to be filled out by the guardian

Does the child look healthy? If not, explain. Does the child have nutrition problems? Are there (urgent) medical needs? If so, please explain. Does the child have sufficient clothing or appropriate clothing for weather/season or clothing that makes him/her feel comfortable (e.g. in relation to size or style taking into account religion)? Please describe impressions about the residential setting. Does the child appear frightened/withdrawn/unhappy (please provide details)? Are there (urgent) protection needs or risks to be addressed (please provide details)?

Does the child seem to understand whatever you tell him/her? How did you come to this conclusion? (e.g. no he doesn't, because I need to do the same question over and over again and discuss the same topic and still the child seems not to understand)

VI. Verification interview with adult caretaker/foster family (only if applicable)

Name of caretaker

Gender

Age

Ethnicity

Relationship to the child

What is the name of the child's mother?

What is the name of the child's father?

Where did the child used to live? (Provide name of province, village/town.) How did the child become separated from his/her family? What information do you have about the child and his/her life? When did you first meet the child? How long has the child been living with you? How did the child come to live with you? Are you in contact with the child's parents or other relatives? If so, please provide contact information. How is your relationship with the child? Are you able to continue caring for her/him? Is the child healthy? Is there any other information you would like to share with me today?

VII. Summary and recommendations

Case summary + identified needs + observations

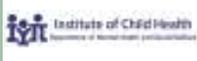
Recommended follow-up actions/referral

Safe haven	Other specific assistance (specify):
Refugee status determination (RSD)	
Protection	
Medical assistance	
Alternative care	
Psychosocial support	
Counselling	
Food	
Water / sanitation	
Education	
Shelter	
Recreational / community activities	
Regular home visits	
Need for Best Interest Determination	

VIII. Action plan (order of priority)

Action/follow-up required	Agency/service provider responsible	Action taken + date	Status of implementation

Coordinator of the Project



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