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4.2 Health and wellbeing

STANDARD 19: Safeguard and promote unaccompanied children's health and wellbeing, and strengthen resilience.

Indicator 19.1: Unaccompanied children's psychological wellbeing and mental health is taken into account and safeguarded during day-to-day care.

- ***Additional remarks:*** *Special attention is given to unaccompanied children's psychological wellbeing and mental health, e.g. attention to signs of anxiety, stress, loneliness, mourning, depression, trauma and sleeping problems. When necessary, psychological support is provided through listening, acknowledging unaccompanied children's feelings, giving advice or through referral to more specialist professionals like psychologists or therapists.*

Indicator 19.2: Unaccompanied children have access to awareness raising activities on the risks of drugs and alcohol use, according to age and maturity.

- ***Additional remarks:*** *These activities can be organised by the reception facility or by external organisations, inside or outside the facility. When relevant, medical staff is involved.*

Indicator 19.3: Unaccompanied children have access to awareness raising activities on sexual and reproductive health, in respect of different sexual orientations and gender identities and according to the child's age and maturity.

Indicator 19.4: Unaccompanied children are provided with a minimum of information and training aiming at strengthening against all forms of mental, sexual or other forms of physical abuse and neglect.

- ***Additional remarks:*** *The focus of the training is the prevention of situations of risk and learning how to act if they occur.*

Good practice on day-to-day care with regard to wellbeing
It is considered good practice to:

✓ Give access to psychoeducational activities for unaccompanied children, which include a wide range of activities such as relaxation and breathing exercises, discussion groups, kinesiology, information sessions on psychosomatic problems, etc. These activities are organised by the reception facility or by external organisations, inside or outside the facility. Special actors such as psychologists or therapists are involved.

✓ Organise a timeout period outside the reception facility if unaccompanied children experience behavioural and/or psychological problems (school non-attendance, troubles fitting into the group, hostility, bullying, etc.). In order to have time to reflect upon its situation, unaccompanied children are temporarily hosted in appropriate facilities where special psychoeducational and leisure activities are provided. Specific places for small groups of unaccompanied children (2 up to 10) and additional educational support are available. The length of the stay varies according to the child needs (from 5 up to 15 days, 1 month in case of exceptional circumstances);

✓ Provide for staff to dine together with unaccompanied children in accommodation centres in order to supervise their eating habits, to create a feeling of togetherness during meals and to prevent potential conflicts.

STANDARD 20: Support and follow up the mental and social development of unaccompanied children through a standardised care plan.

Indicator 20.1: The background, needs, skills and future prospects of unaccompanied children are assessed by the child reception staff as standard elements of unaccompanied children's care plan, with their participation.

- ***Additional remarks:*** *The plan includes the following elements on the child: administrative procedural situation, education, skills, degree of autonomy and psychological wellbeing.*
- *The assessment is based on interviews with unaccompanied children by qualified staff. The first consultation takes place within one week after arrival in the reception facility.*
- *The representative is involved in the development of the care plan and can consult the plan with prior consent of unaccompanied children.*

Indicator 20.2: The mental and social development of unaccompanied children are supervised and discussed by relevant caretakers from different disciplines (multidisciplinary approach).

- ***Additional remarks:*** *Regular exchanges and/or meetings amongst reception staff working with unaccompanied children (social workers, educators and, if applicable, medical staff, psychologists, school teachers, etc.) are organised in order to discuss unaccompanied children's situation and to update the care plan.*

Indicator 20.3: Information on the mental and social development of unaccompanied children are exchanged with the representative on a regular basis.

Indicator 20.4: When unaccompanied children are transferred to a new reception facility, the care plan is transmitted before or no later than the day of the transfer, in respect of the principle of confidentiality.

Good practice on day-to-day care
It is considered good practice to:

✓ conduct a monthly review of the care plan by the social worker, the representative and unaccompanied child; transmit the care plan two or more days before the transfer so that the new reception facility can prepare the arrival and care of unaccompanied children.

STANDARD 21: Ensure effective access to leisure activities, including play and recreational activities appropriate to unaccompanied children's age.

Indicator 21.1: There is a daily access to a variety of leisure activities, both indoor and outdoor, according to age and after consultation with the unaccompanied children.

- ***Additional remarks:*** *Leisure activities include a large range of sport and other activities (general relaxation in- or outdoors, access to board games, cinema, community events, sports tournaments, etc.). Activities can be organised by the facility or by external organisations. Special attention is given to the organisation of group activities.*
- *Additional activities are available during school holidays and weekends, and when unaccompanied children do not yet have access to school.*

Indicator 21.2: Leisure activities are organised and supervised by child reception staff and/or other responsible adults involved in childcare.

Indicator 21.3 a): Unaccompanied children 0-12 can play daily in a safe space adapted to their age and under supervision; **AND**

Indicator 21.3 b): A minimum range of sport activities appropriate to the unaccompanied children's age is regularly provided (cf. Chapter 9. Housing).

Indicator 21.4: Internet access and its duration is age appropriate and is regulated and supervised by the staff

Good practice on day-to-day care
It is considered good practice to:

✓ organise common activities for unaccompanied children and local youth, both within and outside the reception facility e.g. cricket tournaments.