

United Nations Day of General Discussion on Children's Rights and Alternative Care

Submission to the Committee on the Rights of the Child



INTRODUCTION

This submission puts forth the priorities and concerns related to children and young people in alternative care in Europe whose rights are often gravely threatened. The contributing organisations identified common issues that are critical in supporting children with suggested recommendations highlighting their existing practice models. These are based on the wealth of knowledge and experience from years of working with the community and developing solutions for children's care. Europe has seen a major increase in the number of the arrival of refugees and unaccompanied minors in recent years. It has raised several issues in relation to their well-being and safeguarding. Aspects of accommodation, guardianship, family reunification, school and university education, employment readiness and overall preparation for care leavers after 18 years need to be addressed urgently. Moreover, COVID-19 pandemic is having a huge additional impact as the children are grappling with the existing precarious circumstances of their lives.

ISSUES AND RECOMENDATIONS

1- Therapeutic Care for Children at the Centre

The children who end up in care homes are often the most traumatised, abused and neglected children. They usually arrive here because of abuse and/or neglect and other avenues like family support, foster care, or adoption have not worked or are scarce. According to The Mulberry Bush, the key towards nurturing children's mental health and emotional development is therapeutic care. This can bring to halt the suffering of vulnerable children who think that they are unwanted and have failed. Similarly, METAdrasi introduced a pioneering scheme for the implementation of foster care for unaccompanied children. It emphasises that for achieving good outcomes in children, any mode of care provided to them must have a therapeutic approach with a well laid out exit plan in place.

The current access route to therapeutic intervention in Ireland is too slow, and often inaccessible to those who have aged out of care but still require support. Unresolved trauma can shape how young people respond to everyday life experiences, including how they respond to

CONTRIBUTING ORGANISATIONS

EPIC- Empowering People in Care help create better outcomes for children in Ireland by influencing policy, legislation and practice for children in care, in aftercare or for those with care experience.

METAdrasi – Action for Migration and Development has a mission to facilitate the reception and integration of refugees and migrants in Greece, aiming to address critical and protracted gaps relating to unaccompanied children's care.

Programma integra is a social cooperative in Italy supporting the processes of social integration of migrants and refugees, including children.

The Mulberry Bush based in the United Kingdom provides specialist residential therapeutic care, treatment and education for primary-aged children made vulnerable by their severe social, emotional and behavioural issues.

Together Trust based in the United Kingdom has been championing the needs of, and caring for people with, complex needs for 150-years through individualised care, support and education to children.

Family for Every Child is a global alliance of currently 40 local civil society organisations (CSOs) in 36 countries.

the services provided by professionals*. Trauma-informed practice is a framework that is based on knowledge and understanding of how trauma affects people's lives and their service needs. This highlights the need for priority access to mental health support for children in care, leaving care, aftercare and ageing out of care.



The Mulberry Bush School (MBS) Model:

The Mulberry Bush school offers residential therapeutic schooling to children between 5 and 13 who are the most damaged, through inte-

grated 38-week and 52-week specialist residential therapeutic care, treatment and education. The school has a strong psychodynamic ethos which places a great value on staff consistently reflecting on the impact on themselves of their work with the children. All behaviour is seen as a communication about how the child feels and how this relates to their experiences. The therapeutic approach is a fundamental aspect of the organisation: much happens in the daily connections between staff and the children; staff try to stick closely to the child's feelings; are continuously curious about these; and help the child make sense of them. There is also a high priority placed on staff relationships - recognising and resolving conflict and managing their own feelings. The aim is to reintegrate each child back into an appropriate family and school after a 3-year placement. According to The Mulberry Bush 2019 Impact report 69% of the children at the school felt they were getting better at learning. 64% said that they could keep themselves and others safe.

The METAdrasi Model:

In September 2015, METAdrasi developed the foster care programme exclusively for the refugee and migrant children population to be cared for in a protective family framework. This is implemented in collaboration with the local juvenile prosecutors and respective state social services. Children are placed in foster care with families consisting of couples or individuals, with or without biological children, who wish to take care of unaccompanied children for a short or long period of time. The objective is to prevent children from being placed in detention centres or camps and thereby exposure to further trauma. The primary goal is to ensure that children receive individualized care ensuring their physical, mental, emotional development according to their best interests' assessment to facilitate the fostering. Each foster family has access to psychological assistance to aid the effective relationship building with the child. Psychological support is also provided for every child that the programme places in a reception family. A member of METAdrasi's Guardianship Network is also legally authorised to deal with each case of an unaccompanied child placed in the foster family. This facilitates the matching procedure and gives the social worker a better insight into the child's profile and well being while in foster care.

COVID-19 Increased burden and anxiety of care staff

“ If this change due to COVID-19 which we often call 'the new normal' is permanent then there is a real risk of care staff in social sector experiencing burnout. What does it mean for us, for the future of these services? ”

This is a real worry. ”

Podcast: Caring for children in residential care during COVID-19 featuring The Mulberry Bush in the UK

2- Greater Investments in the Care Workforce

The care workforce has to perform a myriad of activities so that children in their care are safe and secure. They are expected to be well-equipped to manage difficult behaviour due to the child's past trauma, provide emotional assistance, work with children's families, help in accessing education, and prepare them for independence when they turn 18. They also have to be adept in supporting young people with complex needs such as learning disabilities, autism and other disabilities according to Together Trust. Moreover, COVID 19 has further increased their workload and expectations as they are closest to the children, families and communities.

However, traditionally the childcare workforce has been perceived as low status, low paid work as staff is under trained and undervalued. There is an urgent need to develop well-trained staff who have deeper and broader understanding of the issues affecting children and young people and their overall development and wellbeing and receive appro-

*Gary Broderick of the [Learning Curve Institute](#) (an organisation in Ireland that provides training to those working with trauma-affected groups) has highlighted how unresolved trauma can determine how young people respond to everyday experiences, and how they respond to professionals.

appropriate monetary compensation. The CSOs strongly recommend that **greater investments must be made on staff training** of the care workforce. They are providing therapeutic services to meet the needs of the children, young people and their families and therefore, their skills have to be strengthened. This has become all the more apparent and essential during Covid -19 pandemic when many staff stayed back at the residential facility to care for the children, with little or no contact with their own families. This also had implications on their own mental health, child care and family relationships (according to The Mulberry Bush).

3- Strengthening Educational Support for Children in Care:

Every child has a right to learn regardless of where they are or what their circumstances are. Educational support is absolutely essential for children in care who have had schooling disrupted. When children attend regular school, it becomes a stabilizing feature in their unsettled lives. With education, children are more likely to gain good employment opportunities and come out of the vicious cycle of vulnerabilities by making decisions for themselves.

The education system also has to gear up to meet the needs of the unaccompanied refugee children particularly at the age of 15-18 years according to METAdarsi. Some of these children have not attended school at all, while others have been forced to drop out of school in their home country. They have limited time to catch up in the country's education system and master the new language when the curricula are demanding and complex. These are major determining factors for the effective education outcomes and later employment of young people.

The recommendations for improving the education support to children in care include establishing scholarship funds at the European level for refugee and migrant children to continue their

access to higher education should be geared for the children to realise their dreams, to build a stronger future for themselves, also supporting them in retaining their identity. Data collected for educational attainment for children in care and with care experience should be cross compared to children in the general population, to ensure that where gaps exist, support can be put in place at an early stage to ensure equality of opportunity.

Staff goes an extra mile during COVID-19

Helping children maintain family bonds

“ At the beginning of the COVID-19 pandemic in March 2020, all children in the residential care facility at The Mulberry Bush had to be sent home due to uncertainty without any clear government guidelines. This was irrespective of the fact that children and their families struggle to live alongside each other. Around Easter, it was decided to call all the children back and to care for them at the facility reducing transitions for them. These children who have endured complex trauma still needed to maintain bonds with their families. In the absence of home visit, technology was used and the staff encouraged children to maintain relationship with their families by using Facetime, Teams, Zoom and phone calls. Staff were also on podcasts with small groups of children, posing questions about COVID-19 which emerged as a very interesting association. ”

Podcast: Caring for children in residential care during COVID-19 featuring The Mulberry Bush in the UK



4- Supporting children at the age of 16 and above

METAdrasi's Supported Independent Living (SIL) Model for Unaccompanied Minors supports children between the ages of 16-18. These are children who are either seeking asylum or have already been granted refugee status in Greece. Through the SIL programme METAdrasi aims to eliminate the time spent by unaccompanied minors in detention centers. It supports the growth of children's independence, prepares them for adulthood and facilitates their integration into local society. The SIL programme, which was established in 2018, currently incorporates 22 flats, each accommodating four children of the same sex. Flats are separated into units and units are supervised by a Unit Coordinator. The support team comprises a social worker, mentor, psychologist, lawyer, caretaker / night guard and an educator. Mentors for each child supports them socially, culturally, emotionally and educationally, acting as a role model and helping them to learn to live alongside others. The programme supports the children through education services, legal medical support, interpretation, recreational activities and job orientation or introduction to the labour market. Targets are set for children's progress relating to their integration into society, which look at the building of self-esteem, personality development and improvement of life skills.



“The age of 16 and 17 is a hugely important period for children - they may be preparing to sit their GCSE's (secondary education level) or forming the foundations of their future, this could mean either continuing on with education, studying a vocational course or embarking on training for a future career.”



Together Trust, UK

Two-tier care system, UK

A new legislation planning to be introduced in the UK will create a two-tier care system, where looked after children aged over 16 could be placed in accommodation that does not offer care. Looked after children, a term more prevalent in the UK, are children in care, living with foster parents, in a residential children's home or in residential settings like schools or secure units. According to Together Trust, looked after children that are placed in unregulated accommodation are highly likely to not be in education, training or employment. In some cases the number of such children in unregulated placements is an exceptionally large proportion of the total. This high number is unsurprising as in contrast to children's homes where there are standards of what the home needs to achieve in terms of a looked after child's education. Unregulated accommodation does not have the same requirements. A ban on placing vulnerable children under the age of 16 in unregulated accommodation will come into force in September 2021 in the UK.

Voice of a 17 year old

“We're taken off our parents and put in unregulated accommodation. It's like they think we can just fend for ourselves and it's not right. I faced pressure from the local authority to move into semi-independent accommodation when I was coming up to my 17th birthday.”

This was in the middle of the pandemic and when I didn't have a support network. Moving into a flat on your own at 16 or 17 when you don't know anything about living on your own can be really hard. Especially if you don't have anyone you can turn to for help.”

Together Trust, UK

Trust and human connection

“Everything starts with 'trust'. It is not easy to gain trust of children who don't trust others. They have a seventh sense to understand quickly if the person is interested to help them. So, we cannot keep these children waiting. They lose hope. Many of them, sometimes we don't find them anymore, they have already left with smuggler because they lost trust in Europe. How many times can they listen to wait... wait, help is coming. They think it's just another promise.”

This kind of mechanism has to be faster. When there is political will everything moves quickly. They have to trust us. But we have to trust them too.”

METAdrasi, Greece.

CONCLUSION

The paper addresses the need for a holistic strategy of providing quality alternative care to children that should be therapeutic no matter what the mode of care. Adequate attention needs to be given to strengthen the care systems with special emphasis on investments to improve and support the care workforce.

The successful models given here need to be studied deeply and implemented widely so that proven practice models benefit many more children who are in alternative care. The pandemic has placed an unusual load on staff whose burnout is evident if not addressed promptly. Children should be healthy and safe and have good prospects of realizing their dreams and aspirations as they transition successfully into adulthood.

