



## LESSONS LEARNED & RECOMMENDATIONS

## OF THE U-CARE PROJECT



### **U-CARE Project** **Unaccompanied Children in Alternative Residence**

November 2022



## OBJECTIVES OF U-CARE

From January 2021 until November 2022, the International Organization for Migration (IOM) together with its partner ARSIS (Association for the Social Support of Youth) and Pleegzorg Vlaanderen implemented a variety of activities aimed at strengthening alternative care systems for unaccompanied migrant children (UMC) in Belgium, Germany and Greece, in the framework of the *Unaccompanied Children in Alternative Residence* (U-CARE) project. Through an inclusive child-centered approach and the exchange of good practices, knowledge and experiences, existing systems and tools were strengthened to allow for better support systems and a more tailored response to the diverse needs of younger and older UMC.

The project focused on four main activities:

1. Recruitment of foster care providers to respond to the needs of mainly younger UMC; a special focus was put on the recruitment of foster care providers with a migration background. To this end, a recruitment campaign and a Standard Operating Procedure document on recruiting foster care providers in migrant communities was created.
2. Development of alternative care prototypes for older UMC, through the creation of user guides which will allow the application of the prototypes to existing systems.
3. Training and capacity building of foster care providers and professionals on caring for UMC, by using, adapting and expanding the training manual developed under the Fostering Across Borders project (2018 –2019).
4. Awareness raising and (trans-)national exchange on the topic of alternative care for UMC, through national stakeholder dialogues, thematic workshops and awareness raising sessions.

The goal of this short info sheet is to inspire both experienced and less experienced European countries – and beyond - to develop, strengthen and promote alternative care systems, such as family-based care (FBC), as alternatives to institutionalized care or detention, and a more appropriate response to the needs of UMC.

# OVERVIEW RESULTS U-CARE PROJECT

Figure: 1 Graphic overview of the main achievements of the U-CARE project



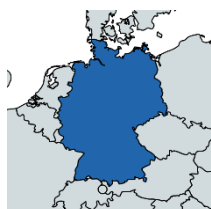
On the Belgian national level, there is an increase in the number of recruitments of foster parents with a migration background for UMC: 7 foster families were recruited under the U-CARE project. The successful establishment of a key figures network in two Belgian provinces (Antwerp and Brussels) for **foster care in migrant communities** will have a long-lasting impact. The efforts that went into the key figure process will be

continued as project partner Pleegzorg Vlaanderen hired extra staff to focus on the maintenance and expansion of the key figure network. The **implementation of the U-CARE culture-sensitive tools** (i.e. Training Toolbox, Recruitment Guidelines) in Pleegzorg Vlaanderen will continue to support the diversification of the foster family pool, but also the cultural awareness of foster care professionals. When evaluating the recruitment procedure of foster families in Belgium, the team noted that additional attention should go to establishing culture-sensitive screening processes, because the lack thereof may negatively impact the positive results yielded in recruitment efforts. Furthermore, the **awareness raising efforts** of the U-CARE team in terms of foster care and culture-sensitive care (i.e. through long and short info video)

yielded positive results in the two participating Belgian provinces (Antwerp and Flemish-Brabant and Brussels), in Belgium, but also beyond. The U-CARE exchange events (i.e. thematic workshops) indeed established a stronger cross-border partnership: the Dutch organization Nidos has planned a series of study visits to learn more about Pleegzorg's key figure approach.



**On the Greek national level**, the largest impact was achieved through the institutionalization of foster care for UMC. Because of U-CARE's advocacy efforts, **foster care for UMC is being put on the national map** and into national policy priorities. The fact that the national registry system now allows for foster care for UMC below the age of 12, is a significant accomplishment in Greece. In line with this, the first foster care case for UMC was achieved within the context of the project, thus making foster care for UMC a reality in Greece. Moreover, the Greek U-CARE social media campaign on foster care generated considerable interest within the Greek public, successfully raising awareness on the topic. In addition, tools and trainings will continue to be rolled out on a national level to foster care providers, professionals and social workers. All these efforts led to an increase in the number of recruitments of foster parents for UMC: 30 foster families were recruited. However, in Greece, recruitment is managed through the national authorities, which means that this number reflects the statistics that the Ministry of Labour and Social Affairs (MoLSA) issues every three months. It is therefore difficult for the U-CARE team to know whether these families were recruited as a direct result of the U-CARE campaign. Finally, the U-CARE **tools and dissemination materials** are actively being used by Greek stakeholders (e.g., the U-CARE leaflets are used in reception centers to induce new staff into the thematic).



**On the German national level**, three Alternative Care Prototypes were developed as opportunities to help a target group that is often overlooked, but very vulnerable: older UMC who are faced with the many challenges and obstacles related to their transition to adulthood. Drafting these prototypes is a result of an extensive needs analysis with (aged-out) UMC, social workers, as well as an international best practice and expertise exchange through bilateral calls, stakeholder dialogues, focus groups and workshops.

- **Prototype One: Self-advocacy** – *aiming to support the facilitation of self-advocacy networks that provides young adult care leavers with a peer platform and supports their interests.*
- **Prototype Two: Holistic Housing** – *developing a blueprint for planning and establishing a specialized system for care accommodations for care leavers.*
- **Prototype Three: Mentorship** – *introducing the concept of providing extended guardianship through a voluntary program that evolves into mentorship after the transition to adulthood.*

Additionally, on 15 December 2021, Germany's piloting partner Ev. Jugendhilfe Godesheim (situated in cities of Cologne and Bonn) included the prototypes self-advocacy and holistic housing in the so-called "quality and performance dialogue" with the Youth Welfare Office in Bonn. These planning meetings between independent youth welfare organizations and the local youth welfare offices formed the decisive basis for implementing new forms of care for UMC. The Youth Welfare Office in Bonn expressed great interest in the alternative care prototypes in the German cities of Bonn and Cologne and started implementing the holistic housing prototype.

On the European level, considerable efforts were made to contribute to the development and improvement of alternative care systems for UMC. These efforts included capacity building trainings in different EU member states (Belgium, Germany, Greece and Romania so far and in the future Poland and Portugal). Moreover, the thematic workshops and the closing conference reached stakeholders in 16 different EU member states. Finally, the high accessibility and applicability of the tools is ensured as most of them (i.e., SOP, alternative care prototypes, culture-sensitive training) come with clear guidelines and a step-by-step approach and are translated in various languages.



Training session on culture-sensitive care for IOM staff and National Association of Social Workers in Bucharest, Romania

On the international level, the project generated an international reach at the thematic workshops and closing conference by welcoming participants from **8 non-EU Member States** (Chile, Egypt, Norway, South-Africa, Switzerland, Tunisia, the United Kingdom and the United States of America). Furthermore, the U-CARE project disseminated its tools further at different events (e.g., two global webinars organized by IOM on the occasion of World Children’s Day with different time slots to ensure participants from Northern and Southern hemispheres could participate, a Summer School on children in migration in Tunisia and a Child Protection Symposium in Egypt). Finally, IOM missions active in the Middle East, North Africa, the United Kingdom, South Africa and South American region, as well as other international organizations, have also expressed their interest in the U-CARE activities and tools as they will be engaging in initiatives in the field of child protection, including on alternative care and alternative to detention.

Figure 2: Graphic overview of the U-CARE capacity building results



## LESSONS LEARNED & RECOMMENDATIONS

- ✓ **Adopt a “whole of society approach”:** When caring for UMC and developing or implementing alternative care options, it is highly recommended to engage diaspora, migrant communities, neighborhoods, authorities, civil society organizations and children or care leavers themselves from the start. This way, alternative care systems are developed that are suitable, adapted and supported by the whole of society.
- ✓ **Start from the bottom:** Linked to the first point, a bottom-up approach (with sufficient room for gap and needs assessments and consultations of UMC, professionals (e.g. social workers), foster care providers etc.) is needed to develop and use tools in a more efficient and effective way. Assistance to unaccompanied minors and youngsters should ideally be provided based on their needs and wishes, regardless of their age. Therefore, it is important to allow for children to participate in the development of policies and systems.
- ✓ **Diversify the alternative care options:** Developing care systems starts with the understanding that each UMC is different, has their own background, needs and expectations. By diversifying the alternative care options a country offers, the needs of this diverse target group can be better covered. This includes diversifying the pool of foster families, to meet the culture-sensitive needs some UMC may have. Assistance to unaccompanied minors and youngsters should, indeed, ideally be provided based on their needs and wishes, regardless of their age. The prototypes developed under the U-CARE project focus on only one vulnerability of UMC (transition to adulthood), but future projects could, for example, focus on alternative care options for UMC who are part of the LGBTQI+ community, UMC victims of trafficking, severely traumatized UMC, etc.
- ✓ **Put sufficient time and resources in culture-sensitive recruitment** and complement this with **culture-sensitive screening and selection procedures:** Recruiting foster families in a culture-sensitive way truly requires additional investments in terms of time and resources. Having at least one staff member dedicated to exploring, setting up and maintaining key figure networks is recommended. Furthermore, the screening and selection processes should build on the positive effects yielded by culture-sensitive recruitment efforts. Therefore, it is not sufficient to diversify recruitment efforts, but also the processes that follow (i.e., screening and selection) should become culture-sensitive.
- ✓ **Develop complementary thematic trainings:** The Caring for Unaccompanied Migrant Children is a good basic training for professionals, volunteers or other care givers. However, feedback from various training participants showcase the need for additional trainings. While the U-CARE culture-sensitive training toolbox caters to the request for more intercultural knowledge, other trainings on the topics of mental health, dealing with micro-aggressions, creating safe spaces, caring for extra vulnerable groups, etc. should also be considered.



- ✓ **Adapt trainings to the local context and background of the participants:** Investigating in advance the level and basic knowledge of participants, as well as their specific cultural and institutional background, can help to adapt and tailor trainings accordingly. Particularly for the culture-sensitive toolbox, it is recommended to investigate what the taboos are in the local context, where additional emphasizes should lay, etc. Furthermore, as some aspects (i.e., legal) are country-specific, the trainings will need to be adapted to these contexts.
- ✓ **Foresee institutionalization and continuation of alternative care programs by authorities on (inter)national, regional and local (governmental) level:** Projectization and the lack of consistency of programs is a huge risk for the continuation of good practices and established relationships, knowledge building, network engagement, etc. The continuation of these programs and the implementation of an institutional and legal framework for alternative care systems should be a key responsibility of state actors. Furthermore, alternative care structures are advised to invest in cross-border or cross-regional partnerships to learn from each other and to exchange on good practices or new developments.

All U-CARE reports, tools and training materials can be found on the [U-CARE webpage](#). If you are interested to receive more information, don't hesitate to reach out to us!

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