Training manual for staff who work with
or have the ambition of working with families
who provide care to UAC

Alternative
family care

Building trust, safeguarding and
monitoring

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Introduction

This manual has been developed to provide professionals, such as social workers, and experienced family-based carers, such as foster carers, with the knowledge they need to participate in a three-day Training of Trainers course on alternative family based care.

The Training of Trainers course is interactive and builds on the participants' different levels of knowledge. Each module enables the trainer to cover relevant topics through a variety of training methods, including presentations, discussions, small group work, case studies and video material. PowerPoint slides to support the trainer's presentations are included, with presenter' s notes that outline key discussion points.

The training provides knowledge and tools that will strengthen family-based care providers' capacity to care for unaccompanied children. This course manual aims to enhance the knowledge of professionals interested in learning more about alternative family care, thus supporting their delivery of training. It was developed by IMPACT as part of its training package and aims to respond to needs while also sharing the good practices on family based care identified during the project's mapping activities. The manual should contribute to an overall improvement in the quality of care provided to unaccompanied children in family-based care, and also expand this provision by supporting capacity building activities for other interested professionals.

The content of this training manual is based on the *ALFACA manual* for staff working with reception families and the unaccompanied children living in reception families (Schippers et al., 2016), the book *Children on the move* (Schippers, 2021) published by the European Guardianship Network (EGN), and the *Alternative Care in Emergencies Toolkit* (2013), published by Save the Children on behalf of the Interagency Working Group on Unaccompanied and Separated Children. We have also added information provided to us by coaches, mentors, guardians, behavioural scientists, teachers, and other professionals. Their input originates from observations, a variety of issues encountered, and – most importantly – many conversations with the children themselves. Certain phenomena are empirically supported by experiences, and therefore given as general statements. Examples of this: children are often hungry and tired, and they find it difficult to trust others.

All European countries have different working methods, so project partners provided valuable feedback and contributions to the manual. This included examples and supporting literature. Additionally, European, and international policy documents and academic publications were used to support the theoretical framework.

Learning outcomes

By the end of the course, participants will:

- Have an improved understanding of the needs of unaccompanied and separated children (UAC) in family-based care
- Have an improved understanding of the needs of the families caring for UAC
- Have a better understanding of the different phases in family-based care and what is important during these phases
- Have enhanced skills to meet the needs of both the families caring for UAC and the children themselves
- Recognise self-care needs with their knowledge of tools that meet these needs ('caring for the carer')

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Introduction to alternative family care

Foster carers and reception families play an essential role in giving children support as they develop the skills they need to grow and thrive, and to overcome the effects of loss, separation, and trauma. Unaccompanied children have special vulnerabilities and needs that are based on their triple characteristics of being a child, being a migrant and not being accompanied by adults who know them well (their family or legal guardians). This means that they:

- Have been separated from their birth parents, families, communities, language, religion, culture, and country all at once, which exacerbates their feelings of loss and isolation
- May have suffered abuse, exploitation, and violence during their journey, while also being subject to physical hardship, trauma and lack of access to appropriate healthcare or education
- Might have faced or be facing discrimination, hostility, and stigma during their journey and on arrival in a new country
- May experience culture shock on arrival in a new country and be re-traumatised as they undergo the asylum/immigration, age assessment and care procedures. This can lead to chronic/cumulative stress
- Need to build the foundations of a new life in their country of arrival, as they embark on a journey towards integration while coming to terms with loss and separation and, at the same time, developing into young adults

In this manual, we speak about Family Based Care – alternative care provision where a child is looked after in the caregiver's family home, for example, with foster carers. Family based care provision can be both formal and informal.

1.1 Reception in families

There are several kinds of reception in families that might be suitable, i.e. reception in the child's existing social network (which may or may not be their own family), and reception within a family the child does not yet know.

Growing up within their own social network

Apart from the advantages of living in a familiar culture, growing up within their own social network, or even with members of their own family, has the added advantages of a shared family and migration history plus existing, often affective, relationships. The smells, the food, the dialect spoken – recognisable stress buffers often overlap more here than in families with other ethnic backgrounds. Some

unaccompanied children might have relatives in the destination country who they can live with. Others may be accompanied by people who are not relatives but might also be suitable as carers. In these cases, professionals need to evaluate the relationship between the child and the relative or accompanying person, as well as that person's ability to take care of the child's needs.

Growing up in a reception family

If unaccompanied children do not have their own network of family members or other responsible companions who they can live with, reception in a family not known to the child may also provide a safe place. This can be a family from a similar cultural background, which is a preferred and common good practice in the Netherlands, for example, or a family with a non-ethnic background. Both have their own advantages and challenges but, either way, growing up in a safe family is preferred over growing up in institutional care.

Some unaccompanied children do not agree to being placed in a family. This could be because they are already used to living an independent life and looking after themselves. In that case, reception in a family should not be considered. These children may benefit from reception in small-scale reception facilities or from living on their own, instead of reception within a family.

1.2   Family based care compared to other types of reception

According to the preamble of the UN Convention on the Rights of the Child (CRC), for a full and harmonious development of his or her personality, a child should grow up in a family environment. Although it is broadly recognised that the best outcome for most unaccompanied children is to be in a family-like environment, living in a reception family is not yet common practice for unaccompanied children in the EU Member States. Most of these children are placed in institutional reception facilities (de Ruijter de Wildt et al., 2015).

Countries that use reception in families have found that this is better for children. Guardians in the Netherlands and social workers in Germany, for example, report less incidents and psychological problems among children who live in families than among children living in other types of reception. Children manage to cope better when they are in a family. Compared to other forms of reception, family-based care also has the advantage that it is more sustainable. Reaching the age of 18 does not automatically mean that the child must leave the family.

Kalverboer et al. (2016) found that "unaccompanied minors in reception families fare best and are most positive about their place in Dutch society. Minors in small living units and small communal living groups often miss affectionate bonds, care, support, and stability in their lives. Minors living in campuses (larger groups at reception centres) most often say they feel lonely and sad and excluded from Dutch society. They experience a lack of care and support from adults. The quality of the child-rearing environment in campuses was judged by the researchers as being so low that these facilities appear to be unfit for unaccompanied minors".

Kalverboer et al. (2016) refer to several academic studies focusing on different types of facilities for unaccompanied minors during the steps of flight and settlement, and on their needs to flourish and to feel at home in the new country (Sirriyeh, 2013; S derqvist et al., 2014).

Sirriyeh (2013) concludes that in successful foster care placements in England, young people became integrated into family networks of care and carers and assumed family-like status. She reports positive outcomes in placements where young people had been included in structuring the activities and culture

of the household, such as contributing to food choices. She also reports positive outcomes in placements where young people had developed relationships of trust, intimacy and reciprocity with foster carers and foster carers' families that had been supported through visible symbolic displays of trust and care. Although the research has not compared foster care placements with other placement options, Sirriyeh found significant benefits in access to family care and support, trusted confidantes, and advocacy in negotiating key services, compared to what is known about other types of placement options.

Söderqvist et al. (2014) studied the home concept in relation to the situation of unaccompanied minors placed in residential care units in Sweden. Their findings confirm that the concept involved both objective aspects, such as a building, and more subjective components that can be seen as a state of mind. This included criteria such as having somewhere to sleep and eat, as well as criteria such as creating feelings of comfort and security. In a likewise manner, Kohli et al. (2010) examined the perception of unaccompanied minors in foster care on food and survival after arrival in the UK. Their conclusion is that food has a multiple meaning. It is related to many aspects of finding sanctuary, and negotiating belonging within the foster family, and can arouse powerful feelings of being at home in a new country. Several studies recognised that the best outcome for most unaccompanied minors are highly supportive environments (Nidos 2015b; Ní Raghallaigh 2013; Wade 2011; Wade et al. 2012). Ní Raghallaigh (2013) concluded that separated young people should be provided with individualistic care. Wade et al. (2012) find that "good foster care can make a positive difference to the lives of many unaccompanied young people".

Although this type of reception is generally considered to be less costly than institutional reception, it is difficult to arrive at a comparable cost per placement because of the diversity of systems (local/national, services offered, types of organisations responsible, budgets mixed with mainstream youth care). It is therefore impossible to present a sound estimate for providing reception in families per country. The Dutch situation, where Nidos is responsible for reception in families on a national level, shows that "reception in families is cheaper than other forms of reception available in the Netherlands, which are 3.5 to 6.5 times more expensive" (de Ruijter de Wildt et al., 2015, p. 128).

1.3   Introduction to family recruitment
This section gives a brief introduction to the recruitment of families. Because the training focuses on the needs of children and families during the time the child is living with the family, we refer you to the ALFACA manual for further information on family recruitment, available at https://nidosineurope. eu/about/documentation/.

Recruiting families
In some European countries, recruiting reception families is a task reserved for accredited non-governmental youth care institutions. In other countries, placements of unaccompanied children can only be done within the child's network.

To recruit suitable reception families for this vulnerable group of unaccompanied children, several aspects need to be taken into consideration. It must be clear that reception families have the right motivation, can take care of children, can guarantee the safety of the child, and aim to have a long-lasting relationship with the child but can also let go if there is no prospect of the child being granted a residence permit.

Recruiting relatives (family based care)
The first option is to ask the child or the parents/family back home (if possible) if there is any family in the host country. Sometimes children have an address or telephone number of relatives who also

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live there. Recruiting then starts by contacting this family and investigating any possibilities they must shelter their young family member. The recruitment phase aims to explore both the possibilities and the commitment of family and child. If this gives a positive outcome, the screening procedure can begin.

Recruiting people to become approved reception families
To recruit people, inviting them to come to information meetings and visiting them during gatherings of their own communities (religious groups, churches, mosques, cultural groups, schools, sports clubs, etc.) are a good start. Recruitment via already approved reception families or key figures in the community can also work very well.

It is important to inform candidate reception families about the background and specific needs of unaccompanied children. It is also important to ask these families whether they could consider becoming a reception family and to let them weigh up the advantages and disadvantages. They need to be asked whether hosting an unaccompanied child would fit in with their current living circumstances. If this is the case, they can be asked to take on the responsibility. If they are willing to do so, the screening procedure can be started.

Recruiting for a specific match
The various recruiting strategies mentioned above may also be suitable for recruiting for a specific match, but the best option is, of course, using the child's network and key figures in the desired community.

If a reception family is required for a child with specific needs, recruiting can be done with the help of all the available information. Specific needs may vary. This could involve finding a reception family in a particular town because of practical circumstances like studying, but it can also mean that a family will have to be capable of supplying extra care. People should be recruited based on this specific information, and extra skills in, for example, nursing or having a home suitable for a disabled child may be selection criteria. Recruitment via the network and social environment of the child tends to be the most successful.

1.4   Important characteristics for reception families
Whether the reception families used are ethnic or non-ethnic, related, or non-related, what is most important is that the families want to meet the needs of the child. The general conditions to focus on while recruiting reception families are universal and described below.

1 Intercultural skills
Reception families for unaccompanied children need to be culturally sensitive, which means that they are sincerely interested in the child's background, daily life and customs in their home country, their current plans, and the plans and expectations of their parents or family. The reception families are expected to be aware of their own norms, values, and codes of conduct, and to learn the (culturally specific) norms, values, and codes of conduct of the child, making a distinction between opinions and facts.

Cultural sensitivity is very important. It means that strange or baffling behaviour or habits will lead to conversation and questions rather than judgement and rejection.

Language skills are an important factor in recruitment and matching. Especially in the first months of a placement, communication between the child and the reception family is important. Misunderstandings may easily occur. If there is no match with the child's language, use of an interpreter is often necessary to explain things and to understand the child. The 'Three-step-method' in module 1, section 1.2.2, of the ALFACA manual can be used to practise and improve intercultural communication skills.

2 Migration background

According to experiences in some European countries, taking care of unaccompanied children works out best in reception families with a migration background, preferably from the same or similar country of origin, or at least in families that have intercultural skills.

A background of migration makes people sensitive – even in the third generation after migration – to the effects of flight and resettlement of children who had to leave their family and homeland. Placement with people not necessarily from the same country of origin but at least with a migration background therefore has definite advantages. It seems obvious that children will benefit from the fact that they can feel safe in an environment where they are able to speak their own language and where they feel comfortable about the food, the smells, and familiar customs. The ethnic reception family can be seen as a transitional space from which the child can step into the new environment and experience it, but can also refer to what they know and maintain their cultural identity. Reception families with a migration background are, of course, expected to be integrated in society and speak their new language reasonably well. Reception families should therefore have been living in the country for a period of at least two years, preferably longer.

3 Contact with the biological family

The reception family must be interested in the biological family of the child and be willing to try to give absent parents or family a place in the child's daily life. This should preferably lead to contact with family by telephone or social media. The family can then be informed about the well-being of the child and about the actual situation in the new country.

It is in the child's interests that their parents at home or elsewhere give them permission to stay with the reception family. A child wants to be loyal to their parents. It can be very helpful if the child's absent parents or other family can also be asked for advice in difficult situations, or when choices must be made. Involving absent parents or family makes the child feel supported, choices are easier to make, and the reception family can anticipate on what kind of parenting the child is used to. At the same time, the child's situation can be explained to the absent biological parents or family. They can be reassured about the well-being of the child in the new situation. And the parents can then help the child by giving them realistic expectations that will prevent emotional stress.

4 Pedagogical and nurturing skills

Reception families should have basic pedagogical and nurturing skills that fit the age-related needs of the child. But they will also have to take the child's background, life events and experiences into consideration in their approach. The family should have some experience with the age-related needs of the child, perhaps by having brought up children of their own. All of this must be investigated during the screening and should be monitored during the placement.

5 Sustainability

Placement sustainability is also an important issue when recruiting reception families. The recruitment plan should therefore also aim at recruiting different age groups that are suitable for taking care of

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different age groups of children. Moving children should be avoided as much as possible. It should also be the intention of the reception family to take care of the child until they turn 18, and preferably until the child has grown up. Nevertheless, recruitment of short-term families may often be useful, for instance for temporary placement of children who have asked for family reunification, or for children who need emergency shelter.

6 Religion

The child has the right to practise their own religion and must feel free to do so. Religion can be very important for a good match between the reception family and the child. Children often feel supported by their religion and sharing the same religion with the reception family may be essential.

Organisations can expect from reception families that they support the child in their religious needs, and that they accept it when the child does not feel the same – or any – need for living a religious life. Religion may also be important to the absent parents, enabling them to accept the reception family taking care of their child.

7 Composition of the reception family

To ideally match the specific needs of a child, it is important that recruitment investigates the need for availability of reception families with a specific composition. For example, the age of the parents themselves (there is a minimum age of 21 for foster parents in all European countries) and the number of children and their ages.

Recruitment should also aim at having variety in the availability of families. These families must, however, always have an adequate level of integration in society and an acceptable financial situation.

Finally, it is also important that the whole family (including the children) agrees upon becoming a reception family for the unaccompanied child.

8 LGBT families

In many countries all over the world, the acceptance of lesbian, gay, bisexual and transgender (LGBT) people is a taboo topic. Being LGBT is often seen as something that is chosen. Placement with LGBT reception families could generate the fear that the child may also choose to become LGBT. This can mean that the child's family will not support the placement, and may then lead to loyalty issues. Decisions on these kinds of placements therefore must be carefully considered and only made in cooperation with and agreement of the child and, if possible, their family.

1.5 Motives for families to offer family based care

A reception family can have different motives for offering family based care:

- Migrant families/from the same culture:
    - To do something in return for the host country
    - Because of their own experience as a refugee child (empathy)
    - To have an active role in society and recognition

- To help the family/relatives (duty, feel obligated)
- Because they are a former UAC (young adults)
- Social/idealistic motives (teaching their own children)

- To contribute to a better world
- As a result of life events: empty nest, loneliness
- Financial/economic reasons

There are situations in which a child is given the role of house slave. This mostly concerns girls, but sometimes boys, such as boys from the Hazara tribe, who have a low status in the Afghan society. It is generally not a biological child. If a family is travelling with children, a child that is not their own often does a disproportional amount of the chores in the household or must take care of the other children. These children are called a 'Cinderella' or 'house slave'.

It is important to be aware of an unequal position of an unaccompanied child in a reception family. Signs of this, or of a child being used as a house slave, are:

- Not going to school
- Lack of sleep
- Doing a lot of domestic or carer tasks
- Not receiving the same care as the other children in the family

Module 2

Screening and matching

2.1 Introducing the Khaled family

Amina Khaled is a Catholic Syrian woman who fled to the Netherlands from Syria as an unaccompanied child in 2010, when she was 17. Two years later, she was given a residence permit. She worked hard to learn the Dutch language and to build a social network by joining a church community, going to Dutch lessons and being active in her local neighbourhood. Through church she met Abdel Khaled, who owns a Syrian restaurant. They married when Amina was 20 and Abdel was 25, and this was approved by their families. Amina has a lot of contact with her mother, who is ill. Her father died ten years ago. Her three sisters are still living in Syria.

Amina and Abdel work hard in the restaurant and are happy with it. When Amina was 21, they had a daughter, Alicia. Amina has succeeded in combining her work in the restaurant with taking care of Alicia, while Abdel is a very dedicated father and husband. Alicia goes to day care two days a week and spends the rest of the week, when her parents are working, at Syrian friends of her parents, who also have children. In the Syrian community it is normal to take care of each other's children. Alicia is now seven years old and goes to school. She is an intelligent, though slightly shy girl, who needs to a little bit of encouragement to do things on her own initiative.

In 2021, Amina's eldest sister asked her to take in her 16-year-old son Junaid, who has now also fled to the Netherlands. Junaid is an intelligent boy, who was determined to go to the Netherlands to provide for a better future. He has suffered from traumatic experiences in Syria due to the war. In Syria he was a brilliant pupil at school, at the same time working in a restaurant to earn money for himself and his family. Junaid is a self-reliant boy, very motivated to go to school. He wants to become a doctor. He and Amina saw each other for the last time when he was five. They did not have regular contact. Amina and Abdel discussed the situation. Amina wanted to take care of Junaid because he is her nephew. Abdel understood this completely but was a bit worried about the impact it would have on their own lives. Nevertheless, they said: "Of course we will take care of Junaid," and contacted the organisation that screens and guides reception families.

After they had been screened by a social worker, who decides whether Junaid will be allowed to live with them, they felt a bit insecure. Did they answer all the questions in the right way? Amina did not tell the social worker about things that are not going well, such as her psychological problems, that she misses her family and her traumatic experiences sometimes getting triggered. But they were open to working together with the social worker.

2.2 Screening from the family's perspective

Network families are asked by their family or relatives to take care of the UAC. For them it is a natural thing to do. Obviously, they will take in the child as if it were their own. In cultures where extended families are common, it is quite normal. But that does not mean it is easy. The network family's situation might not yet be very stable. Depending on the period that they have been living in the host country, they may have to deal with their own issues related to finding their way in the new country and coping with the loss and worries related to their flight. Practical things like housing can be a problem. They are not well integrated, and some families must learn about parenting across two cultures or are not used to the involvement of social services. On the other hand, they want to help and saying "no" is very difficult for network families. Honour and shame play a role. Family members are, however, frequently expected to take responsibility, regardless of whether they can do so. So it is important that as a social worker/guardian sometimes take the responsibility for not approving a network placement if this is necessary. In that way, the network family can be excused from saying no themselves.

To make a good start, the family needs to know what is expected of them and what they can expect from the social worker. There are a lot of questions: Can my social worker help with other issues? Will they keep an eye on the way I bring up the child? And my own children? Will the social worker be controlling? What do we have to share about our personal lives? What would they think of our way of parenting? Do they understand our cultural values?

It is important to be clear about the financial compensation and responsibility that is asked of the network family, like decisions concerning school, social services, etc. The family wants to do a good job for the child, the organisation, and the biological family.

Building trust can be done in several ways:
- Focus on making contact
- Be open and transparent
- Give information on the 'why' of questions and subjects ('subtitling')
- Empower, rather than treating something as a problem (but be aware of doubts)
- Have a solution-focused attitude
- Be attentive to the family's needs during further cooperation
- Be sensitive to their cultural values and intercultural skills
- Be interested and open to their ideas of bringing up children and dealing with problems
- Do not judge them, but at the same time be clear about the focus on the child's interest and what will be expected of the family

2.3 Screening from a professional's perspective

Screening related families

If the child is already staying with kinship carers, or has re-entered the family they are related to after a temporary interruption, the focus should be on continuity of the parenting situation, including continuation of the secure relationship between the child and the carer.

Screening will therefore focus on assessing whether that relationship and the parenting situation are sufficiently safe. Or at least, whether it is safe enough while the child waits for reunification with their biological parents, if reunification is foreseen. To be able to make this assessment, close observation of the interaction between the child and the family is an important source of information. The level of sensitivity of the carers, and the responsiveness of the child, will provide information on the quality of

the attachment. Besides this, there also must be commitment regarding the placement – between the child, the reception family, absent family, and the guardian.

If a related family being screened has not yet taken care of the child, continuity of the parenting situation does not yet play a role. But attachment, connection and 'protective wrapping' may already exist, and the child's interests regarding being placed in their own network must be part of the screening. The questions that need to be answered are the same as those in the situation described above. Though it may not yet be possible to include interaction and the quality of the attachment between child and carer in the screening, it will still be possible to include the way they talk about each other, how well they know each other, and an impression of their attachment. The commitment of all those involved is of equal importance in this situation.

Screening non-related families
When a non-related family or person is found willing to take care of a child, it is important to investigate and ascertain whether they can meet all the conditions necessary for the child's development and a safe upbringing.

A screening method, developed according to laws and regulations, should roughly contain the following topics regarding candidate families:
• Their general attitude towards fostering and taking care of unaccompanied children
• Their family situation and background
• The safety within the family system and the sustainability of a placement

When non-related families are screened, there will not yet be any attachment between the child and the family. Therefore, screening can be done using general questions which take the risk factors for child abuse and any potential protective factors into account.

A first assessment of the sensitivity of the carers can be made based on observations of their relationship with their own children. Furthermore, references should be requested, from the family doctor and child health centre, for example, and verified by interviewing teachers of the carers' own children, employers, or the network around the family. An assessment of the sustainability of a placement is also of importance as it can be helpful for the matching process and for assessing whether a child can, if necessary, stay in the family until maturity. Issues like the sustainability of the relationship between the carers themselves, as well as their emotional and physical health, may be investigated.

Complementary screening because of life events
Life events are radical changes in the living conditions of a person or within a family. They impact on their strength and may be hard to deal with. Life events may put parents or other family members in a situation in which their personal stability is affected and they start to behave unpredictably. This may lead to strong mood swings or even violent behaviour. On the other hand, they may seek comfort and affection from the children, both of which can lead to sexual abuse.

New circumstances in either a related family or a non-related family may require a complementary screening. This can evaluate their strength and coping strategies in the new situation and its effect on the safety of the child in the family and the sustainability of the placement.

In the life events mentioned below, a complementary screening ought to be done. The effect of the new circumstances on the balance of the family's capabilities and coping in relation to the needs of the child should be weighed up once more. Issues that justify a complementary screening are:

• Changes of family composition (births, deaths or other family members joining the household)
• Pregnancy of family member
• Severe illness (physical or mental) of a family member
• Relationship or marital problems or divorce
• Loss of residence permit (the family and/or the child)
• Threat of being deported or plans for the family's return to the home country
• One of the carers becoming unemployed
• Severe financial problems
• Moving to another home
• Traumatic experiences within the family or affecting the child (an accident, discrimination, or sexual, physical, or mental abuse)

How to screen
Screening reception families for unaccompanied children is a task for social workers or other professionals specialised in foster care issues. They will need to develop a suitable screening tool. As in all screening tools used by mainstream foster care organisations, safety and the risk of sexual and other abuse are prominent issues. During screening for related families, or if focusing on non-related families of ethnic origin, the 'family honour' concept must also be considered as part of this.

2.4 Matching the child's needs

Child factors in general
Factors concerning the child that should be considered are cognitive development, coping behaviour, psychological and emotional development, social development, physical development, and health, as well as (age-appropriate) self-dependency, behaviour, motivation, prior experiences with placements, the child's expectations and special needs.

Regarding age appropriateness, it is good to realise that the ages of unaccompanied children are not always correct. They sometimes simply do not know their own age, or are told by flight 'guides' that giving another age will be to their advantage.

Situational factors are the possibility of obtaining a residence permit, the relationship with the candidate reception family, long-term prospects of placement (regarding family reunification), former placements, the role of the absent parents or family, siblings to be placed in family care, and inappropriate sexual behaviour displayed by the child.

Resilience, agency, and autonomy
Resilience can be dependent on several factors. Agency and autonomy are relevant factors that enable refugee children to enhance their resilience. Being able to act autonomously can give children a sense of confidence and pride in their own abilities.

Agency as part of resilience
Agency refers to a person's ability and strength to act in a changing situation and to maximise opportunities in that environment (Carlson et al., 2012, in Van Reisen et al., 2018). The Van Reisen research group refers to Carlson et al. in its research on trust among unaccompanied children from Eritrea.

According to Van Reisen, the unaccompanied child's capacity for agency includes the ability to build their trust in others, including their guardian, mentor, peers, and professionals.

Agency refers to the power to actively get things done (Ghorashi, de Boer & ten Holder, 2018), or to the personal agency of "perceiving oneself as able to construct appropriate courses of actions, and as an efficient, resourceful individual able to influence social and physical environments" (Besta, Mattingly & Błazek, 2016). In the context of coping with adverse situations, agency is necessary to control such a situation rather than being controlled by it and, as such, the more adversity an individual must cope with, the more important their agency is to see them through.

Agency in unaccompanied children includes the ability to:
- Act in a changing or unfamiliar context, for example knowing how to respond during an interview at the immigration office
- Manage situations, for example an unaccompanied child's response to their guardian and to different social norms or rules, values, etc.
- Use inherited resources, such as how children draw resources from their family and kinship
- Experience a sense of well-being, acceptance, and recognition, for example by making their voice heard and expressing their needs
- Rely on others, for example peers, their guardian, mentor, professionals (Van Reisen et al., 2018)

Fleeing is an example of agency. It is an opportunity to exercise agency and to influence, for example, a situation of oppression and exploitation (Hajdukowski-Ahmed in Lanslots, 2012). Selectively providing information about yourself can also be seen as an expression of agency, a way to deal with difficulties, to look ahead and not back, and to maintain a certain degree of control when an unaccompanied child must find their way in the asylum, care, and education system, say Vervliet and Derluyn in *Trajectories of unaccompanied minors (2013)*.

Expectations associated with flight and migration play an important role in the resilience of refugees. These expectations are often related to the motive for the flight, such as finding safety, but may also change during the migration. The study by Vervliet and Derluyn (2013) into expectations, agency and psychosocial well-being among unaccompanied children supports the idea that family members generally play a fairly important role in the decision-making process regarding the migration, and in the expectations that unaccompanied children develop. But it appears that young people have their own expectations too, separate from the family, which the researchers consider to be a sign of agency.

Agency also comprises the capacity to understand society, says Arendt (in Van Reisen, 2018). In the early days, unaccompanied children are often confused about the society they are now living in, which makes them feel powerless and insecure. The bureaucracy, the different roles of the different services such as the immigration office, guardian, mentor, what can and cannot be influenced – all of it is new and incomprehensible for many children.

It is therefore important to give them as much clarity as possible, to provide a sense of agency. That enables the child to get to grips with the bureaucratic processes, and to understand who they can turn to for what, and what can and cannot be changed. It also seems to create a sense of agency if they can have some influence on their living conditions at the asylum centre. Young people generally like being able to participate in decisions on, for example, agreements about what time the kitchen can be used, or what they will be eating.

Autonomy as part of agency

Autonomy is an important aspect of agency. According to Vervliet (2013), this concept refers to two important constructs: self-determination and self-protection. Self-determination means, among other things, self-reliance. Self-protection means wanting to protect yourself from external control, which manifests itself in obvious or less obvious types of resistance. Regarding agency, a distinction is made between actual 'exercise of agency' – the action – and a 'sense of agency' – the degree to which you have the feeling that you can exercise agency (Vervliet & Derluyn, 2013). So, autonomy is a type of agency when it comes to resistance (self-protection), and an expression of self-determination when it comes to self-reliance.

Migrants need to be self-reliant in their new situation. This applies to adults, but unaccompanied children also need to gain autonomy and the skills to be sufficiently self-reliant when they reach the age of majority.

In a collectivist (extended family) culture, however, autonomy is not a goal in a child's upbringing, as is the case in Western individualistic culture. A child from an extended family culture generally grows up within the protection of the extended family of which it continues to be a part. But an unaccompanied child has lost part of this because of their flight, and therefore now has the new, extra task of exploring independence or living alone. Many unaccompanied children indicate that they do not want to live alone at the age of 18. Whether they can live alone is also dependent on the system and national/regional possibilities. However, the young people who do live alone often say that they miss others and feel lonely and uncomfortable. So they themselves do not always consider it self-evident, or necessary, that autonomy and self-reliance should be encouraged.

Child-friendly information[I]

Providing 'child-friendly information' means giving information that is adapted to the child's age, maturity, language, gender, and culture[II].

Age, maturity, language skills, gender and culture perspective must be considered cumulatively by respecting some golden rules:
- Adapt information to the child's situation
- Provide information directly to the child, as much as possible, in his or her first language (mother tongue)
- Use an interpreter (as soon as necessary) after verifying the interpreter is understandable to the child and can understand the child
- Keep in mind that the environment in which information is provided affects the extent to which it is child-friendly
- Empower the child by providing information that gives him/her strength and opportunities to develop coping strategies
- Ensure the child understands what information is confidential and what you are obliged to disclose
- Use non-judgemental vocabulary
- Use open and non-intrusive questions
- Give the child all necessary information, even if it might only be useful at a later stage[III]

To avoid misunderstandings or a lack of understanding:
- Do not ask the child if he or she has understood your explanations[IV]
- Do ask the child to explain what he or she has understood

Child-friendly information is also, and maybe above all, information provided to help the child with their questions and worries, so not only for the professional's purposes. This means looking at things from the child's perspective to make a list of the questions he or she might have. This could include:

> Where am I? For how long? Will I be transferred? If so, when? To where?
> What are the roles and duties of the professionals I will be in contact with?
> Who will take care of the procedures for making my stay official? When will I get an answer? Who will give me an answer? What will happen if I am not allowed to stay?
> Will I have a medical check-up?
> When and where will I go to school or college?
> How can I keep my belongings safe?
> How can I keep in touch with my loved ones?
> Who can I turn to if there is something I need (clothes, toiletries, transport tickets, food, etc.)?
> Will I be allowed to do sports, art, or leisure activities? If so, when and under what conditions?
> Can I go out by myself? Do I need to ask permission? Who should I ask?
> How can I practise my religion?
> Who do I turn to if I have a problem, if I am in danger, if I am a victim of violence or exploitation, etc.?
> Who can I turn to if I want to make a complaint?

To provide verbal information:
- Speak slowly and articulate well
- Try to build short sentences without multiple components
- Use easy/simple vocabulary, avoiding technical or professional terms (jargon)
- Prioritise sentences that are as close as possible to spoken language[V]
- Avoid pronouns, as repeating names is clearer[VI]
- Avoid subject-verb inversions and passive forms
- Do not use contracted forms and use standard forms of grammar[VIII]
- Avoid using any words that have multiple meanings, like 'get' in English
- Try to use the vocabulary that children use among themselves[IX]
- If you know them, introduce words from the child's first languages[X]
- Use rephrasing to explain complex information: "when I say ... it means ..."[XI]
- Do not underestimate the role of gestures to reinforce understanding

To provide written information (in addition to the guidelines given above for verbal information):
- Minimise the length of the text
- Remember that the translation of a text is not always sufficient to guarantee understanding[VII]

To reinforce written information with illustrations:
- Keep in mind that illustrations (drawings, diagrams, pictograms, etc.) do not automatically guarantee better understanding of written information
- Avoid iconic, symbolic and metaphorical illustrations
- Do use figurative and realistic illustrations
- Do not use illustrations referring to cultural background or customs that are alien to the child

2.5 Matching from the perspective of the family
Reception family factors in general
Factors concerning the reception family that should be taken into account are pedagogical skills, nurturing skills, capacity to offer security, sensitivity, cultural added value, ability to support the child's

ambitions, degree of integration, family composition, stable family life/life events, family motivation (including that of their own children), sustainability that can be offered, ability to make the child feel free, expectations regarding the child, and their motivation to involve biological parents or family.

Related family

Placement in a related family is the first possibility to be considered if available. Kinship placement might have been part of the original plan made by their parents or family before the unaccompanied child's flight from the home country. Quite often, children and kinship families have found each other and already live together before any official has noticed the absence of the child's parents. Even if a biological family does not at all agree with the related family being screened, the family's suitability for taking care of the child should still be looked at. In doing so, the most important matching criteria are considered. With a situation like this, matching should focus on weighing up matching factors and screening outcome against the family bond and vision, as well as the wishes of the child, reception family and absent parents. During related family screening, it is necessary to check their motivation thoroughly, and not simply assume that people will help anyway because they are family. It may occur that a family has accepted the task of taking care of a family member against their will. If that is the case, deciding against a placement must be considered. The biological parents should then be told that the conclusion is that the situation is not the most suitable, but this is not the fault of the related family.

Important knowledge for matching with ethnic families

If the child is to be matched with a family of the same or a close cultural background, it is important to also consider the religious background of the child and the reception family.

Another factor to consider is the background of the child and the family in terms of clan/tribe of origin. And refugees from war zones may not match well with certain political groups. So it is important to look carefully at the motivation for taking the child in: what does the family expect?

2.6 The matching process

There are several possible starting points for matching unaccompanied children. A child may have just arrived in the country, may have stayed in a reception centre for a shorter or longer period, or may have stayed with a short-stay reception family.

If the child is in a safe and stable situation, there should be enough time for a thorough investigation of all needs and child factors while the matching process continues. If this is not the case, a temporary placement with a specially selected reception family for short-stay reception could be considered.

Sometimes a child arrives with family that take care of the child spontaneously or have been asked to do so by the parents or family abroad. After screening a situation like that, it is wise to apply a matching model to check whether the placement is safe and sustainable.

Good practice

In the Netherlands, all unaccompanied children arrive at a centre for registration and application.

Sometimes they arrive with relatives. After the registration and application formalities, a Nidos guardian talks to the child and their family about the best place for the child to stay. If the guardian sees nothing other than affection and a warm relationship, the child will be sent to stay with these relatives. Nidos does an initial safety check at the relatives' home as soon as possible within a maximum of five days (legal obligation). The living conditions and personal situation of the relatives are investigated, and the child's safety with the family is assessed.

If a child up to 14 years old arrives at the application centre on their own, they are placed temporarily with a short-stay reception family living close to the centre directly after being registered. They stay there for only a few days, to give the guardian time to either find and investigate possibilities for kinship placement, if there are relatives in the country, or to find the best match in a non-related reception family somewhere in the country. Families from different cultural backgrounds who speak different languages are specially recruited for this temporary reception and are prepared to take a child at any time of the day or night.

Although matching is supposed to be done before actual placement begins, there are situations where the matching will be done after the arrival of the child within a related family. In these cases, matching will be the third step in the following process:

- A safety check within five days after the notification that an unaccompanied child has arrived at a related family
- Screening the family within three months after the arrival of the child in the family
- Matching as soon as the screening report has been finished

At the end of the process, the strengths and weaknesses of the match will have been determined, expectations will have been made clear to all those involved, and there will be a clear picture of the issues to be addressed.

Consultation and the commitment of absent parents or family

The extent to which biological parents, or family members who are important to the child, agree with the placement in a reception family has an effect on the stability and sustainability of the placement. Their disagreement will most likely provoke a loyalty conflict. And even the slightest negative tone in communication between biological parents or family and the reception family may cause instability.

If possible, communication between the guardian/social worker and the biological parents or family should take place with the help of an interpreter. It can also be helpful to ask a 'key figure' to support the communication and talk to the biological family. The 'key figure' must be a member of a cultural or ethnic group that is well integrated in the new society. He or she can help with analysing the problems regarding cultural differences and can mediate or advise in conflicting issues. This person can also operate as a cultural mediator in finding the most important person in the family who can give permission, or whose commitment should be gained. This could be the father, the mother or – more likely – the grandfather, the grandmother – or even a headman of the tribe or a priest.

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An example

Qasim became an orphan when he was only a baby and was taken in by his uncle – his father's brother. The family emigrated to the Netherlands. At the age of 10, Qasim was placed with another uncle because the family who had taken him in were going to live in the UK and Qasim could not join them because he did not have Dutch nationality. It soon became obvious that this other uncle was not capable of bringing up Qasim. He had neither the time nor the opportunity to take care of the young boy. When the guardian wanted to place the boy in another family, the uncle got very upset and did not agree. Discussions about the situation did lead to new agreements. But then the boy ran away, and the guardian talked to the uncle again. He asked him why he did not want to cooperate in finding another solution for Qasim. The uncle then explained that he had promised the family to take care of Qasim, that the boy was expected to keep in touch with his family in Afghanistan, and that they expected him to support them financially in the future. These were the reasons why the uncle could not agree to another solution for the boy. He wanted Qasim to come back to him and to behave. The guardian now understood that the uncle was acting under pressure from the family and asked the uncle whether he would agree with another solution for Qasim if the family would also accept that. The uncle wanted the grandfather in Kabul and the uncle in the UK to be involved, as they had to decide what to do. The guardian invited the uncle to come over to the Netherlands from the UK to help find the best solution for Qasim. As the uncle could not come over himself, he sent his wife. During a family consultation by phone with the uncle and the aunt from the UK, as well as the grandfather in Kabul, it was decided that Qasim could not stay with the uncle in the Netherlands. An older cousin and his wife were prepared to take care of Qasim.

Presenting the child to the reception family

Before presenting the child to a family, the guardian/social worker responsible should make a list of all available matches in the child's current environment. The degree to which the environment where the match will be made should be considered depends on how attached the child is to their current network. School and friends are important factors to take into consideration.

It is worth looking at possible matches with families that come from the same or a very similar ethnic background as the child. If family like that is not available, an unaccompanied child could benefit from placement in a family with a similar cultural background, or a family with a migration background. Other helpful factors are languages spoken in the family and their own experience as refugees and with integration in a new environment.

All child factors and reception family factors are compared and weighted. Critical factors may mean that a matching does not go ahead, or that special issues are identified that may need extra attention or guidance.

The next step is to present the child to a family that is believed to be the best match. The family should have received all the information that is relevant to give them to gain the right impression of who it is that they are going to be taking care of.

Presenting the reception family to the child

If the family that is believed to be the most suitable match agrees with the placement, the guardian/social worker must inform the child about the family, explain the factors that are likely to be of interest

to the child, and answer any questions the child may have as well as possible. The child should be given an age-appropriate role in making a plan for getting to know each other before the placement begins. The role of the guardian/social worker is very important in this whole process.

Try-out process
The wishes of the child and the candidate reception family are carefully brought together in a 'try-out' process. Questions, remarks and suggestions should be shared with all involved after every step in the process. These will be taken into consideration during the next steps.

This is a 'tailor-made' plan that should eventually lead to effective decision-making. It must be guided by the guardian/social worker. The length of each stage in the try-out process may vary, depending on the child's situation, their motivation, and their way of coping with the process, plus the urgency of the need for a better kind of reception. It is important to realise that children from some cultural backgrounds have learned to respect adults and be grateful for any help. These children will therefore not find it easy to give their real opinion if it is a negative one.

2.7 Screening and matching - Skills & Tools

Handout 'Gut feeling exercise'

Skill: Listening to your gut feeling – Tool: consulting colleagues about worrying signs

Worries: Amina and Abdel are working very hard in the restaurant. Combining this with taking care of Alicia is stressful for Amina. That is why Abdel was worried about taking in Junaid. They have some financial problems as well. Amina has health issues and is very tired a lot of the time, so they have had to hire a part-time help. Junaid is an ambitious boy who wants to help the family. You are worried about him taking care of Alicia or working too much in the restaurant if he were to live with them. Amina does not talk to anyone about her vulnerabilities. Her sister, Junaid's mother, has called you twice to ask if Junaid will be allowed to go and live with Amina.

Exercise:
Discuss the following questions with a colleague:
- On what behaviour or information is your doubt based?
- Do you have enough information to assess whether or not placing the child in this family is safe?
- Who do you need to get this from?
- What is your greatest worry (assessing strengths and vulnerabilities)
- What is needed to give you a 'this reception family is good enough' feeling? Who do you share this information with, working together to guarantee safety?

Possible outcomes could be:
- Saying no to placing the child with this family and explaining why
- Extra screening and matching activities before a decision is taken, e.g. extra family visit, references, agreeing on points that need attention in building a relationship between the family and the youngster
- Allowing the placement to go ahead but planning early evaluation

Handout 'Checklist for family-friendly risk assessment'

Riskfactors

Chronic and/or severe illness	☐	☐	☐	☐
Divorce	☐	☐	☐	☐
Family with more than three children and/or insufficient housing	☐	☐	☐	☐
Material or financial problems	☐	☐	☐	☐
Violence in the family	☐	☐	☐	☐
Social isolation	☐	☐	☐	☐
Uncertainty about obtaining an asylum permit	☐	☐	☐	☐

Culture and biological family related risk factors

Relationship with biological family is problematic	☐	☐	☐	☐
Risk of female genital mutilation	☐	☐	☐	☐
Risk of honour-related violence	☐	☐	☐	☐
Risk of forced marriage	☐	☐	☐	☐

Risks at the candidate reception family

Parent was victim of sexual or other abuse	☐	☐	☐	☐
Psychological issues (trauma)	☐	☐	☐	☐
Suicidal or violent thoughts	☐	☐	☐	☐
Problems with drugs and/or alcohol	☐	☐	☐	☐
Problems with biological/cultural background of the child	☐	☐	☐	☐
Problems in the partners' relationship	☐	☐	☐	☐

Risks related to the current situation in child and reception family

Capacity to cope is insufficient for what the child needs (special needs, age)	☐	☐	☐	☐

This checklist can be used to assess risks and is part of the screening procedure.

What is needed to have an open dialogue with a reception family on these topics?
What will be effective for building a relationship with them and keeping an eye on possible risks at the same time?

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Settling in, developing and integrating

3.1 Welcoming Junaid

Junaid has been living with Amina and Abdel for four weeks. Amina has noticed that he is very quiet. He eats a lot of food and just yesterday Amina found out that he is hiding food in his room as well. She thinks he is missing his mother and the rest of his family because he talks to them on his phone all the time, also during supper. Abdel does not like that, he told her, but Amina finds it difficult to discuss this with Junaid. Amina and Abdel had a discussion about it: she wants to give Junaid some space, Abdel wants Junaid to keep to the rules of the house. Junaid had an argument with Abdel, when Abdel asked him to be more polite to Amina, because he does not always say thank you or goodbye. Junaid ran to his room and slammed the door. Amina is worried about Junaid because he has trouble sleeping. The only times he seems relaxed is when he plays with Alicia, who adores him. Junaid is very kind to her and likes to play with her. He also likes going to school and playing sports. He just joined a football team.

3.2 Placement from the child's perspective

Important issues in the first phase of the reception of unaccompanied children:
- The initial phase of reception focuses on offering rest and safety
- The basic needs of the child are provided for: shelter, sufficient food, physical safety and keeping in touch with family
- The contact with the child is based on showing interest and being reliable
- The child's distrust, secrets and unwillingness to talk about things are respected
- The child's level of independence is respected
- Continuity in mentors/guardians and at the reception facility whenever possible
- Suitable and, preferably, useful daily activities are available
- There is positive support for the child's experience and expression of religion

In short: feeling safe and welcome, and having sufficient and appropriate food, certainty about your place of residence, human contact based on interest and support, frequent contact with family, and understanding of the procedures you are dealing with are all factors that contribute to a basic sense of security. Feeling secure helps unaccompanied children to unwind and recover from the stress and traumatic events, and they are then able to explore the opportunities in the society they now find themselves in. A society in which they are confronted with a completely different culture that may sometimes seem inconceivable to them, as well as complicated bureaucracy, and new risks and temptations. The right support and appropriate provision of information can be of great help to them and reduce the risks.

Food

The importance of eating, and having access to sufficient and familiar food, is often underestimated. Most unaccompanied children were hungry during the journey. And many had also experienced hunger caused by war and poverty in the period prior to the flight. Once the children are in Europe, they expect to find a rich, safe country where there is enough food. Eating is a primary need, necessary for survival. Someone living in poverty or war, or someone who is fleeing, has no certainty that there will be food to eat. Unaccompanied children are therefore initially focused on food.

Foster parents also recognise the stress caused by food. Unaccompanied children hoard in the beginning, hiding food under their bed or in a cupboard in their room. These foster families have discovered that if sufficient food is always available, and hoarding is allowed, the child's fixation on food will automatically decrease. Over time, certainty about the availability of food is internalised and no longer a source of stress, particularly in residential groups that let go of rules about food and ensure that there is enough food that children can always access. The fixation on food generally passes or decreases after a few months.

In many cultures, eating together is a time to share emotions. When there is something to celebrate, a marriage or birth, or if there is sadness or grief, the emotions that go with that are shared during a meal. Eating together, experiencing the smells and flavours together, is associated with sharing emotions and being with people you love. Food is also the way to share, to be hospitable. Food is always available; guests are offered food, and everyone is always welcome. Eating is therefore also the basis of togetherness and a sense of community.

The traditional culture in north-west Europe is very different. Meals are eaten at set times, and the food is put away the rest of the time. Guests are invited to people's homes and extra food is prepared for them. Having unexpected guests at the table is not the norm. When there is something to celebrate, there is a festive meal with lots of delicious food but eating together is not traditionally a time to mourn together or share sorrow.

Family

Contact with their family is extremely important for almost all unaccompanied children. These children come from an extended family culture, as was described earlier. So even though their family is geographically far away, for most of them the family is still very much a part of their life. The child has come to Europe to help their family, to contribute to the family's well-being. They often feel responsible for their family, and therefore want to succeed in the asylum procedure and family reunification, or want to earn money to send home. This changes over time, of course, when the reality turns out to be different, as do family expectations and hopes.

There are now many inexpensive ways to have contact with family, using a mobile phone or the internet for example. Unaccompanied children may use social media a lot to keep in touch with their family, with those who were left behind, but also with family members who they lost on the way, or who fled at a different time and followed a different route. These family members may be in bad shape or in dire circumstances. "And," as a former refugee said, "once you've fled, the only place you can meet your family is in the online world."

Unaccompanied children think about their family a lot, especially in the initial phase. This is noticeable from their continual use of the internet or their phone. Foster parents and other professionals do not always understand this, and it can lead to arguments. For example, two brothers were told that they

were being disrespectful, because they were on the phone to their father in Israel who called them during dinner. They had to ask their father to call them later. The boys felt very misunderstood in this situation. They were very concerned about their father; they did not know exactly what was going on, but they did know he was in trouble and needed money.

Sometimes the child's parents are in such a difficult situation that they cannot be contacted. Or parents may be missing. This is unfortunate and very stressful for the children.

Understanding bureaucratic procedures

Unaccompanied children have travelled the world without parents, either alone or with other family members or people from their country. Along the way, they have had to make many decisions about the journey on their own: how to travel and who with, where and where not to stay, and which routes to take. In a way, they are self-reliant and independent. When they are faced with the bureaucratic registration and asylum procedures in Europe, they often lose this sense of self-reliance. They know that their future depends on the asylum procedure, but they do not understand it in all its complexity, if only because of the language and the lack of reliable people to translate for them. But what is also often new to them is that they cannot influence the procedures by, for example, exerting pressure, paying money, or getting influential people to help them.

This can lead to a lack of agency, feeling you are unable to influence the situation, the asylum procedure, or your future (including their family's future). It is therefore extremely important for the wellbeing of the unaccompanied child that they have a good understanding of the procedures, so they need people at their disposal who can translate and explain and are also reliable in this. Good examples of appropriate provision of information are short vlogs on YouTube made by former refugees in the language of the unaccompanied children. Another good example is a German child-friendly booklet for refugee children on different subjects, with quotes and advice from child refugees (Jugendliche ohne Grenzen, 2017).

Contact

Unaccompanied children are usually unfamiliar with the concept of a professional who provides care and support. They are used to being helped by their family or the community, assistance given by people they already know. In general, unaccompanied children like to feel that the contact they have with, for example, staff at the reception centre, a mentor or a guardian, is because the person is interested in them, and concerned about them, and that they are not only doing this as part of their job. The children say it is important that a guardian or mentor is there "when they really need them", like during an appointment with the immigration services or a lawyer, an appointment related to health problems, or a telephone call with their family. Mentors or guardians sometimes have to get used to that. They have mainly learned to respond at moments that are difficult or problematic, not during good times too.

In addition to this, most unaccompanied children have no faith in authorities, as they have learned to distrust government and other official agencies. So they need time to work out what the roles are of the different professionals involved, like asylum procedure related professionals/social workers/guardian).

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3.3 Placement from the family's perspective

Putting yourself in the reception family's shoes, the following topics are obviously important:
- Wanting the child to feel welcome
- Getting to know the youngster, what do they need?
- Getting used to the new family routine
- Supporting the child as they settle in
- Learning to understand the child's behaviour
- Dealing with the biological family
- Impact on your own children
- Your own traumas resurfacing

3.4 The first phase of placement: professional tasks and challenges

Reducing resistance to monitoring

Monitoring the placement is important to safeguard the safety of the child and for building trust with the reception family. Follow-up visits may stigmatise the child by drawing attention to him/her during a visit. The surrounding community might also resent what it perceives to be the assistance provided to the child/family during follow-up visits. The caregiver may regard such visits as a lack of confidence in their ability to take care of their own or other children. You must also keep in mind that most ethnic families have little faith in authorities. As they are usually not familiar with the profession of social worker, they might regard the social worker as a representative of an institution, and not to be trusted. Follow-up visits, and any assistance provided, should be evaluated for their impact.

To minimise resistance, and to gain the confidence of the reception family, a lot of effort should be put into helping the family and their network to understand and accept the need for monitoring a child living in a reception family. Social workers should be sensitive to the feelings of families and should not infringe on their privacy more than necessary. Confidentiality must be respected, and families must know what will happen to any information gathered and possible action taken. There may be less resistance if monitoring is carried out by a community-based organisation, and by the same person each time. However, this community-based monitoring would need to be periodically monitored by the placement agency for verification purposes.

If the biological parents can be contacted, then the professionals working with the child can give them, with the help of an interpreter or translator, a realistic picture of the child's situation and the opportunities they have. Making clear to the family that their expectations were unrealistic can reduce or remove the pressure on the child. A 16-year-old boy from Syria said how relieved he was when his guardian explained to his father that it was not the boy's fault that the asylum procedure and family reunification were taking so long, but that the rules had been changed and everyone now had to wait a long time. Before that, his father had kept telling the boy that he should try harder or complain to make things go faster. The father thought that his son had done something wrong, especially because his nephew had succeeded in bringing his family over a long time ago, but now he understood. The boy has been more relaxed since then and is now showing an interest in school and his new environment for the first time. He has clearly passed the initial phase now and feels free to explore the possibilities for staying in Europe.

In most European countries, guiding and supervising the reception family and the child is done by one and the same social worker. There are specific aspects regarding the child, the reception family and

the risk of child abuse that need special attention from the social worker. These aspects are mentioned below.

Regarding the child:
- Be alert to signs of developmental problems
- Offer psychoeducation for any psychological issues, anything affecting the child's development, and tasks an unaccompanied child must perform
- Advise on how to deal with the problems
- Advise on how to promote attachment and resilience
- Bridge the gap to professional psychological guidance if necessary

Regarding the reception family:
- Be alert to signs of imbalance between the burden on the family and their capacity to cope
- Be alert to signs of imbalance between distance and closeness in the reception family's relationship with the child
- Give advice and support for encouraging contact between the child and their biological parents or family
- Explain the legal procedure of the asylum application
- Give support for dealing with uncertainty about obtaining a residence permit
- Advise on bringing up children across two cultures
- Advise on parenting problems
- And what is very important: point out to the reception family what is going well and give them credit for it

Issues to monitor and address

During visits to the family home, and contact with other professionals involved (e.g., the child's teacher, doctor, or anyone else who are important in the child's life), the social worker should listen and observe interactions to ascertain whether the child is at risk or if there are any support needs. Both planned and unannounced home visits should take place, and the child must be seen alone, at least for part of every visit.

Each visit must be recorded and documented in the child's case file. The social worker should also be in regular contact with the biological family or legal guardian, if available, to update them on the child's progress, the family's situation, and plans for reunification or other arrangements.

In home visits to the family, the social worker should make observations and ask questions regarding key issues, as well as providing information and support. (For guidance on how to communicate in a child-friendly manner, see Resource List.)

Below is a range of observations that the social worker should take note of during monitoring visits. (The following table may help in designing training for social workers or volunteers who are to monitor and support families.)

Note: the child's care should be evaluated in the context of the general capacities and socio-economic situation of families in the same community.

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Observations and gathering information

- Weight gain is satisfactory according to monthly weight (or weight-for-height) measurements and visual observation
- There are no signs of neglect, such as skin diseases related to poor hygiene, refuse/rubbish not appropriately disposed of, or the child is significantly different (malnourished/dirty clothing/unwashed) from the other children in the family
- The child is not treated differently from other children in the family: he/she does the same amount of work, attends school with the others and eats with them
- There are no signs of abuse, such as unexplained burns, cuts or bruises. It is common for children to fall and sometimes injure themselves; what the social worker should be looking for is something that does not make sense, given the explanation for the injury
- Psychological concerns such as anti-social behaviour, problems at school, apathy, depression, anger and violence
- Inappropriate sexual behaviour, given the age of the child
- Potential safety concerns in the home
- 'Bonding' between child and caregiver: they appear to be relaxed with each other and there are indications that the child's emotional needs are being met
- The caregivers take appropriate action to meet the child's needs (e.g. they acts on any illness, takes him or her to school, feeds the child adequately)
- The child is occupied during the day with education, skills training or social activities appropriate to his/her needs, stage of development, and community norms. The caregiver is physically and mentally well and not struggling to cope
- Contact with family members and family friends
- Child/caregiver and parent opinions, preferences and concerns regarding current placement, reunification or longer-term care, and other issues
- Daily activities of the child and how this compares with those of other children in the household/community
- Child's health, going for required check-ups and treatment for any identified health problems
- Child's attendance and progress in education or other activities
- Whether the child and caregiver are receiving the required support
- Any planned changes to the care of the child
- Any behaviour concerns relating to the child
- The child's relationship with reception family, peer group and community
- Caregiver's coping abilities, his or her physical and mental health, and any support needs

3.5 Settling in - Skills & Tools

Handout 'Mind map'

This is a tool to empower foster parents in understanding the child's behaviour and ways to deal with it[xiii]. It is important to be aware that the reception family is the expert on the child and on their own reactions to the child. The social worker has general relevant knowledge and experience that can help guide the process of understanding the child's behaviour.

Step 0 Preparation Reflect on which information is helpful for the foster parents to understand the behaviour of the child. This could be related to the age and development phase, experiences of UAC in general, cultural background, impact of trauma and stress, missing family, etc.

Step 1a Take a sheet of white paper and write down in the middle **'Most young refugees aged ... (age child)'**. Share the information from step 0 as general information, such as "Some unaccompanied children, at the age of .." or "a lot of youngsters are …". Write down this information in the mind map.
Step 1b Ask the foster parents which part of this information is relevant for the child they are caring for. Write down those topics in mind map 2.

Step 2 Write down the name of the child in mind map 2 and ask the foster parents to think about: How does the general information help them to understand the child? Ask them to be specific.
Step 2a Ask the foster parents to put themselves in the child's shoes: How does the child feel, think, act? And what does he or she need? Try to all think up ways of dealing with the child's behaviour.

An example:
Hamida (15) has foster parents who are worried about her going to sleep very late every night. She is constantly checking her phone and complaining about having nightmares. She does not want to talk about her worries or the sad feelings she is having. They are trying to limit the use of the phone by making rules, but Hamida does not observe them. In the evenings, the atmosphere at home gets quite tense whereas during the day Hamida and her foster parents get on quite well with each other. The social worker provides them with the following information:

- 15-year-old girls are always very busy with their peers and social media, which helps creates a sense of belonging/build their identity
- For some unaccompanied children, the night-time is more difficult, because they are scared of having bad dreams or feelings of fear and loneliness
- When children or young people have traumatic experiences, they look for distractions and avoid talking about their worries and fears. This is an acceptable/good coping strategy

Hamida's foster parents recognised the part about having bad dreams and traumatic experiences. With the social worker's help, they completed step 2 of the mind map, and decided to have a conversation about it with Hamida – during the day, when the atmosphere is relaxed. They will ask her what can help her to fall asleep more easily, and what can help her if she feels worried or scared during the night. For example, listening to music, sleeping with little 'take fear away' figures under her pillow or keeping the light on. They learned not to ask about her bad dreams and worries, but to focus on solutions and distractions.

In general
Step 1a Offer the information as general information, write down keywords with **'Most young refugees aged …(age child)'** in the middle.
Step 1b Ask the foster parents which part of this information is relevant for their foster child, and include that information in mind map 2.


Young refugees in general,
Children aged …
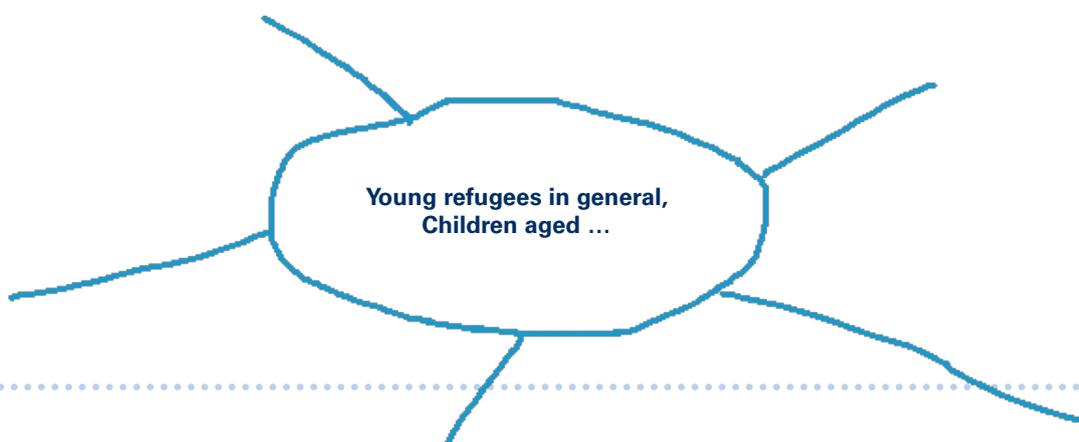
This specific child

Step 2 Discuss how they can understand the behaviour of their foster child with the help of the information provided.

Step 2a Ask the foster parents to put themselves in the child's shoes: how does he or she feel, think, act? And what does the child need?

Try to all think of ways for them to deal with the child's behaviour.

Child's name
What does he or she needs?
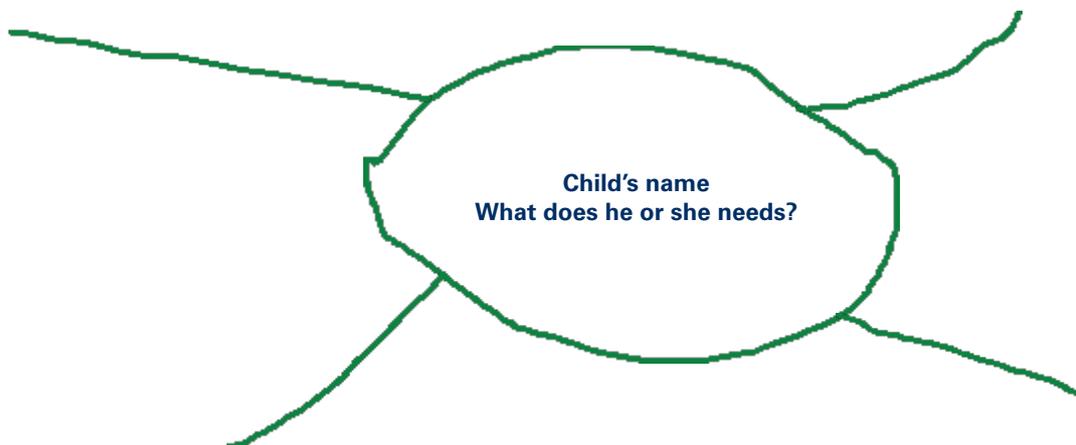
Handout 'Social workers and trauma'

1 Challenges in relation to trauma and young refugees – the perspective and role of the social worker and/or mentor

> Reasons for being traumatised:
- loss of family, friends, home
- war and effects of war
- exile, violence, rape, dramatic experiences on their way to Europe
- disorientation, loss of comfort zone (language, customs, religion, rules, etc.)

> In the European host country they face exclusion, racism, poverty, marginalisation and institutional violence.

> A very long wait for status regularisation creates high levels of stress, anxiety and fears for the future.

> Often being moved from one shelter to another keeps young people from fully settling, investing in sustainable relationships and developing a feeling of safety.

> When hope of family reunification fades away, for various reasons, young people suffer from loneliness, guilty feelings and demotivation. IThe age of young refugees is sometimes assessed in dubious and traumatising ways.

> Young refugees often fear dying in a country far from home, without any of their family members knowing about it, and without the possibility of their bodies being sent back home. Leaving no trace behind can create a lot of anxiety and fear.

2 What can a social worker/mentor do?

■ Help young refugees connect with their resources, to recognise them, transform them and feel more confident about using them in their new societies.

■ Do not focus on the trauma, but on the resilience of young refugees.

- **Focus on everything that makes them the person they are**. Solution-focused attitude: "problem talk creates problems; solution talk creates solutions".
- Do **not ignore trauma**. Watch out for symptoms of sudden fear and flashbacks, sudden anger, concentration problems, lack of trust, and difficulties in investing in new relationships. Refer to professionals who can address the trauma. Be alert if there are any symptoms of trauma – not to focus on traumatic experiences, but to check on the symptoms. Ask about how the youngster is sleeping. How is their concentration at school? What happens (tiredness, thoughts)? Explore the symptoms without going into them too much.

  You do not need to avoid every sensitive issue to prevent re-traumatisation. Tell the youngster that you have experience with a lot of refugees who have had to deal with traumatic experiences on their way to Europe. And that they are always welcome to talk about things if they want to – you will listen.

  Have a listening attitude without asking too much. Be encouraging and supportive, and let them tell their story. Just listen and explain to the youngster that it is up to them to decide what they want to share with you, and you will not ask them lots of questions. That gives them a feeling of control and safety.
- **Explain what trauma is.** As psychoeducation: it may be worthwhile to tell the young person more about what trauma is, how this natural physiological reaction to danger is useful for human beings, and that there are ways to calm your body and continue with your life. It is very important to teach young refugees to understand their own reactions. As "normal reactions in an abnormal situation". Start with general information: we know that many young refugees have had difficult experiences. These experiences can cause them a lot of stress and fear. That is a very normal reaction. Explain the window of tolerance using a metaphor (like a football you want to keep under water but sometimes it just pops up). A normal reaction to fear is avoidance. Or getting very angry without really understanding why. Or being constantly alert, even at night when you are asleep.
- Just as with traditional physiological first aid, it is essential to know the basic actions needed to calm down an overactive person. To deal with trauma and acute stress, and also to calm yourself down in highly stressful situations. The traffic light metaphor can be helpful: together with the youngster, identify the triggers and their first symptoms of extreme stress. The light goes from green to orange, heading for red. Let them think about what helps to calm them down at that moment: taking a walk, listening to music, etc. And remind them of that calming action when those moments occur. Parallel to this, social workers should know how to calm themselves down.
- To build resilience, focus on spaces of trust, 'normality' and opportunities to just be young, engaged and active with things that concern young people. Young people need to feel that nothing in particular is expected of them, that they do not need to perform or tell their story, but in a 'safe place' they can build their confidence and learn to trust other young people and social workers.
- Always be open and curious: might there be a good reason for the youngster's behaviour? What helps you to understand their behaviour and needs? Be careful not to treat behaviour as a problem, and be creative in helping the youngster to understand what they want and what works for them in dealing with stress, loss, fear and needs in their daily life.

3 Ideas for youth work and daily practice

Help young people to find out what they like, what they are good at, and what their strengths are. It is about acknowledging and recognising young refugees' resilience. This can be achieved by the following methods.

- **Focus on past successes**. Young refugees had a life before becoming refugees, so ask them what they liked, what they used to do, what they were good at. You can also ask them how they managed to get through everything they went through.

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- **Focus on what is going well** (even the simplest things). What is going better than other things? What has been successful? With any answer you get on these topics, focus more on those aspects (e.g. what is great about being at school?). Making young refugees speak about what works well reinforces positive networks in the brain and enables the young person to develop a more positive self-image.
- **Treat** each young refugee as an individual: they are not all the same. There is no universal approach for everyone.
- Develop cultural awareness and the ability to respect cultural beliefs and customs; also necessary in relation to general health and mental health issues. In some countries, witchcraft is part of cultural practices, and some young refugees will share their stories about spirits, ghosts or witchcraft.
- **Do not be afraid of emotions** and for allowing space for them. It is OK for a young person to feel sadness, anger and fear. Let them know that they can express these emotions freely, and that you are ready to listen if they so wish.
- Death is an important topic for young refugees. Many of them strongly fear the loss of a family member back home, or their own death in a foreign country far from home. **It can be useful to address the topic of death**, the different ways cultures deal with it, and the practices and beliefs around it.
- **dentify local specialists**/networks who could provide support if needed. You do not have to act as a therapist yourself.
- In order to tackle the trauma and mental health of young refugees, it can be useful to **identify specific situations** you have faced in your practice, and to explore different ways of tackling them.

Is there anything you recognise and do you have a case example or a good practice to share with others?

3.6 Development from the family's perspective

The following topics are important issues and the reception family will need to be given information on them to understand the child's behaviour.

Mental health problems

We know that mental health is often a taboo subject, and that perception of the connection between health problems and their causes can differ greatly between cultures. The consequences of traumatic events often overwhelm unaccompanied children. They may not be familiar with mental health problems like these, so may not recognise or understand the feelings or symptoms themselves, especially without any parental guidance. This makes them feel very insecure. They may interpret their feelings or symptoms as depersonalisation, witchcraft, or a loss of inner strength. Stress is something that unaccompanied children are familiar with, and most of them know the concept as they often experience severe stress.

Stress

Unaccompanied children have to deal with the stress of the asylum procedure, uncertainty about their prospects, being uprooted from their country of origin, missing their family, and concerns about their family's well-being. Many of them were traumatised before and during the trip. As a result, a lot of unaccompanied children suffer from health problems caused by trauma and chronic stress.

Stress is the emotional and physical response to potentially dangerous or adverse situations. A certain amount of stress is needed to function properly and to estimate whether a situation is potentially unsafe. However, when a person is exposed to a lot of stress for an extended period, the stress system

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can become so over-stimulated that making a proper estimation of what is and what is not dangerous becomes impossible. Someone with an overstressed system often no longer has a good sense of danger or of unsafe situations.

There can also be a constant sense of danger, causing the person to be in a permanent state of hyper-arousal. All the time, the person is hyper-alert, vigilant and agitated and can easily go into fight or flight mode. This coincides with a reduced ability to concentrate and a poorly functioning memory (Struik, 2010). Unaccompanied children might suffer from a hypersensitive stress system, a small window of tolerance, and many triggers. As a result, they quickly go into a state of hyperarousal or hypo-arousal, or the period lasts for a long time (see box). The behaviour that goes with this therefore stems from an instinctual reaction to the experience of actual or perceived danger. To the environment it seems as if the child is becoming aggressive "out of nowhere, for no apparent reason".

Mental health problems related to chronic stress and trauma can have a great effect on how children function. Their cognitive capacity may decrease due to these problems and the intensity of the emotions complicates adequate emotion regulation. Children can become overwhelmed by emotions and thoughts and relive their experiences to a point where their capacity to remember and store events decreases (Struik, 2010). This explains why unaccompanied children find it hard to motivate themselves to go to school, especially in the early days.

Stress system

The human stress system is controlled from the primal brain that drives the immediate response: the response to perceived threats. Neurotransmitters such as adrenaline and noradrenaline are released, which increases the heart rate and muscle tension. This is a hyperarousal state of the body aimed at averting immediate danger. A second system, the HPA axis, provides 'fuel' to 'sustain' this hyperarousal reaction in the longer term by producing the hormone cortisol (Stöfsel & Mooren, 2010; Struik, 2010). The zone of stress that can be tolerated is also called the 'window of tolerance' (Ogden & Minton, 2000). When the stress remains in this zone, a child (or adult) can experience the emotions, body sensations and thoughts associated with a stressful experience without having to activate the defence system and process the experience effectively. This also applies to traumatic experiences.

When the level of stress is no longer tolerable, and the stress system perceives too much danger, the defence system is activated. To avert the danger, the body can put itself in a state of heightened arousal (hyperarousal). In this state, there is an immediate reaction to the imminent danger. The heart rate and muscle tension increase, the child is vigilant and alert, the senses become hypersensitive. Everything is focused on the impending danger. The hormones dopamine and norepinephrine are released. It is a state in which active defence against danger is used, such as fight, flight or active freeze.

If active defence is an obstacle to survival and the danger cannot be averted, the stress system switches to passive defence. The body prepares for very serious injury, some sort of shock, and conserves as much energy as possible. The body enters a state of reduced arousal (hypo-arousal). The brain temporarily loses the ability to estimate danger, and the ability to think and solve problems is turned off. A state of hypo-arousal is accompanied by, among other things, a slow heartbeat and shallow slow breathing, reduced blood flow and a low temperature. A stream of opiates is released, soothing the pain, and creating a kind of calmness. Passive survival responses include submission or freeze (paralysis).

Dissociation can occur in both states of arousal (Ogden & Minton, 2000; Struik, 2010).–
Figure 1 - The Window of Tolerance (Ogden & Minton, 2000)
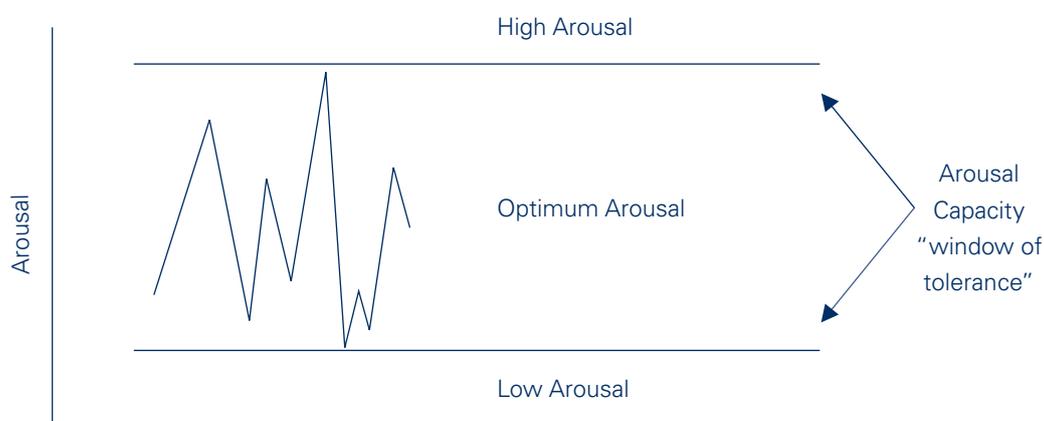
Psychotrauma

The literal meaning of trauma is wound. A wound needs to heal, and that may take some time. Most people can deal adequately with the consequences of shocking events, but some do develop serious problems. The event in itself does not determine the symptoms experienced. These are partly the result of, for example, previous traumatic experiences, how resilient someone is, the social support they are given and genetic predisposition. Van IJzendoorn, Professor Emeritus of family pedagogy at Leiden University, concludes in his book about childrearing across borders (2008) that differential susceptibility predicts that some children are more susceptible to environmental influences than others, in a positive or negative sense. Various studies conducted by his research group showed that genes related to the dopamine system in particular make children receptive to their environment. Certain combinations of these genes can prevent some children from developing a post-traumatic stress disorder after abuse or neglect, or externalising and outward-focused behavioural problems.

We speak of post-traumatic mental health problems if recovery takes too long. The most common are intrusive re-experiencing, avoidance and increased irritability. Re-experiences can be defined as highly uncontrollable and recurring memories in which elements of the trauma are felt, smelled, seen and heard again. The autonomic nervous system is often activated too. This is what makes the re-experiences so overwhelming and 'real', although the traumatic event took place in the past, in another place, and the actual present is usually safe. Re-experiences continue to make the traumatised person extremely anxious because they are very realistic and usually lack a sense of time and context (Jongedijk, 2014). They can also be triggered. One detail of the negative memory can activate the entire network of memories but also expand the negative network of memories (Struik, 2010). This may lead to a worsening of the post-traumatic symptoms.

A natural response to fear is avoidance. The traumatised person avoids what they fear. A key component of post-traumatic mental health problems is the fear of recalling traumatic events (Jongedijk, 2014). One of the ways that this manifests itself in unaccompanied children is that they avoid answering well-meant questions that professionals ask out of curiosity. But avoidance can also be a part of not wanting or daring to go to bed, for fear of being overwhelmed in their sleep by intrusive dreams of re-experiences or nightmares. So sleeping problems due to nightmares, or a fear of them, are very common among unaccompanied children.

Avoidance behaviour can also be the result of shame or guilt. This is often seen in unaccompanied children who had traumatic experiences as victims or witnesses of sexual violence. Many of these boys and girls do not talk to the professionals who are working with them about their experiences, because they are perceived to be shameful. Nor do they talk about it among themselves, even if other children have similar experiences. The risk of losing their honour is also part of this. If their partner, family or community discover that the boy or girl was raped, there is a risk of rejection. Hyperarousal can lead to increased tension, which can manifest itself in several ways. The child could be hypervigilant, anxious or easily agitated, and have difficulty concentrating or sleeping problems. These symptoms can easily lead to sudden outbursts of irritability, anger and aggression, seemingly without cause. This is often seen in unaccompanied children, especially during the early stages after arrival, a stressful time for them.

Another response to psychotrauma is dissociation. When dissociation occurs, the muscles weaken, the person is less approachable, and a change of consciousness might occur as well (Jongedijk, 2014). Dissociative symptoms are part of the traumatic stress response and vary in severity and duration. Dissociative phenomena occur with any trauma. This mainly concerns amnesia (loss of memory) and a slight degree of depersonalisation. The person feels blocked in the present because feelings of the past overwhelm him or her too much (Stöfsel & Mooren, 2010). Dissociation can occur during a traumatic event, but also during a re-experience (Struik, 2010). A type of self-dissociation is self-harm. Damage to the skin can ease both physical and emotional tension. In this way, fears and repetitive negative thoughts might become less or disappear completely (Jongedijk, 2014).

Most people recover from a shocking event on their own. Several studies show that only 10 per cent of adults who have experienced life-threatening situations go on to develop disorders such as depression, anxiety disorders, addiction or a post-traumatic stress disorder (PTSD) and need professional help.

Other mental health problems
There is a considerable overlap between problems related to post-traumatic stress and depression. So these mental health disorders are often seen together. In refugees, this manifests itself in lethargy, lack of energy, and negative or even suicidal thoughts and actions. If refugees become suicidal, it is frequently related to having no prospects – perhaps because their asylum application has been rejected.

Sometimes, refugees resort to substance abuse: alcohol, soft drugs or other medication. This can help them to avoid traumatic memories or feelings of shame, and to reduce increased irritability, if only for a while. But they obviously run the risk of addiction.

Loss of something or someone, and the mourning that goes with it, is what everyone must face at some point. All over the world, mourning is accompanied by rituals, so-called rites of passage. Rituals are mainly characterised by the support they give to individuals and the community as they go through major changes in life. People can feel disrupted for a long time if rituals or ceremonies are not performed, or not done in the right way.

Most refugees are faced with a great deal of loss. They have lost loved ones, possessions and status, as well as symbolic acts that were familiar to them and a context in which to practise rituals together. Processing loss can be more difficult if there is a lack of meaningful cultural, religious, social or specific group context (Smid, 2020). It can leave people depressed, angry and anxious, which can increase aggressive feelings and behaviour.

Those who grieve may experience feelings of gloominess, psychological absence, intrusive thoughts, feelings of guilt, doubts as to whether they can take control of their life, and even hallucinations, states Dutch psychologist Van Hest in an article about mourning among refugees (2012). He adds that, during treatment, ceremonies can be useful for processing grief.

Behaviour seen from an intercultural and trauma-informed perspective

Hyperarousal occurs in many unaccompanied children, especially during their early days in Europe. It manifests itself in agitated behaviour, caused by chronic stress and triggered trauma. This behaviour can also lead to aggression, because in a state of hyperarousal someone responds to danger – or perceived danger – by fighting, fleeing or actively freezing. The fight response can lead to risky and unsafe situations and to escalations, because of the reactions that it evokes in others.

Cultural differences play an important role in the perception and recognition of aggression. Hofstede et al. (2016), discussed the dimensions of masculinity and femininity regarding the extent to which traditionally masculine and feminine traits are valued in a society. Traditionally, valued masculine traits include assertiveness, ambition and competitiveness. Valued feminine traits involve modesty, supportiveness and solidarity. Being tough, fighting and aggression are considered to be masculine values. Unaccompanied children generally come from masculine societies. They have learned that fighting and aggression in boys and men is valued, or at least accepted, while in many Western societies this is rejected, and feminine traits are valued. Hofstede et al. (2016), labelled these European societies as highly feminine, with Sweden first on the list. Different standards may apply within certain social contexts, such as groups of football supporters who value fighting, aggressive behaviour and being tough, but this type of behaviour is generally rejected in many Western societies.

Unaccompanied children experienced a lot of violence and insecurity during the flight, and often prior to it. This also plays a role in their behaviour. Being able to fight well and be aggressive can serve a purpose, in helping you to survive and protect female family members. So it could be very useful and appropriate behaviour in threatening situations.

During transit, or their early days in reception, unaccompanied children often experience a lot of insecurity. Although many countries try to minimise the number of times children are moved between centres, these transfers do still frequently occur. Due to this, many children's lives lack stability in the first period after their arrival and during the rest of their stay. In many cases, they are still 'on the run', in 'flight mode'. They just want to continue travelling and do not yet have confidence in their mentors. The future is also still full of uncertainty – will the transit work out well for them, or the asylum procedure and family reunification? Young people can show aggression towards other refugees and their mentors due to the stress and trauma. This is particularly the case in a reception environment where problems with control can predominate, and where there is little room for human contact and sincere interest, such as in large-scale reception. Aggression is therefore seen less in small-scale reception and families. In Denmark, training reception staff in low arousal methods has proved useful for avoiding conflicts.

Understandably, aggressive behaviour and escalations of violence in reception lead to attempts to control the situations. The usual approach is to take corrective measures. These are punishments such as the withdrawal of privileges and sometimes a timeout or temporary transfer. This approach, correcting undesirable behaviour (and rewarding desirable behaviour) is a method that is widely used today in Western youth care and parenting programmes. Examples are, on the one hand, reward systems with stickers and, on the other, places for timeouts and cooling down from anger, or consistently ignoring

undesirable behaviour. The strategy is based on the principles of operant conditioning, part of a learning theory based on behaviourism. The starting point is that all behaviour is learned (conditioned) in interaction with the environment.

Another point to consider is that unaccompanied children often do not understand the kind of punishments given in Western society, such as privileges being revoked, a timeout or having to apologise. Different principles of parenting and influencing behaviour apply in the cultures that most unaccompanied children come from. In those societies, undesirable behaviour is punished, and the more the behaviour affects family honour, the more severe the punishment. Behaviour that does not affect family honour can also go unpunished. Desired behaviour is ignored because that is what is expected. So a young person knows that they are behaving well if they are not punished. This is different from what is customary in Western upbringing, where desired behaviour is stimulated according to the principles of operant conditioning.

Past experience shows that recognising the cause of the 'inappropriate' behaviour of an unaccompanied child can be helpful. Does it concern behaviour that arises from trauma triggers and/or a high stress level, perhaps hyperarousal, or is it mainly learned survival behaviour due to insecurity or to get something done? In other words, where is the behaviour coming from?

If the inappropriate behaviour arises from hyperarousal or trauma triggers, there is little point in imposing a punishment. The behaviour stems from a reflex, after all. Understanding and acknowledging the intensity of the emotions provides a good opportunity for connecting with the child. From there, the child can look for ways to see these kinds of violent outbursts coming, for example by recognising rising tension and triggers. The child can then learn in a cognitive way to anticipate the escalation by getting out of the situation in time. Relaxation exercises can also reduce the increasing tension. It can be helpful to find out together with the child what used to help them relax, or what their family did when stressed. In this way the child gets a grip on their situation, a feeling of control. Treatment for the trauma symptoms is also important, of course, if they do not decrease or even get worse over time. Survival behaviour has usually been learned, to achieve something. Working together with the child and, if possible, their family, you can look for corrective measures that are clear to the child and will help to change the undesirable behaviour.

Reflecting on the 'wrong' behaviour to teach someone to behave differently is also common practice in Western culture. A young person needs to understand why the behaviour is wrong and to apologise. This is an interesting and often underestimated difference between a 'guilt' culture and a 'shame' culture.

Finally, professionals should take the time to get to know the child, to invest in the relationship. Knowledge about the effect of trauma and culture is relevant, but as is always the case, the right response to problematic behaviour is dependent on the individual child and their needs.

3.7 The development phase: professional tasks and challenges

Awareness of the risk of child abuse
There are several signs that could indicate child abuse. The following situations should be seen by the social worker as warning signs that something might be wrong:
- Older children correcting (sometimes excessively) the behaviour of younger children (imitating parents)

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- Requests for passports or travel permits for girls from at-risk groups (for FGM, honour-related violence, forced marriage)
- Holidays to countries where FGM olccurs
- The reception family shows little or no interest in the child but has many demands
- The child suddenly has expensive things (telephone/clothes)
- Signs that the child has damaged the family honour, with what the reception family calls 'very indecent behaviour'
- Being absent from school on a regular basis
- Unequal position of the child compared to other children in the family

Risks of breakdown

One of the most frequent reasons for breakdowns when children are placed out of the home in regular foster care is daily conflict between the foster child and the foster parents (Oort, 2010).

Nidos has not found that daily conflict causes breakdowns. What can be a source of conflict, though, is how much freedom adolescents want and get. This can play a specific role in a related family. These families feel responsible for protecting the 'honour' of the child and their biological family, allowing them less freedom than the child feels is acceptable.

Early breakdowns are caused by the lack of a good match between the child and the reception family, wrong expectations (sometimes caused by cultural differences), and the child's biological family not supporting the placement.

Life events in the reception family can also damage the balance between the reception family's strength and burden on the family. Events such as the death of a family member, arrival of a new family member, concern about the financial situation, unemployment, divorce, illness, or the unaccompanied child not receiving a residence permit.

To prevent breakdowns, it is important to:
- Give the family and the child time to get properly acquainted and see if it is a good match
- Take the time to discuss the expectations of the child and the reception family
- Involve the child's biological family in the placement and ask for their 'permission'
- Evaluate the placement after a short period of time and end it if it is a mismatch or there are differences in expectations
- Be alert to and discuss behaviour by the child that could damage the family honour
- Keep an eye on the balance between the reception family's strength and the burden on the family, and the impact of new life events on this
- Invest in a good relationship so family feels free to share the more difficult things in the reception and guidance of the child
- Keep an eye on the factors that influence the balance between the burden for the reception family and their capacity to cope

3.8   Development- Skills & Tools

Handout 'Good practice interview'
Based on appreciative inquiry techniques, the good practice interview focuses on positive elements, great and small, which can be strengthened and built on.

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Sample questions

Exploratory questions (to start and set the focus of the conversation)

1 Can you tell me about a case you are proud of?
2 What have you done that you are satisfied with?
3 What helped you with that?

Additional questions (to describe and clarify an event)

1 How did you manage that?
2 What else have you done? Anything else? And other things?
3 What was an important moment when you felt that "now something good is happening"
4 What exactly did you do?
5 How did you come up with that good idea?
6 What would those involved say went well?
7 Who else was involved? How has that helped increase its success?
8. What would … (young person, foster parents, youth protection officer, manager or someone else involved) say that you contributed to achieving these outcomes?
9 What made you notice that what you were doing works?
10 What good things do you see that are different now?
11 What words/language did you use?

Reflective questions (what do you get out of this situation?)

1 Looking back, what is the most important thing you've learned?
2 What are you most proud of?
3 On a scale of 0-10, where 0 is "this is my worst attempt e'er", and 10 is "it's the best thing I can do", how do you rate this piece of work?
4 What has it been like for you to talk about it like this?

3.9 Integration from the perspective of the child and the family

Integration and inclusion

Unaccompanied children with a residence permit focus on integration. So working on a child's integration during their guidance should be started as soon as possible.

But it is not always easy for a newcomer to establish and maintain social contact with people, particularly children of their age, who were born and brought up in the host country. School is normally an important place for meeting people, but during their early days in the country, unaccompanied children generally go to special schools that focus on learning the new language. Since local children do not attend these schools, this is not conducive to the UAC learning the language, nor to their integration.

In addition to places of education, work and social activities provide good opportunities for social connection. But in the beginning that requires not only the necessary funds, but also social adjustment. Participating – and conforming to the yet unknown informal rules of, for example, a company or a football club – calls for some adjustment and guidance. Otherwise, it quickly leads to disappointment because it "just isn't working out".

One mentor talked about taking some children to a football club and introducing them there. The boys were made welcome, but it was not a success. Although they played football a lot, and really wanted to join a club, the boys had never played in a team on a field with a referee. They played in a very dif-

ferent way and did not understand all the rules. That made them feel very insecure. They also did not know how to behave socially, in the changing room or in the shower. So they did not go anymore. This shows the importance of being well informed, and how a lot of not obvious customs need to be explained to the youngsters. And they need to be asked about their experiences and their own customs, for example when they play football with friends.

There are some good examples of their social environment (for example neighbours) involving unaccompanied children in neighbourhood activities, such as barbecues, drinking coffee together, sports activities, doing odd jobs. The children really appreciate that. And in some countries, there are buddy projects which enable young refugees to engage with local families and/or peers.

Experience shows that children with a residence permit, despite the initial relief that they have succeeded, also have to deal with grief and loss. After many hardships and traumatic experiences, the flight has suddenly come to an end. Sometimes this leads to major psychological problems, and the young person experiences a void. For instance, when it was never really their choice to live in this new country. Their flight was mainly because they wanted to get away from an unsafe situation, aiming at survival but not yet at a future. Building a life in a new foreign country can be very complicated, alienating and lonely, especially if this must be done without family. For example, if a family reunification application has been rejected, or the family decides not to come or does not have the means – financial or otherwise – to do so.

Like other migrants, refugees must adapt to their new environment. When people are confronted with a different culture for a long time, they do adapt. The way they view the world is changing, and some norms and values are also changing. In a study by Sleijpen (2017), the acculturation strategies of young refugees are mentioned as one of the sources of resilience. These strategies involve connecting with your own cultural background, as well as adapting to a new lifestyle. The young refugees felt that adapting to the new culture without forgetting their own culture was the most desirable.

Why this is important is illustrated by the following example from Austria, where a former unaccompanied child from Afghanistan had gone to visit his family in Iran. He was then 19 years old and had been in Austria since the age of 15, where he now had a residence permit. In Iran, after the initial joy of the reunion after so many years, his family felt ashamed because of the boy's westernised behaviour. Because of this, they did not take him to gatherings or parties. So, he had to stay at home nearly all the time. Out of boredom, he took a taxi to explore the centre of Teheran. As he got out of the taxi, he gave the taxi driver a tip, as is customary in Vienna. The driver was very confused because there is no tradition of tipping in Iran, especially when the person giving the tip is a young Afghan Hazara boy.

Integration
According to Berry, Professor Emeritus from the Department of Psychology at Queen's University in Kingston, Canada, and an expert in the field of acculturation psychology, (1990), this strategy – integration – is generally seen as the most promising acculturation strategy for the social well-being of a migrant. Berry distinguishes different migration strategies for adapting to a different culture: integration, assimilation, segregation and marginalisation. In this context, integration means adapting to the new environment, the dominant culture, while retaining your own culture. Assimilation entails adaptation to a dominant culture, without preserving your own culture. In segregation and marginalisation there is no adaptation to the dominant culture.

In today's world, integration is mainly understood as the newcomer adapting, without this being combined with preservation of their own culture. For example, there are mandatory integration programmes for newcomers in which they must learn the new language and know about the most important norms and values. In several European countries there is even some hostility towards the newcomer, the foreigner. An offer of segregation rather than integration. The emphasis in Europe is thus shifting more and more towards assimilation, adaptation to the dominant culture. Preservation of your own culture is not labelled as positive, and segregation and marginalisation are increasingly seen. The newcomers are not included in society and mainly live in their own communities. On the other hand, there is a social trend in the Western world towards the inclusion of newcomers.

Inclusion

Inclusion can be described as a society that includes newcomers and accepts their differences, which will also change because of interaction. If there is social inclusion, it is not so much the newcomer who is acting, who 'must' integrate, but the society, that is including newcomers and making it possible for newcomers to participate.

Inclusion is now a widely used concept for enabling the mentally and physically disabled to participate in society. Including them in society creates interaction that is of added value for both parties. Inclusive education is education in which children with disabilities are in class together with children without disabilities. The interaction between the children is enriching for all. Children with disabilities benefit from this environment in a cognitive and social sense, and children without disabilities learn values such as respect, tolerance, empathy and responsibility. They also become familiar with the principle that no one is excluded. UNICEF states that inclusive systems value the unique contributions students of all backgrounds bring to the classroom and allow diverse groups to grow side by side, to the benefit of all (UNICEF, n.d.).

A society that includes newcomers offers a great chance of positive integration. A good example of this is where young people with residence permits are given the opportunity to live in a housing complex together with students or young adults. Another is large companies making jobs available for young refugees. These young people do not yet speak the language well enough to be employed according to normal procedures, but they are given a chance. Many sports clubs are also open to newcomers. All this may require the necessary guidance if it is to be successful, as already mentioned, but these are positive initiatives in societies aimed at the inclusion of newcomers.

3.10 Integration phase: professional tasks and challenges

During the integration phase, the young person has to build a network, as they prepare to play a role in society. They have to find their own unique way to connect past and future, integrating their cultural background with new cultural values. What the tasks of the social worker are at this stage depends on the youngster themselves. Sometimes the social worker needs to stimulate them to use their initiative to build social relationships. Intercultural learning in mixed groups with young people from the host country is a very supportive way for a young refugee to work on the developmental tasks involved in becoming an adult. With regard to living in a reception family, the social worker should focus on creating a situation where the youngster feels a connection with family/role models from their culture of origin, while also learning from friends/the reception family/role models about the host country's culture. The social worker should help the young person make use of these opportunities, and support the connection between the different contexts.

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There may be some tension between the biological family and the reception family in this phase. As a social worker, you can build bridges to support the reception family and the young person during the process and to maintain the connection with the biological family.

In general, a social worker will focus on the following during the integration phase:
- Collaboration with other professionals: different roles and responsibilities
- Organising a supportive network (non-professional) to assist the family/youngster in their integration process
- Making a plan, together with the young person, for their future and their integration needs and wishes, including building opportunities and skills as well as looking for role models
- Finding the right balance between the needs and wishes of the biological family/reception family and those of the young person themselves. This may include the kind of experimental behaviour that is normal at a certain age (15-18)

Professional well-being

The support given to a social worker is of great importance. This enables them to reflect on their own actions, reactions and feelings. It also helps them to recognise the pitfalls, and to learn how to deal with them. The support can be given by a supervisor.

For social workers, it is important that they take good care of themselves while they are caring for others, to prevent symptoms of compassion fatigue and burnout. Compassion fatigue is the exhaustion a social worker feels from bearing witness to the suffering of those they are caring for. It is a cumulative process that can also result in burnout over time. It can be described as a combination of physical, emotional and spiritual depletion associated with caring for others in significant emotional pain and physical distress. The COVID pandemic has shown how important it is to be aware of and recognise the personal and professional signs that might indicate compassion fatigue:

Personal
- Physical: rapid pulse/breathing, headaches, impaired immune system, fatigue, aches

- Emotional: feelings of powerlessness, numbness, anxiety, guilt, fear, anger, depletion, hypersensitivity, sadness, helplessness. The stories a social worker hears, and the traumatic impact it has on the youngsters, can cause secondary traumatisation

- Behavioural: irritability, changes in sleep patterns and appetite, becoming isolated from friends and family, impatience, nightmares, hypervigilance, moody, easily startled, frightened

Professional
- Performance: decrease in quality/quantity of work, low motivation, task avoidance or overactivity, working too hard, setting perfectionist standards, difficulty focusing, forgetfulness

- Morale: decrease in confidence, decrease in interest, negative attitude, apathy, dissatisfaction, demoralisation, feeling undervalued and unappreciated, disconnected, reduced compassion

- Relational: detached/withdrawn from co-workers, poor communication, conflict, impatience, intolerance of others, sense of being the "only one who can do the job"

- Behavioural: missing appointments, avoiding telephone calls, not responding to messages, overworked, exhaustion, acting irresponsibly, poor follow-through

One protective factor in preventing compassion fatigue is peer support. Peer support given by your colleagues has other benefits as well:

• To improve the quality of work
• To share experiences and learn from each other
• To enhance equality in work
• To prevent burnout
• To stay inspired and motivated

Intervision

An effective way to pay attention to professional and personal health is intervision, a type of group supervision. **The Amsterdam University of Applied Sciences module book *Guidance, supervision and coaching* describes intervision as follows:**

• Intervision occurs when several people at a certain moment feel the need to learn more about their work in a targeted manner, and they want to enter this learning process together; everyone participates in intervision to learn and to guide each other
• The frequency of the meetings is according to an agreed regularity
• The number of meetings is agreed in advance
• The number of participants is five to seven
• An intervision contract must be concluded in which it is agreed, among other things, whether work will be done based on personal input or themes
• The input is linked to the work situation
• There must always be agreement on the form and time schedule of each meeting
• The working method can differ per meeting, e.g. incident method or discussion
• Since the process will also be used, it is recommended to start and end with the same group
• Intervision is easier when people do the same work
• Participants with the same type of work, but working at different institutions, can form an intervision group

Intervision principles

• Intervision is a confidential collaboration process between five to seven people
• Intervision creates conditions for achieving targeted peer support for your work by means of intervision methods
• Intervision leads to reflection and further professionalisation
• The intervision meetings take place regularly
• Intervision aims to function as well and professionally as possible with as much fun as possible

Supervision

Another form of peer support is participating in supervision sessions: one-on-one sessions between the professional and his/her supervisor. It reinforces the depth and quality of practice. Supervision is not just expert advice. The supervisor stands by the practitioner and helps them thinks the cases through. The role of the supervisor is to help the supervisee become aware, and clarify their strengths and existing ways of coping, and then help them build upon these strengths. When identifying the supervisee's skills, strengths and resources, the supervisor takes on the role of a curious inquirer.

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Some functions of supervision
- The improvement of professional skills and the use of methodology of work
- Reflection through feedback on content and process of work
- Improves moral and job satisfaction
- Enhances the planning and utilisation of personal and professional resources
- Helps the professional/social worker to understand the client better, while becoming more aware of their own reactions and responses to the client

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3.11 Integration – Tools

Handout 'Plan of action used in Sweden'

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WHAT'S UP?
GUIDE- CHILDREN/YOUNG PEOPLE

What's up? is a tool for both the children and young people we meet and for all of us working to support them. The aim is to create a common starting point around needs, dreams/goals, challenges and opportunities – starting with navigating towards the same goals and working out in which area the process should begin. The tool also enables the creation of a working relationship, by identifying what works well and strengthening that. With What's up? we create a baseline (1-5 smileys) which can be compared with the results by the end of the process. The tool can be used on different occasions as a support for conversations and to make progress visible.
Use/adapt the example questions based on the child/young person. Sometimes it is easier to make a drawing or collage instead of writing.

School

Example questions to discuss (adapted for the child/young person):
- What is your situation at school?
- Do you like going to school?
- What kind of support do you have access to connected to school?
- What are your thoughts on school and your future (work)?
- GROOWW – Goal, Reality, Options, Obstacles, Will and Way forward.

Me in society

Example questions to discuss (adapted for the child/young person):
- Do you know anyone in this city/town/village?
- Are you a member of any clubs or organisations?
- If you have questions about life in this country, do you know who to ask?
- Do you feel like you have the opportunity to change your own life?
- GROOWW – Goal, Reality, Options

Health and well-being

Example questions to discuss (adapted for the child/young person):
- Health is about how you feel in your body and your mind. When you think about health this way, how are you? And (possibly): how is your family?
- How is your relationship with others? (family & friends)
- GROOWW – Goal, Reality, Options, Obstacles, Will and Way forward.

Home

Example questions to discuss (adapted for the child/young person):
- What is your living situation like?
- Do you like the environment inside the home?
- Do you like the environment outside the home?
- How safe is the neighbourhood where you live?
- What possibilities are there to do fun things in the neighbourhood where you live?
- GROOWW – Goal, Reality, Options, Obstacles, Will and Way forward.

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WHAT'S UP?
GUIDE- ADULTS, PARENTS

What's up? is a tool for both the people we meet and for all of us working to support them. The purpose is to create a common starting point around needs, dreams/goals, challenges and opportunities – to make it possible for us to navigate towards the same goals and to identify the area where the process should begin. The tool also functions as a part of the working relationship, enabling us to recognize and strengthen what works well.
With the tool, we create a baseline (1-5) which can be compared with the results at the end of the process. The tool helps both the person themselves and the person supporting them to identify needs, dreams and challenges. It can be used on different occasions to structure conversations and clarify the progress made.

Language and studies

Example questions:
- What is your situation concerning language and school? Previous school experience? Languages spoken? Studies? Study support?
- Are your children/your child in school/preschool? How do you support them?
- GROOWW – Goal, Reality, Options, Obstacles, Will and Way forward.

Me in society

Example questions:
- Are you or your child/children members of any clubs or organisations?
- Do you know anyone in this city/area?
- Do you know who to turn to with questions about life in this country?
- Do you feel safe in this country?
- How much do you trust the country you're now living in?
- GROOWW – Goal, Reality, Options, Obstacles, Will and Way forward.

My home

Example questions:
- What is your living situation?
- Do you like the environment inside the home?
- Do you like the environment outside the home?
- What possibilities are there for you and children to do fun things in your neighbourhood?
- How safe is the neighbourhood where you live? For you? For your children?
- GROOWW – Goal, Reality, Options, Obstacles, Will and Way forward.

Work

Example questions:
- What is your work situation?
- What kind of work did you do before?
- What kind of work would you like to do in Sweden?
- In your experience, is it possible for your family to support itself financially?
- GROOWW – Goal, Reality, Options, Obstacles, Will and Way forward.

Health and well-being

Example questions:
- Health and well-being is about your body and your mind. Considering both aspects; how are you and how are your child/children doing?
- How is your relationship with others (friends, partner, child/children)?
- GROOWW – Goal, Reality, Options, Obstacles, Will and Way forward.

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Preparing for autonomy

4.1 Preparing for autonomy from the family's perspective

It is in this phase that there may be a lot of changes in the interaction between the child and the reception family, especially if turning 18 also means having to leave the family. It can create some distance between them. Or do just the opposite: with the young person becoming very dependent and clingy. A new balance must be found – between the youngster taking responsibility and being taken care of, between distance and closeness, between giving extra support or trusting the youngster's decisions. Letting go, and being able to say that you did a good job in bringing up this child, is important for most reception families. They might feel insecure about that, or about the distance that suddenly arises between them and the youngster, or any conflicts related to this phase. Paying attention to their feelings, offering emotional support, and giving them practical information, as well as psychoeducation on what is 'normal' behaviour and interaction in this phase, is very helpful to the family.

At this time, the family will need to be aware of all the things that have to be taken care of in some way when a youngster turns 18. But to be able to give the child the help and encouragement they need when it is almost time to become autonomous, it is important that the family continues in their role of providing support in the child's daily life rather than becoming too occupied with "to do lists for when you're 18".

So it is helpful for both the family and the youngster if they are properly informed at the right time about what exactly needs to be done and who is responsible for taking each particular step. Be transparent with the youngster and the family about the different roles, responsibilities and expectations. Help the young person to build a network that can support them (and the family) in the time to come. Arrange to have short and specific communication and evaluation moments in which opportunities are created for building the youngster's capacity for agency.

Common needs for reception families in this phase:
- Need for acknowledgement
- Need for practical/emotional support
- Being able to rely on professionals or a supportive network to help the youngster with practical issues and things that need to be organised as they prepare for autonomy
- Sharing experiences with other reception families in a similar situation – support groups can be very helpful
- Being able to provide the youngster with a friendly place to come back to when they are living on their own

4.2   Preparing for autonomy from the child's perspective

Especially for UAC that arrive in the host country shortly before turning 18, preparing for the autonomy phase can be extra stressful. Besides having to acclimatise to another culture, they need to prepare themselves for living independently and a lot of practical arrangements need to be in place by then. During the workshops organised for the IMPACT project, youngsters said that their most pressing need was to be better prepared for becoming independent. Youngsters who had already turned 18 said that, looking back, they feel they missed social workers giving them essential information about what needed to be done and arranged regarding housing, income, insurance, etc. Important questions for them are: Where will I live? What will my income be? Who do I turn to for support? They emphasised how important it is to receive information on these important topics in time and in a child-friendly way. They also need to know
 who can give them support, not only in the period before turning 18, but after that as well.

Common needs for UAC in this phase:
- Dealing with insecurity
- Getting support, reassurance, space from the family
- Building confidence, trusting yourself in the process of becoming independent
- Agency, being informed and involved
- Creating a network of supportive contacts
- Obtaining skills to find information, make contact, ask for help
- Being able to rely on support from adults, preferably not professionals

4.3   Preparing for autonomy phase: professional tasks and challenges

The most important tasks and challenges for professionals in this phase are the following:
- Providing clarity and giving practical information to both the reception family and the child
- Strengthening the young person's 'soft skills', such as: asking for support, knowing where to find information, how to build a supportive network
- Trusting the young person and letting them find their own way, as well as offering them the support they need
- Taking care of family reunification
- Setting up support groups for both families and the young person themselves
- Resilience and agency are equally important

Support both the family and the young person in a solution-focused manner. Pay attention to what is going well, not only practical arrangements (e.g. that the health insurance has been sorted out) but also soft skills (e.g. complimenting the youngster for calling the insurance company themselves).

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Good practices

This last module presents three exercises that are used on the final day of training to help participants put their newly acquired knowledge and skills into practice.

5.1 Sharing good practices using a World Café

In order to have an interesting World Café session, the organisation hosting the training invites three to four social workers from another organisation that have expertise in family based care.

These social workers introduce themselves during a 10-minute plenary session, explaining who they are and what they do. Then the group is divided into smaller groups, each containing one social worker from outside the organisation. Participants give a brief introduction about themselves, their experience with family based care and their professional contexts. Then they exchange good practices on shared topics. These topics are written down on a sheet of paper that is lying on the table.

Examples of topics:
- Differences and similarities in working with reception families in each organisation/context/country
- How does family screening take place in each organisation/context/country
- Who is responsible for keeping an eye on safety ?

The session ends with a short plenary recap.

5.2 First steps in implementing knowledge and skills

This exercise is meant to set an intention for implementing the knowledge and skills gained during the last two days, and to create a strong (creative) image to support the participant's intention. It can be done through drawing, scrapbooking, mind mapping, writing a haiku, etc.

Each participant is asked to reflect individually on the following two questions:
- What will you take away from the training?
- Why is this important for your work?

At one of the tables, the participant chooses from the materials available to express the main insights gained from the training in a personal creative image: drawing a picture, making a mind map, writing a poem or a song, etc.

By the end of the exercise, 15 different 'artworks' have been created, each reflecting the most important insight or intention of an individual participant.

5.3 Applying it to your own context

In pairs, the participants reflect on the following questions:
- What do you want to achieve with regard to family based care?
- Who do you need to achieve this?
- What will your first step be?
- What will help you to hold on to this good idea?

These questions help each participant to create an implementation plan for putting the knowledge and skills into practice in their own context.

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References

Amnesty International. *Cultuurrelativisme (putting culture into perspective) (n.d.).* Retrieved April 22, 2017, from
https://www.amnesty.nl/encyclopedie/culturele-rechten-cultuurrelativisme-en-mensenrechten

Asylkoordination Österreich (n.d.). *Presseaussendungen: asylkoordination fordert Maßnahmen und hofft auf Ankündigung im Regierungsprogramm (Press release: Asylkoordination calls for measures and hopes to be announced in the government programme).* Retrieved June 25, 2020, from
https://www.asyl.at/de/info/presseaussendungen/haelftederkinderfluechtlingeverschwindetspurlos/?s=845

Axelsson, L., Baarnhielm, S., Dalman, C., & Hollander, A. (2020). Differences in psychiatric care utilisation among unaccompanied refugee minors, accompanied migrant minors, and Swedish-born minors. *Social Psychiatry and Psychiatric Epidemiology, 55,* 1449-1456.

Bagozzi, R., Verbeke, W., & Gavino, J. (2003). Culture Moderates the Self-Regulation of Shame and Its Effects on Performance: The Case of Salespersons in the Netherlands and the Philippines. *Journal of Applied Psychology, 88.*

Bean, T. (2006). *Assessing the psychological distress and mental healthcare needs of unaccompanied refugee minors in the Netherlands.* doctoral thesis, Leiden University.

Bean, T., Derluyn, I., Eurelings-Bontekoe, L., Broekaert, E., & Spinhoven, P. (2007). Comparing psychological distress, traumatic stress reactions, and experiences of unaccompanied refugee minors with experiences of adolescents accompanied by parents.
Journal of Nervous and Mental Disease, 195, 288-297.

Bean, T., Eurelings-Bontekoe, E., Mooijaart, A. & Spinhoven, P. (2006). Factors associated with mental health service need and utilization among unaccompanied refugee adolescents. *Administration and Policy in Mental Health, 33(3), 342-355.*

Bedford, O., & Hwang, K. (2003). Guilt and shame in Chinese culture: A cross-cultural framework from the perspective of morality and identity. *Journal for the Theory of Social Behaviour, 33,* 127-144.

Berry, J. (1990). Psychology of acculturation. Understanding individuals moving between cultures. *Applied cross-cultural psychology,* 232-253.

Border Violence Monitoring Network, Balkan Region Report (2020, June). Retrieved
July 17, 2020, from https://www.borderviolence.eu/wp-content/uploads/JUNE-REPORT.pdf

Carlson, B., Cacciatore, J., & Klimek, B. (2012). A risk and resilience perspective on unaccompanied refugee minors. *Social Work, 57.3,* 259-269.

COA, GZA, & GGD GHOR Nederland. (2017, March). *Gezondheidszorg voor asielzoekers in Nederland (Healthcare for asylum seekers in the Netherlands).* Retrieved April 10, 2017, from https://www.ggdghorkennisnet.nl/thema/publieke-gezondheidszorg-asielzoekerspga/publicaties/publicatie/16699-factsheet-gezondheidszorg-voor-asielzoekers-innederland

COA. (n.d.). *Gezondheidszorg, wonen op een asielzoekerscentrum (Healthcare, living in an asylum seekers centre).* Retrieved April 3, 2017, from https://www.coa.nl/nl/asielopvang/wonen-op-een-asielzoekerscentrum/gezondheidszorg.

Colucci, E., Minas, H., Guerra, C., & Paxton, G. (2015). In or out? Barriers and facilitators to refugee-background young people accessing mental health services. *NCBI, 52* (6), 766-90.

Conant, E. (2015, September 19). *The World's Congested Human Migration Routes in 5 Maps.* National Geographic. Retrieved April 15, 2017, from https://www.nationalgeographic.com/news/2015/09/150919-data-points-refugeesmigrants-maps-human-migrations-syria-world/

Court of Justice of the European Union. C-648/11, *The Queen, on the application of MA and Others. v Secretary of State for the Home Department,* 6 June 2013, ECLI:EU:C:2013:367.

De Anstiss, H. & Ziaian, T. (2010). Mental health help-seeking and refugee adolescents: Qualitative findings from a mixed-methods investigation. *Australian Psychologist (45),* 29-37.

De Ruijter de Wildt, L., Melin, E., Ishola, P., Dolby, P., Murk, J., & Van de Pol, P. (2015). *Reception and living in families: Overview of family-based reception for unaccompanied minors in the EU Member States.* Nidos.

De Vries, J. (2014). Landen waar homoseksualiteit strafbaar is (Countries where homosexuality is punishable). *Volkskrant.* Retrieved March 23, 2017, from: http://www.volkskrant.nl/buitenland/oeganda-is-de-enige-niet-in-deze-77-landen-ishomoseksualiteit-strafbaar~a3604494/

DSP-groep Amsterdam, Tilburg University. (2016). *Niets is wat het lijkt, Eritrese organisaties en integratie (Nothing is what is seems, Eritrean organisations and integration).* Retrieved March 10, 2017, from : https://www.dsp-groep.nl/wp-content/uploads/16pverit_Niets_is_wat_het_lijktDSP_2016.pdf

Ehlers, S., & Kuipers, M. (2016). *Methodiek oudergericht pedagogisch adviseren (Methodology for pedagogic advice for parents).* SWP Uitgeverij B.V.

European Commission (2020). Migrant's Health. Retrieved July 17, 2020, from: https://ec.europa.eu/health/social_determinants/

European Migration Network (2018, July). *Approaches to Unaccompanied Minors Following Status Determination in the EU plus Norway.* Retrieved June 25, 2020, from: http://emn.ie/files/p_201808090907072018_emn_sythesis_unaccompanied_minors_09.08.2018.pdf

Eurostat. (2020, April 28). Newsrelease: Asylum applicants considered to be unaccompanied minors. Retrieved September 1, 2020, from: https://ec.europa.eu/eurostat/documents/2995521/10774034/3-28042020-AP-EN. pdf/03c694ba-9a9b-1a50-c9f4-29db665221a8

Fazel, M., Reed, R. V., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in high-income countries: risk and protective factors. *Lancet, 379*, 266-282.

Geltman, P. L., Grant-Knight, W., Mehta, S. D., Lloyd-Travaglini, C., Lustig, S., Landgraf, J. M., & Wise, P. H. (2005). The "lost boys of Sudan": Functional and behavioral health of unaccompanied refugee minors re-settled in the United States. *Archives of Pediatrics & Adolescent Medicine, 159(6),* 585-591.

Graham, H. R., Minhas, R. S., & Paxton, G. (2016). Learning problems in children of refugee background: A systematic review. *Pediatrics, 137.* DOI: https://doi.org/10.1542/ peds.2015-3994

Groeninck, M., Meurs, P., Geldof, D., Wiewauters, C., Van Acker, K., De Boe, W., & Emmery, K. (2019). *Veerkracht in beweging. Dynamieken van vluchtelingengezinnen versterken (Changes in resilience. Strengthening refugee family dynamics).* Maklu.

Hajdukowski-Ahmed, M. (2008). *A Dialogical Approach to Identity: Implications for refugee women.* In Hajdukowski-Ahmed, M., Khanlou, N. & Moussa, H., Not born a Refugee Woman (p. 28-53). New York – Oxford: Berghahn Books.

Hermans, D., Raes, F., & Orlemans, H. (2017). *Inleiding tot de gedragstherapie (Introduction to behaviour therapy).* Houten: Bohn, Stafleu van Loghum.

Hodes, M., Jagdev, D., Chandra, N. & Cunniff, A. (2008). Risk and resilience for psychological distress amongst unaccompanied asylum-seeking adolescents. *Journal of Child Psychology and Psychiatry, 49(7),* 723-732.

Hofstede, G., Hofstede, G.J. & Minkov, M. (2010). *Cultures and Organizations; Software of the Mind – Intercultural Cooperation and Its Importance for Survival:* 3rd edition. Atheneum publisher.

Hofstede, G., Hofstede, G.J., & Minkox, M. (2016). *Allemaal Andersdenkenden: Omgaan met cultuurverschillen. (Everybody thinks differently: Dealing with cultural differences).* Business Contact/ Atlas Contact.

Janssen, J. (2006). J*e eer of je leven, een verkenning van eerzaken voor politieambtenaren en andere professionals (Your honour or your life, a review of honour cases for police officers and other professionals).* Elsevier.

Jarlby, F., Goosen, S., Derluyn, I., Vitus, K., & Jervelund, S.S. (2018). What can we learn from unaccompanied refugee adolescents' perspectives on mental health care in exile? *European Journal of Pediatrics, 177* (12), 1767-1774.

Jongedijk, R. (2014). *Levensverhalen en psychotrauma, narratieve exposure therapie in theorie en praktijk (Life stories and psychotrauma, narrative exposure therapy in theory and practice).* Stichting Arq Diemen, p/a Uitgeverij Boom.

Jugendliche ohne Grenzen (2017). Welcome to Germany: A guide for unaccompanied minors. Bundesfachverband unbegleitete minderjährige Flüchtlinge e.V. https://b-umf.de/src/wp-content/uploads/2017/12/welcometogermany_english.pdf

Kalverboer, M., Zijlstra, E., van Os, C., Zevulun, D., ten Brummelaar, M., & Beltman, D. (2016). Unaccompanied minors in the Netherlands and the care facility in which they flourish best. *Child and Family Social Work,* 1365-2206.

Kerkhof, A., Spijker, B. (2012). *Piekeren over zelfdoding; een stapsgewijze methode om minder last te hebben van gedachtes over zelfdoding (Ruminating about suicide; a step-by-step method for reducing suicidal thoughts)*. Boom Hulpboek.

Kleinman, A. (2005). *Culture and Psychiatric Diagnosis and Treatment: What are the necessary therapeutic skills?* Trimbos Institute.

Korrelboom, K., & Ten Broeke, E. (2014). *Geïntegreerde cognitieve gedragstherapie, handboek voor theorie en praktijk (Integrated cognitive behaviour therapy, manual on theory and practice)*. Bussum Coutinho.

Kouratovsky, V. (2008). Inwikkeling in het belang van cultuursensitieve diagnostiek en therapie (Envelopment in the interests of culturally sensitive diagnosis and therapy). In Oei, T.I. & Kaiser, L. (2008). *Forensische Psychiatrie onderweg* (pp 371-385). Wolf Legal Publishers.

Laban, K., Attia, A., & Hurulean, E. (2010). Veerkracht als uitgangspunt bij diagnostiek en behandeling bij asielzoekers en vluchtelingen (Resilience as a starting point for the diagnosis and treatment of asylum seekers and refugees). In de Jong and Colijn (red). *Handboek Culturele Psychiatrie en Psychotherapie.*

Lamkaddem, M., Essink-Bot, M., Deville, W., Gerritsen, A., & Stronks, K. (2015). Health changes of refugees from Afghanistan, Iran, and Somalia: The role of residence status and experienced living difficulties in the resettlement process. *European Journal of Public Health, 25* (6), 917–922.

Lanslots, E. (2012). *Een belevingsonderzoek naar agency bij niet-begeleide buitenlandse minderjarige meisjes. (Research into the experience of agency among unaccompanied female minors)*. [Master's thesis, Gent University].

Lønning, M. N. (2020). Layered journeys: Experiences of fragmented journeys among young Afghans in Greece and Norway. *Journal of Refugee Studies, 33*, 316-335. DOI: https://doi.org/10.1093/jrs/feaa052

Majumder, P., Vostanis, P., Karim, K., & O'Reilly, M. (2018). Potential barriers in the therapeutic relationship in unaccompanied refugee minors in mental health. *Journal Mental Health, 28*(4), 372-378.

Mangrio, E., & Sjögren Forss, K. (2017). Refugees' experiences of healthcare in the host country: A scoping review. *BMC Health Services Research, 17,* 814 (2017). https://doi.org/10.1186/s12913-017-2731-0

Migrant's health. (n.d.). European Commission. Retrieved July 17, 2020, from: https://ec.europa.eu/health/social_determinants/migrants_en

Missing Children Europe (2017, 18 January). *Mention the unmentioned: invisible, 10,000 child refugees have already disappeared in Europe.* Retrieved February 23, 2017, from: http://missingchildreneurope.eu/news/Post/1099/Mention-the-unmentioned-Invisible10-000-child-refugees-have-already-disappeared-in-Europe

Monitoring Returning Minors (2014). *The Migrant,* summer 2014, special edition. Hitfoundation.eu Retrieved April 13, 2017, from:
https://issuu.com/hitfoundation/docs/summer_2014_migrant_monitoring_retu

Mooren, T., & Bala, J. (2016). *Goed ouderschap in moeilijke tijden. Handleiding voor meergezins-groepen met vluchtelingen. (Good parenting in difficult times. Manual for multiple family groups with refugees).* Pharos.

Ní Raghallaigh, M., & Gilligan, R. (2010). Active survival in the lives of unaccompanied minors: Coping strategies, resilience, and the relevance of religion. *Child and Family Social Work, 15*(2), 226 – 237.

Ní Raghallaigh, M. (2011). Religion in the Lives of Unaccompanied Minors: An Available and Compelling Coping Resource. *The British Journal of Social Work, 41*(3), 539-556.

Ogden, P., & Minton, K. (2000). Sensorimotor Psychotherapy: One method for processing traumatic memory. *Traumatology, 6* (3), 149-173.
https://doi.org/10.1177/153476560000600302

Oort, F.J. (2010). *Het ondersteunen van pleeggezinnen met een hoog risico op ongewenste beëindiging van de plaatsing (Supporting foster families with a high risk of an unplanned placement ending).* Retrieved from http://goo.gl/zz23dm

Oppenheim, H., Hornsveld, H., Ten Broeke, E., & De Jongh, A. (2015). *Praktijkboek EMDR-deel II, Toepassingen voor nieuwe patiëntengroepen en stoornissen (EMDR-manual part II, applications for new patient groups and disorders).* Pearson Amsterdam.

Oxford University Press. (2015). Resilience. *Oxford Advanced Learner's Dictionary.* Oxford University Press.

Pater, W., Spinder, S., & Berk, M. (2009). *Veilig en beschermd, methodiek beschermde opvang voor alleenstaande minderjarige vreemdelingen (Safe and protected, methodology for protected shelter for unaccompanied children).* Amsterdam: Pro Education.

Pearson Education. (2014). Resilience. Longman Dictionary of Contemporary English 6. Pearson Longman.

Pharos, (2016). *'Van ver gekomen'; een verkenning naar het welzijn en de gezondheid van Eritrese vluchtelingen (From far away; a review of the health and welfare of Eritrean refugees).* June 2016. Pharos.

Pinto, D. (2007). *Interculturele communicatie, een stap verder (Intercultural communication, the next step).* Bohn Stafleu van Lochem.

Plysier, S. (2003). *Kinderen met een tweede huid. Onthaal van kinderen op de vlucht (Children with a second skin, reception for fleeing children).* Garant- Uitgevers.

Posselt, M., McDonald, K., Procter, N., De Crespigny, C., & Galletly, C. (2017). Improving the provision of services to young people from refugee backgrounds with comorbid mental health and substance use problems: addressing the barriers. *BMC Public Health,* (17), 280.

Pulvirenti, M., & Mason, G. (2018). Resilience and survival: Refugee women and violence. *Current Issues in Criminal Justice, 23,* 37-52.

Rhmaty, F. (2011). *Traumaverwerking met vluchtelingen, een transculturele systeembenadering (Processing trauma with refugees, a transcultural systemic approach)*. Van Gorcum.

Rijksoverheid. (n.d.). *Nieuw in Nederland; inburgering en integratie van nieuwkomers. (New in the Netherlands; civic integration for newcomers).* Retrieved March 13, 2017, from: https://www.rijksover-heid.nl/onderwerpen/nieuw-in-nederland/inhoud/inburgering-en-integratie-van-nieuwkomers

Röder, A., & Mühlau, P. (2012). What determines the trust of immigrants in criminal justice institutions in Europe? *European Journal of Criminology, 9,* 370-387.

Schippers, M. (2014). Working with the unaccompanied child, a tool for guardians and other actors working for the best interest of the child. CONNECT, an EU funded project. Nidos. Retrieved March 13, 2017, from: http://www.connectproject.eu/PDF/CONNECT-NLD_Tool2.pdf

Schippers, M., Van de Pol, P., De Ruijter de Wildt, L., Thys, K., Krogshøj Larsen, M., Massoumi, Z., & Rozumek, M. (2016). *Alternative Family Care: Manual for staff working with reception families and un-accompanied children living in reception families.* Nidos, Utrecht. Retrieved April 13, 2017, from: http://engi.eu/projects/alfaca/manual/ Schippers, M. (2017). *Kinderen gevlucht en alleen. (Children, fled and alone).* Nidos.

Schippers, M., Bastiaens, F., & Verstegen, T. (2019). *Veerkracht Versterken van Vluchtelingenkinderen. De Nidosmethodiek voor interculturele jeugdbescherming. (Strengthening the resilience of unaccompanied children, the Nidos methodology for intercultural child protection).* Nidos.

Schoenmaeckers, R., Al-Qasim, T., & Zanzottera, C. (2019). *Journeys of trust and hope: Unaccompanied minors from Eritrea in Ethiopia and the Netherlands.* Mobile Africa: Human Trafficking and the Digital Divide, 3, 425.

Sleijpen, M. (2017). *Crossing borders: Trauma and resilience in young refugees. A multi-method study.* Arq, psychotrauma expert group.

Smid, G. E. (2020). A framework of meaning attribution following loss. *European Journal of Psychotraumatology, 11* (1). DOI: 10.1080/20008198.2020.1776563.

Spinder, S., & Van Hout, A. (2008). *Jong en Onderweg: Nidosmethodiek voor de begeleiding van ama's (young and in transit: Nidos methodology for guiding unaccompanied children).* Nidos.

Spinder, S., Van Hout, A., & Hesser, K. (2010). *Thuis en Onderweg: Nidosmethodiek voor Opvang en Wonen in Gezinsverband (At home and in transit: Nidos methodology for reception and living in families).* Nidos.

Staring, R., & Aarts, J. (2010a). *Jong en illegaal in Nederland, een beschrijvende studie naar de komst en het verblijf van onrechtmatig verblijvende (voormalige) alleenstaande vreemdelingen en hun visie op de toekomst (Young and illegal in the Netherlands, a descriptive study of the arrival and stay of un-documented former unaccompanied children and their vision of the future).* Criminology Department, Erasmus University Rotterdam.

Staring, R., & Aarts. J. (2010b). Werken in de marge. Illegaal verblijvende jongeren in Nederland (Working on the fringes of society. Young people living illegally in the Netherlands). *Justitiële verkenningen,* jrg. 36, no. 7, 2010 Informele economie, uitbuiting en illegaliteit (the informal economy, exploitation and being undocumented). WODC- Boom juridische uitgaven, 43-55.

Stoffelen, A., & Visser, J. (2016, 30 Sept 2016). Part 21. De administratie van een nieuwkomer, 'Welkom, nu begint de bureaucratie' *(Newcomers and bureaucracy). Volkskrant.* Retrieved February 3, 2017, from: http://www.volkskrant.nl/binnenland/welkom-nu-begint-de-bureaucratie~a4386336/

Stöfsel, M. & Mooren T. (2010). *Complex trauma diagnostiek en behandeling (Complex trauma diagnosis and treatment).* Bohn Stafleu van Loghum

Struik, A. (2010). *Slapende honden? Wakker maken! Een behandelmethode voor chronisch getraumatiseerde kinderen. (Sleeping dogs? Wake them! A method for the treatment of chronically traumatised children).* Pearson Assessment and Information B.V.

Tjin A Djie, K., & Zwaan, I. (2007). *Beschermjassen: transculturele hulp aan families (A protective layer: transcultural help for families).* Van Gorcum.

UNICEF (2016). *Uprooted - The growing crisis for refugee and migrant children.* United Nations Children's Fund (UNICEF).

Valibhoy, M.C., Kaplan, I., & Szwarc, J. (2017). "It comes down to just how human someone can be": A qualitative study with young people from refugee backgrounds about their experiences of Australian mental health services. *Transcultural Psychiatry, 54* (1), 23-45.

Van Es, C., Sleijpen, M., Ghebreab, W., & Mooren, T. (2019). Cultuursensitief werken met alleenstaande jonge vluchtelingen: 'Veerkracht-project' biedt trauma geïnformeerde interventie (Culturally sensitive approach to unaccompanied children: 'Resilience project' offers trauma-informed interventions). *Kind en adolescent praktijk, 18*
(4), 16–22. https://doi.org/10.1007/s12454-019-0040-y

Van Hest, F. (2012). Rouwen met vluchtelingen en asielzoekers (*Grieving with refugees and asylum seekers). Tijdschrift voor groepsdynamica en groepstherapie. 7*(2), 6-18.

Van IJzendoorn, M.H. (2008). *Opvoeding over de grens. Gehechtheid, trauma en veerkracht (Parenting across borders: attachment, trauma, and resilience).* Amsterdam: Boom Academic.

Van Reisen, M., Al-Qasim, T., Carlotta Zanzottera, C., & Schoenmaeckers, R. (2018). *Trust and the Triggers of Trauma: Exploring Experiences of Trust between Eritrean Unaccompanied Minors and their caregivers in The Netherlands.* Tilburg University, EEPA, Nidos.

Van der Veer, G. (1996). Voogdijmaatschappelijk werk en gevluchte adolescenten. (Guardianship and fled adolescents). De Opbouw: instelling voor ambulante jeugdhulpverlening.

Van der Veer, G. (2002). *Gevluchte adolescenten: ontwikkeling, begeleiding en hulpverlening (Adolescent refugees: development, guidance, and support).* Pharos.

Vermette, D., Shetgiri, R., Al Zuheiri, H., & Flores, G. (2015). Healthcare Access for Iraqi Refugee Children in Texas: Persistent Barriers, Potential Solutions, and Policy Implications. *Journal of Immigrant and Minority Health, 17*(5).

Verstegen, T. (2012). *Een duurzaam (terugkeer)perspectief voor ama's; commitment van het kind en commitment van de familie. De dubbel C benadering (sustainable prospects for unaccompanied children; commitment of the child and their family).* Nidos Utrecht. Retrieved May 8, 2018, from: https://www.nidos.nl/

Vervliet, M., & Derluyn, I. (2013). *De trajecten van niet-begeleide buitenlandse minderjarigen: Verwachtingen, agency en psychosociaal welzijn (The pathways of unsupported underage migrants: expectations, agency, and psychosocial well-being).*

Annex 1

Dutch screening tool for assessing reception families

This screening tool is used for assessing the suitability of candidate reception families. The tool consists of different parts in which, depending on the kind of placement and the existence of a relationship between the child and the family, different aspects may be emphasised in the final consideration.

Part I List of questions that must be asked

1 Basic information[1]
- Age
- Gender
- Nationality
- Preferred kind of reception (short term, long term)
- Number of children the family is willing to take in

2 Family situation
- Current situation
- Opinion of other family members about taking the child in
- Network; friends, family, neighbours (expected reaction to the child)
- Visitors, other members of the household, and overnight guests
- Frequent contact with other people
- Physical and mental health
- Experience in hosting children (professionally or within their family/circle of friends)
- Recent life events or changes in the family and, if so, what was their impact on the family

3 Education and work
- Source of income
- Any debts
- Family members' education
- Family members' work
- Working hours
- Day care (possibilities)

4 Hobbies and leisure activities
- Family members' hobbies
- Ideas about the importance of sports and hobbies for the child

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[1] Only applicable to non-kinship placements.

5. Living circumstances

- Sufficient presence of the carers
- Description of home and neighbourhood
- Safety of home and safety regarding traffic
- Available room/space for the child
- Play area, if relevant
- Facilities such as schools, shops, clubs, and a library
- Accessibility by public transport

6. Attitudes towards upbringing and safety

Their own upbringing

- How were you brought up yourself?
- What did your parents intend to teach you in your upbringing?
- What do you think of your upbringing?
- How did you get to know your partner? Was this an arranged marriage?
- How did your children get to know their partners? Was this arranged?
- At what age did you marry?
- What was your own family situation when you were a child?
- What were your parents like?
- What would you do differently?
- What did you like about your own childhood?
- How is the contact with your family?

Views on upbringing

- What do you consider important in upbringing (values and standards) and how do you achieve these? For example, how do you want the child to address you?
- How do you cooperate as reception parents: who is responsible for what tasks concerning housekeeping and caring for the child?
- In which matters do children in your family have a say – or not?
- What would you do when a child misbehaves?

Upbringing skills

- What do you find difficult to handle?
- What do you consider to be unacceptable behaviour?
- What do you find difficult in bringing up your own children?
- What would you think about getting parenting support for a child with problematic behaviour?
- Which rules would you apply?
- How do you apply rules?
- What do you do if a child does not follow the rules? (Ability to negotiate?)
- Is it important to you that you explain the rules and how do you explain them?
- How do you correct a child?
- How do you stimulate a child?
- How is an argument resolved within your family?
- Does violence occur within your family and, if so, what happens?
- How do you know what your child thinks and feels? (sensitivity)
- Suppose your child would start smoking, or did not want to wear a headscarf anymore, and your compatriots make remarks about it, how would you deal with that?

Sexuality

- What do you think about the child displaying erotic/provocative behaviour and how would you deal with it?
- What is your opinion about homosexuality and what would it mean to you if a child placed in your family turned out to be gay?
- How do you bring up the subject of sexuality with a child?

Safety and risk factors

Child abuse is 'any kind of physical, psychological or sexual interaction with a child that could be experienced as threatening or violent, is imposed actively or passively by parents or other people who the child is dependent on, and causes or may cause severe physical or psychological damage to the child'.

There is evidence of factors that increase the risk of child abuse. Therefore, Nidos asks the following questions:

- Have you yourself been a victim of child abuse?
- Were you or another child in your family ever beaten and how did that occur?
- Is child abuse made light of or denied?
- Does one of the family members have a (severe) mental disorder and, if so, is there a diagnosis and treatment?
- Does a family member have suicidal or murderous thoughts?
- Are there any problems with the use (or misuse) of medication, drugs and/or alcohol?
- Are you aware of any personality disorders in your family?

Religion

- Your own perception of religion and daily practice
- Hoe does religion influence your motivation to take care of a child?
- Membership of a church/religious community and which rituals does this involve?
- How do you deal with children with a different religion? How does this fit in with your lifestyle?
- What is your opinion on customs and rituals that are part of certain religions, such as fasting, having an altar, going to a mosque, or following dietary laws?

Motivation

- Why did you apply?
- What are your expectations of the child/the placement?
  - desire to have children
  - company for an only child
  - financial reasons
  - wanting to help others
  - use of child as babysitter/kitchen help
  - religious considerations
  - combination of motivation and life events (empty nest, loss of child, divorce, loneliness)

Kinship placement

- Why do you want to do this?
- What happens if you get second thoughts and do not wish to be a reception family for the child any longer?
- What happens if we do not place the child within your family? (apologies)

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Insight in and dealing with cultural differences

- Cultural differences: experiences with other cultures, attitude towards other cultures, how much should a child have to adapt, how much are you prepared to adapt, how do you bridge the divide (also between kinship families, tribes, etc.)?
- What is your opinion on the 'secrets' that children have and how do you deal with them?
- What do you think about your reception child behaving differently to your own children?

Questions and signs related to honour issues

- Are there differences within your family as to what boys and girls are allowed? If so, what are these differences?
- Are there things that are expected of you in your culture that you personally do not approve of? (For example, circumcision of boys or girls and arranged marriages.)

Social worker's impression of the family

- Suitability to receive guidance
- Openness
- Flexibility
- Engagement (distance-closeness)
- Ability to let go and attach
- Closed family structure
- Inflexibility
- Cooperation with Nidos and, potentially, the child's biological family

Points to consider

- Medical details of the family regarding the child's health: Is a handicap a problem? What if the child gets ill?
- Pets
- Details of living circumstances
- Attitude towards uncertain future prospects/return
- Holidays, both in the host country and abroad (alternative reception if the child cannot go with the family)
- Attitude towards sexuality, erotic behaviour
- HIV/AIDS/Hepatitis (no standard testing, only on medical grounds based on current medical opinion/ guidelines. In cases of teenage pregnancies, for example, Nidos strongly advises testing)
- Circumcision (ethnic, religious, aesthetic or hygienic arguments are not reasons for accepting the circumcision of boys who are under Nidos guardianship)
- Adoption/chance of obtaining a residence permit
- Own integration/assimilation/place in Dutch society

Part II Assessing and weighing the facts

If the **child is already staying with a related family** (kinship carers) or has re-entered the related family after a   temporary interruption, the focus should be on continuity of the parenting situation, including continuation of the   secure relationship between the child and the carer.

Screening will therefore focus on assessing whether that relationship and the parenting situation are sufficiently safe. Or at least, whether it is safe enough while the child waits for reunification with their

biological parents, if reunification is foreseen. To be able to make this assessment, close observation of the interaction between the child and the family is an important source of information. The level of sensitivity of the carers, and the responsiveness of the child, will provide information on the quality of the attachment.

If a related family being screened has not yet taken care of the child, continuity of the parenting situation does not yet play a role. But attachment, connection and 'protective wrapping' may already exist, and the child's interests regarding being placed in their own network must be part of the screening. The questions that need to be answered are the same as those in the situation described above. Though it may not yet be possible to include interaction and the quality of the attachment between child and carer in the screening, it will still be possible to include the way they talk about each other, how well they know each other, and an impression of their attachment. The commitment of all those involved is of equal importance in this situation.

When **non-related families** are screened, there will not yet be any attachment between the child and the family. Therefore, screening can be done using general questions which take the risk factors for child abuse and any potential protective factors into account. A first assessment of the sensitivity of the carers can be made, based on observations of their relationship with their own children. An assessment of the sustainability of a placement is also of importance, as it can be helpful for the matching process and for assessing whether a child can, if necessary, stay in the family until maturity.

To decide on the placement, it is important to:
- Weigh all the arguments gathered above (include the difference between a related family placement and placement in a family that is new to the child), and
- Score A-F from the list below (based on the risk of child abuse)

A Assessment of the safety of the child within the family

B Assessment of the risks of child abuse based on risk factors (CARE), a list of early warning signs in relationships based on dependence (Movisie) and protective factors (LIRIK):

Negative attitude towards help and intervention, regarding their own problems too

Negative attitude towards the child, risk of Cinderella situation
- Problems in interaction between adult(s) and child/children
- Family stressors
- Socio-economic stressors
- Insufficient social support
- Violent parenting
- Domestic violence
- Cultural influences
- Sectarian religion or religious pressure
- Understanding of the role and position of the guardian
- Honour-related risks
- Inconsistent moral standards
- Lack of communication at home
- Gossip about the family within the community
- Gossip within the family about other members of the family
- Loss of one of the parents

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- Family members have gone missing in the past
- Sudden move or disappearance
- Intensive contact with family abroad or sudden trips to family/family council
- Former reporting of domestic violence
- Abuse or disturbances at the family home
- Overprotection or hiding a child
- Defensive attitude towards organisations, authorities or police

C Assessment of the quality of the attachment in kinship placements:
- Weigh the family relationship, the bond of affection, and the sustainability of the relationship that the family and child have had so far
- How do they speak about each other, characterise each other?
- Would there be disproportionate pressure from other family on the placement?

D Assessment of the sustainability and the long-term prospects of the placement:
- Are the parents healthy?
- Is the age of the family in the right proportion to the age of the child to enable adequate parenting?
- Are there any plans for migration?
- Is there a desire to have children of their own, or a desire to apply for family reunification, which might conflict with the intention to take care of the child until adulthood?

E Assessment of any contra-indications:
- Child abuse committed in the past
- Severe psychiatric disorders
- Personality disorder causing anger, impulsiveness or instability
- Addiction to alcohol or drugs

F Outcomes of investigation and referees (at least two, of which one must be independent):
- Family doctor
- Teacher(s) of the carer's own children
- Child health centre
- Employer(s)
- Refugee counselling organisation
- Imam, priest or reverend
- District police officer
- Neighbours (not friends)

Conclusion:

What is in the interest of the child, taking into account safety, continuity of the upbringing, and sustainability of the placement? State positive points and the points to consider. Also mention negative points in feedback to applicants.

In the case of a negative screening of a child who is already staying with a kinship family, a social worker, guardian and behavioural scientist are involved in the decision to end the placement.

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I Guillaume Coron, 2021.

II Council of Europe Committee of Ministers Guidelines on child-friendly justice, adopted on 17 November 2010, guideline 2.

III It may not always be possible to know what information is most important to the child at that moment. It is therefore necessary to create an informational space that the child can/could invest in.

IV It is highly likely that the child will respond in the affirmative, even if he or she has not understood, or only thinks he or she has understood.

V Spoken language often has simpler sentences and grammatical structures.

VI When you are not familiar with a language, it is sometimes difficult to know which word or name a pronoun refers to.

VII Most migrant children have learned the official languages (lingua franca) of their countries of origin at school (English, French, Portuguese, etc.). They are therefore much more familiar with standard forms.

VIII For instance, say "you will have food" rather than "you will get food". It is usually only native speakers who have no problems with words that have more than one meaning. This is also the case with phrasal verbs in English.

IX For example, in the French region of Calais, young English speakers use the word 'process' to refer to the procedure for family reunification in the UK. Another example: young people from French-speaking West Africa use the word 'extrait' (certificate) instead of the nominal group 'extrait d'acte de naissance' (birth certificate).

X For example, young people from Afghanistan use the word 'taskira' rather than 'birth certificate'.

XI You can reinforce access to meaning by rephrasing sentences and also by using synonyms or words that are close in meaning.

XII If the child does not have the experiential or cultural background to understand a word, they will not understand it in their first language either.

XIII Ehlers & Kuipers, 2016.