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Република Северна Македонија

**Министерство за труд
и социјална политика**

HANDBOOK ON ASSESSMENT OF THE BEST INTERESTS OF THE CHILD

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Introduction

The Public Institution “Institute for Social Affairs” – Skopje is an institution promoting social activity and quality in professional work, but also efficiency in fulfilling the functions in the social protection institutions through relevant activities, such as monitoring and analysis, research of social phenomena and problems, drawing up professional materials for the work of experts in social service providers, as well as providing support and expert assistance to the employees in the social protection institutions and social service providers.

With a view to improving the child protection mechanisms, it is necessary to expand the procedure for the child’s best interests assessment and the child’s best interests determination by developing a set of tools (instruments) that, as part of a harmonised framework, would be used by the professionals in the social protection system. To that end, the Institute for Social Affairs has prepared this **Handbook for Carrying out an Assessment of the Best Interests of the Child**.

This Handbook is intended for professionals in the social protection system who, within the national legislation, are in charge of providing services/protection of children/families at risk/in crisis as well as for representatives of other institutions and of the nongovernmental sector providing child services and child protection, who will improve the competencies and skills of practitioners in the field of child protection, representation and enabling the rights of each child and of their best interests, irrespective of their race, colour, sex, language, religion, political or other opinions, national, ethnic or social origin, property, disability, birth or other status of the child or of his/her parent or legal guardian, nationality or civil status.

The Handbook for Carrying out an Assessment of the Best Interests of the Child is a result of the team and individual work of the practitioners in the PI “Institute for Social Affairs - Skopje”, who used professional materials previously developed by the Institute, literature and professional materials drawn up and issued by the United Nations Children’s Fund and the United Nations High Commissioner for Refugees, as well as documents and practice from the European countries and countries in the region.

This Handbook contains the following:

- ▶ Overview of the current international concepts and practices in best interests determination, with a focus on children without parents and parental care (or unaccompanied and separated children refugees), by covering the practice from EU countries, countries from the region as well as international organisations such as UNHCR and UNICEF;
- ▶ Procedure for assessment, determination and implementation of the best interests;
- ▶ Outline of the tools (methods, techniques, skills) available in the procedure for assessment, determination and implementation of the best interests of children.

Definitions

Child - means every human being below the age of 18 years unless, under the law of a given country, majority is attained earlier.

Children on the move – are children who for a variety of reasons, voluntarily or involuntarily, with or without their parents/guardians migrate within their country or between several countries and who, during that movement, are particularly placed at risk of inadequate care, economic and sexual exploitation, abuse, neglect and violence.

Unaccompanied child – means a child who has been separated from both parents and other relatives and is not being cared for by an adult who, by law or custom, is responsible for doing so.

Separated child – means a child separated from both parents, or from his/her previous guardian by law or custom, but not from other relatives. This category shall include children accompanied by other adult family members.

UMFN – unaccompanied minor foreign national.

Child's best interests – describes the well-being of a child determined by various circumstances – age, maturity, family environment, the child's environment and experiences.

Best interests assessment – is an evaluation and balancing of all elements necessary to make a decision in a specific situation for a specific individual child or a group of children.

Best interests determination – is a formal process with strict procedural safeguards designed to determine the child's best interests based on the assessment of the best interests of the child

NATIONAL AND INTERNATIONAL LEGAL STANDARDS, CONCEPTS AND PRACTICE

Legal standards and international policy in the area of respecting basic human rights and freedoms, rights of the child, rights of people with disabilities, rights of marginalised groups, the issue of migration, refugees, asylum are regulated by numerous declarations, conventions, protocols, decisions, joint actions, political agendas, directives and programmes for implementation, which contain the basis for the development of a civil society ensuring the basic human rights and freedoms.

Macedonia has adopted a comprehensive set of legislation concerning these areas and has, *inter alia*, acceded to the following:

- ▶ European Convention on Human Rights and Fundamental Freedoms and its Protocols;
- ▶ European Social Charter;
- ▶ International Covenant on Civil and Political Rights;
- ▶ International Covenant on Economic, Social and Cultural Rights;
- ▶ United Nations Convention on the Elimination of All Forms of Discrimination against Women;
- ▶ Convention on the Rights of the Child and its Optional Protocols;
- ▶ Convention on the Rights of Persons with Disabilities;
- ▶ Convention Relating to the Status of Refugees;
- ▶ United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment;
- ▶ United Nations Convention against Transnational Organized Crime and its two protocols – Palermo Protocols.

With a view to harmonising the national legislation with the international legal standards, Macedonia transposed in its legislation many of these standards (Law on Social Protection, Law on Child Protection, Law on Family, Law on Justice for Children, Law on Prevention, Elimination and Protection against Domestic Violence, Laws in the area of education, Laws in the area of health care, Law on International and Temporary Protection, Law on Foreigners, Law on Nationality).

The national legal standards ensure special care, protection and assistance to the family, providing for conditions to respect the best interests of children in accordance with their needs in all spheres of their growth and development (education, health care and social protection), but also the child's right to family. Starting from these orientations, the country provides conditions for development and well-being of children and their families and the children's right to live with their parents, unless when that does not guarantee their safety and security. In such cases, the country takes over the care and ensures the rights of children.

Law on Social Protection - social protection beneficiaries, according to this law, are citizens of the Republic of North Macedonia who have permanent residence in the Republic of North Macedonia and foreigners with regulated permanent stay in the Republic of North Macedonia, in accordance with the law. The citizens of the Republic of North Macedonia without permanent residence in the Republic of North Macedonia and foreigners with regulated temporary stay in the Republic of North Macedonia, in accordance with the law, who use the social protection rights under conditions set out in this or other law and international agreements and conventions. An asylum seeker, a person whose refugee status has been recognised, and a person under subsidiary protection have the right to social protection under conditions and in a manner as laid down by law (Art. 13, 14 of the Law on Social Protection, Official Gazette of RNM No.104/2019).

Law on Family – Children who, for any reason, are left without parental care are protected by the appointment of a guardian who will protect their rights and interests and by placing them under guardianship.

The procedure for placing a minor under guardianship and appointing a guardian is conducted by the Social Welfare Centre as the single competent guardianship authority. The Social Welfare Centre, in the decision on appointment of a guardian, defines the guardian's duties and the scope of his/her authorisations and issues a guardianship document. The guardian of a minor is obliged to take care, as a parent, of the personality of the minor, and in particular, of his/her health, upbringing, education, and preparation for independent life and work. (Art. 159 - Art. 164 of the Law on Family)

Whenever the Social Welfare Centre is notified by the Ministry of Interior that a minor has been identified as a victim of trafficking in human beings, the Social Welfare Centre will take immediate measures to protect the personality, rights and interests of the child and to place him/her under guardianship. For guardian of a minor who is a victim of trafficking in human beings is appointed a person trained to work with children – victims of trafficking in human beings. (Art. 177-a – Art. 177-p from the Law on Family)

The Social Welfare Centre, in cases laid down by the Law on Family, will take the necessary measures to protect the personality, rights and interests of a foreign national until the body of the country of his nationality issues a necessary decision and takes specific measures. (Art.175 of the Law on Family)

Matters concerning the guardianship with regard to the appointment of a guardian to unaccompanied foreign children and the activities of the expert team relating to the protection of the rights and interests of an UMFN are operationalised in the SOP for UMFNs (a set of procedures, processes and methods of the competent institutions for handling an identified unaccompanied foreign minor/child):

Immediately after the receipt of a notification/report by the MOI (whether orally, in writing, or by phone) that a minor/child foreign national has been found unaccompanied by his/her parents, relatives of legal age or another adult person, the locally competent SWC that was first informed about the UMFN identified shall appoint a guardian (an expert from the SWC), taking into consideration the particular vulnerability of UMFNs, and with the purpose of protecting his/her rights in compliance with the CRC and ensuring that all proceedings and actions undertaken by the administrative bodies are in accordance with the principle of "acting in the best interests of the child".

From that point of time, the guardian is formally and legally responsible for the UMFN (foster parent). The guardian, together with the SWC's expert team conduct an interview with the child, make an assessment of his/her situation, risks and needs. As a "foster parent", the guardian:

- ▶ takes care of the child's rights when the state bodies undertake certain official actions, in procedures concerning his/her position, status, right to express his/her opinion, family reunification and other rights laid down in the CRC (appoints/authorises a legal representative).
- ▶ together with the expert team, makes an assessment of the needs of the UMFN, his/her particularities and characteristics, and what kind of care/accommodation should be provided.
- ▶ actively participates in the procedure for regulating the UMFN's stay, continuously informing the UMFN about the course of the procedure (application for asylum or temporary stay) thereby observing the principle of involving the child in all decisions important for his/her life.
- ▶ actively participates both in the planning of long-term assistance to the UMFN – local integration-accommodation, and in the procedure that is a top priority for the UMFN – family reunification, thus all measures planned and undertaken are aimed at the final goal – facilitating conditions for family reunification, as the child's best interest.

The Law on International and Temporary Protection provides the legal framework in the area of asylum and protection of refugees enshrining the obligations of the country arising from the Convention Relating to the Status of Refugees and the Protocol. The provisions regulating the rights of children (asylum application, vulnerability assessment, care/accommodation (Art. 33, 34, 35 of the Law on International and Temporary Protection) take into account the best interests of the child.

The Convention on the Rights of the Child (CRC)

CRC is the basis for international protection of the rights of the child. As a result of this Convention, children have internationally recognised human rights. According to the international conventions and agreements, countries are obliged to protect all children within the territory of the country regardless of the country of origin and the legal status of the children.

The United Nations General Assembly adopted the Convention in November 1989, and two Optional Protocols were adopted in the course of 2000. The First Optional Protocol limits the involvement of children in armed conflicts, and the Second Optional Protocol prohibits the sale of children, child prostitution and child pornography. These documents are the most relevant international documents in the area governing the rights of the child.

The Convention was ratified by our country in 1993 and in accordance with Article 118 of the Macedonian Constitution; with this ratification, the entire international legislation has become a part of the internal legal order. Hence, our country is obliged to implement the provisions of these instruments, to submit reports to the international mechanisms for the reports on the progress in the implementation laid down in the UN's Convention on the Rights of the Child.

CRC is an agreement on the human rights laying down the civil, political, economic, social, health and cultural rights of children. In general, the Convention defines the child as a human being below the age of eighteen years unless, under the law of a given country, majority is attained earlier.

CRC is an important international document establishing a direct link between the child and the country touching upon the rights and obligations concerning all segments of the child's life and development:

- ▶ children have human rights and must be treated with equality, respect and dignity, not because they are "the future" or the "adults of tomorrow", but because they are human beings today.
- ▶ they are individual identities and have a voice that must be heard and adequately valued.
- ▶ Children and adolescents are not mini adults – they are qualitatively different. They have physical, psychological and social needs that must be met to allow healthy growth and development.
- ▶ the extent to which the parents, family, community and society are able to fulfil (or not) the development objectives has long-lasting effects on the type of adults that these children will become.
- ▶ they need to be protected – children need significant protection until they reach a level of physical, mental and emotional maturity to assume the responsibilities of adulthood.

The definition of a series of civil and social rights of the child are based on the four principles that are the foundation for applying the Convention.

Principle 1 – best interests of the child

(Article 3) In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration. States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative measures. States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.

is one of the key principles of the Convention envisaging that all procedures undertaken by the country concerning the child will be in his or her best interest, whether undertaken by public or private social welfare institutions, judicial, legislative and administrative bodies. The best interest should be of vital importance in decision-making and carrying out activities concerning each child separately, but also concerning a group of children. The principle of the child's best interest is a general principle contributing to the child's well-being in the broadest sense of the word.

The child's best interests determination requires a comprehensive analysis of the situation, position and circumstances of the child, and it is particularly important and necessary to get the child's perspective as well – to be informed, to have his or her opinion and views heard. The importance of this principle is demonstrated in many situations in which children on the move are found, and when a decision needs to be reached on ensuring protection and well-being of the children, a series of complex factors are considered:

- ▶ the individual situation of each child – his or her vulnerability and resilience;
- ▶ need of protection;
- ▶ development needs;
- ▶ upbringing;
- ▶ culture, language.

Principle 2 – non-discrimination

(Article 2) States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.

– a fundamental principle for implementation of the CRC ensuring that all children can enjoy their rights without discrimination on any grounds. The responsibility of the country is in its active role in the field of prevention of all forms of discrimination and in ensuring that all children within its jurisdiction, including children who are foreign nationals, irrespective of their nationality or status, can exercise their rights. The principle of non-discrimination applies to all rights. When it comes to this principle, it should be emphasised that the Convention recognises the particularly vulnerable groups of children and highlights the need of providing additional support to these children in the exercise of their rights, because these children face different forms of discrimination – from systemic, *de jure* and *de facto* discrimination, to discrimination by their immediate surroundings.

Principle 3 – right to life, survival and development

(Article 6) States Parties recognize that every child has the inherent right to life. States Parties shall ensure to the maximum extent possible the survival and development of the child.

– means that the right to life, as a basic human right is not just physical survival, but also right to development of the child until his or her full capacities are achieved, where facilitating the complete development of the child depends on the holistic application of all Articles under the Convention. For children on the move, this right is one of the most sensitive.

Principle 4 – participation of the child

(Article 12) States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.

– the recognition of the child as an active right holder in his or her life and development is expressed explicitly or implicitly in several Articles of the Convention. The child is entitled to express his or her opinion in all situations and procedures affecting the child and has the right to have his or her opinion affirmed. This enshrines the legal, but also the social status of children who, even though they lack the autonomy of adults, are, nevertheless, holders of their own rights. The right of the child to be included in the exercise of his or her rights, or the right to participate, is one of the key rights of the Convention, and the states signatories are obliged to allow children to express their views in all situations affecting the children. Children are entitled to make decision relevant for their life – in the family, within the social and health care services, in school, in the local community... This right recognises the value of the child's participation in the decision-making process. On a personal level, the child should be allowed to understand what is in his or her best interest and to respect that, to recognise and point out situations of neglect or violation of some rights, as well as to take steps to promote and protect his or her own rights. On the other hand, this recognises the potential of children to be active citizens who will contribute to the development of the environment in which they live. As a result, the principle of participation must exist in adopting decisions affecting the child, and in developing services and programmes designed for children.

The principle of participation is a prerequisite for the exercise of the other rights:

The best interest cannot be defined without hearing the opinion of the child. Adults can respond to the child's needs if they are aware of what is happening in his or her life and of the manner in which children experience that, and this can best be explained by children themselves. The participation of children is their best protection, if children are sufficiently aware to recognise the violation of their rights and if they have the opportunity to express their opinion and worries, then they can greatly contribute to their protection. The participation is a precondition for the child's full development, all contemporary theories agree that the child's active participation in his or her life and in the life of the community contribute to the child's full development. The Convention also defines rights that are particularly important to the situation of children on the move, namely: the right to protection against physical and mental violence, abuse and neglect; protection against all forms of sexual exploitation and protection against abduction; sale and trafficking in children as well as all forms of exploitation affecting the child's well-being; but also inhuman and degrading procedures and punishment; support for physical and psychological recovery of the child victim of violence, and support for his or her reintegration into society.

The Committee on the Rights of the Children in 2013 published an interpretation – General Comment to Art.3 of the Convention on the Rights of the Child – **“General comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration”** intended to strengthen the understanding and application of the right of the child to have his/her interests assessed and given priority, which, in turn, will contribute to fully respect children as right holders.

The child’s best interests – the assessment and determination of the best interests is vital in cases of mixed migration and refugee movements, separation of children from their parents / guardians, and children’s exposure to abuse and neglect. In order to protect children and ensure the principle of children’s best interests, the Committee on the Rights of the Children in the **“General comment No.6 on the treatment of unaccompanied and separated children outside their country of origin”** devotes particular attention to this vulnerable group of children underlining the following principles: legal obligation of the country in the protection of unaccompanied or separated children, non-discrimination, the child’s best interest as a decisive principle in the planning of short-term and long-term solutions, the child’s right to survival, life, development, the child’s right to participate, the child’s right to a safe environment and non-refoulement to an unsafe, dangerous environment, the principle of confidentiality.

The United Nations High Commissioner for Refugees has developed instructions, guidelines, handbooks describing the basic principles and guides on the child’s best interests assessment and determination, such as:

- ▶ the child is paramount – presumed age of the child;
- ▶ The child’s right to participate in the procedure for assessment of his/her best interests is ensured by providing an interpreter;
- ▶ Protection of the child’s rights and best interests assessment by the appointment of a guardian within the national legislation;
- ▶ Initial and complete assessment of the vulnerability, needs, risks, services and rights available is carried out by a team of professionals with expertise in various areas (child development, legal representatives, social environment...), who form part of the national child protection services – Social Welfare Centres, social welfare institutions and other service providers;
- ▶ Access to health care and education;
- ▶ Protection from all kinds of abuse, neglect, violence and prevention of trafficking in human beings;
- ▶ Access to the right to asylum;
- ▶ Adherence to the principle of freedom in the accommodation – refrain from detention / restricted accommodation – use of accommodation capacities available to the country – foster families for children up to 15 years of age, for adolescents – living in a supportive setting, in an environment that is culturally closest to the environment and culture of their origin; allowing the practice of cultural habits;
- ▶ Maintaining family ties, non-separation of siblings in providing accommodation, unless that is in the children’s best interests, which is previously determined through an assessment;
- ▶ Short time limits in the procedures for children;
- ▶ And, of course, family reunification that is a primary and decisive best interest of the child, unless the assessment identifies that the family reunification would be detrimental to the child and is not in the child’s best interest.

These internationally accepted principles are incorporated in the national guidelines, recommendations and Standard Operating Procedures on dealing with unaccompanied or separated children.

Certain international and regional documents also set forth the elements that have to be considered in assessing the children's best interests:

The Committee on the Rights of the Children in the General comment No.14 (see: "General comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration" Annex 3) recommends the following non-hierarchical open list of element that should be considered during the child's best interests assessment:

- ▼ The child's views;
- ▼ The identity of the child;
- ▼ Preservation of the family environment and maintaining relations;
- ▼ The care, protection and safety of the child;
- ▼ Situations of vulnerability;
- ▼ The child's rights with regard to health;
- ▼ The child's rights with regard to education.

In some of the countries in the region, within the laws of the family legal area there is a list of elements that should be used to determine the child's best interests. Such legal solution can be seen in the Law on Family of **Montenegro** in Article 56 (PORODIČNI ZAKON "Sl. list RCG", br. 1/2007 and "Sl. list CG", br. 53/2016) "Everyone shall be obliged to act in accordance with the child's best interests in all activities directly or indirectly affecting the child. The child's best interest has a priority and is first determined from:

- ▼ the rights of the child;
- ▼ the child's opinion and wishes;
- ▼ the age, development abilities and other personal characteristics of the child;
- ▼ the need to protect the child's life and health;
- ▼ the need to ensure the child's safety;
- ▼ the need of physical, emotional, educational, social and other development of the child;
- ▼ the previous experience and circumstances in which the child has lived;
- ▼ the need to preserve the stability and continuity in the relations with the parents, the family and the environment from which the child originates or where the child stays and the effect of the change of environment;
- ▼ the quality of the relations that the child has with the parents, other family members or other individuals, and the direct and long-lasting effects of those relations;
- ▼ the need to preserve the family relations, and particularly those with the siblings;
- ▼ the effect of being separated from the parents, other family members, and particularly from the siblings;
- ▼ the need to preserve the personal and family identity;
- ▼ the cultural, national, ethnic, religious and language origins, or the child's origin; and
- ▼ other circumstances and situations that may affect the child's well-being."

In Serbia, within the process of ensuring the child's participation, *inter alia*, the "Map of Movement" method was used – a methodology on the child's best interests assessment (children on the move within the country, street children) based on the right of the child to participate (source: "Kad smo pitani, a ne ispitati").

STEPS FOR THE CHILD'S BEST INTERESTS ASSESSMENT, DETERMINATION AND IMPLEMENTATION

The best interests of the child is a threefold concept, which is a substantive, fundamental right. It is an interpretative legal principle and a rule of procedure. The representation of the best interests principle and decision making implies a procedure carried out by the practitioners through the steps and phases of case management:

1. First contact – identification and registration
2. Best interests assessment – risks, needs, potentials, strengths
3. Best interests determination (planning of the services, defining measures and decision making)
4. Implementation of the best interests, monitoring and evaluation

All information and data obtained from the tools used for the children's best interests assessment is recorded in the documentation to be used in the integrated case management (see Integrated Case Management, Handbook)

Prerequisites for ensuring the child's best interests

It is preferable that practitioners carrying out these procedures, before they start the child's assessment, when establishing first contact and in the subsequent work with the child, ensure the following prerequisites:

▶ Building a rapport

The practitioners should be able to build a good rapport with the child in an environment providing safety and trust, so that the child would know that someone listens and takes him or her seriously. So as not to overburden the child, the practitioner should not start the first conversation with numerous questions, rather he/she should start by providing an age appropriate explanation about who they are and why they are there. It is important that the practitioner devotes enough time to build such rapport and to make sure the child feels pleasantly in his/her presence. The practitioner should be honest and accepting, show compassion and be trustworthy. Also, the practitioner has to be patient, it is likely that a child with a difficult past may not understand one's own feelings and could have difficulty finding words to explain how he/she is feeling. The child has to be assured that he/she may speak freely, and that is why the practitioner has to act affirmatively and convincingly.

▶ The practitioner should work according to the child's pace

Children usually know their own needs, and in an environment of safety and trust, they will be able to express them. Practitioners should be able to hear the child out, to show that they are listening and to redescribe those needs to the child to let him or her know they have understood the child. Practitioners should be able to understand also nonverbal communication as a child's body language can reveal a lot.

The method used by the practitioner to communicate with the child will depend on the age, sex, development stage, disability, culture of the child and the skills of the practitioner. Some child may prefer to communicate through a game, art or discussion. The child needs to feel safe and secure and to trust the practitioner, thus it is important that the practitioner use methods appropriate for the child.

If the practitioner uses drawings or other works of art to communicate with the child, but finds it difficult to work with that medium, the child will most likely feel the tension. The practitioner should be able to overcome his or her own views and tensions and to allow the child to feel comfortable.

Practitioners ensure the child's participation in the assessment of his/her situation, vulnerability and needs by applying creative and projective techniques in working with the children (drawings, traveling maps, unfinished story, dramatization, games etc.).

► **Posing questions**

In posing questions to a child, practitioners have to be careful not to put words or thoughts in the mouth of the child. Closed questions are questions answered by "yes" or "no", and sometimes they can be useful if the practitioner does not need a lot information or notices that the child starts to feel burdened. They should be used in a planned manner. Open questions start with "how", "when", "where", "why" and "what" and are usually followed by longer answers with more information.

It is vital to use active listening skills, and it is necessary to redescribe what the child has said so as to confirm that the child's statement has been understood well. Children may have their own words for some things; thus, practitioners have to provide feedback to the child to let him or her know that the practitioner understands the child.

Practitioners have to be able to show unconditional, positive attitude, i.e. the child has to know that he/she can express his/her feelings, views and needs without being criticised. It is difficult for anyone to express one's feelings if they believe they are not accepted.

Also, it is important to set boundaries letting the child know that the behaviour is what is unacceptable, and not the child. Setting boundaries creates a safe environment.

Thought should be given about the place, which is sometimes outside the remit of the practitioner, but if possible, the place should be comfortable and suitable for the child. In ideal circumstances, they should have at hand resources such as story books, pencils, toys, building blocks, computer games and playdough. Children learn through game, which for them is a medium for communication. It is not always important to interpret their game, sometimes it is a matter of building rapport and understanding the child and how the child expresses himself/herself.

Children need to know that what happened to them is not their fault. If they went through a difficult experience, it may be hard for them to share that, and the practitioner should show them he/she understands how hard it must be to speak about such events.

Practitioners should create an atmosphere of trust and safety and should never give promises to the child they cannot fulfil. It is important, at the beginning, when establishing the relationship, that the practitioner say that he/she might need to share some information with others. The practitioner has to explain why that is necessary and when will that happen, and it is preferable to tell children that practitioners might need to share the information children provide with third parties.

► **Cultural background**

Practitioners have to be aware of the particularities of the cultural background of children, including the cultural practice and customs relating to the children (how adults treat children, what is expected of them considering their age and sex, and how children should treat adults). Not seldom, even though they come from the same country or region, children belong to different cultures, ethnicities, religions or other local particularities. A lot can be learned about the different cultures from literature, but even more so from direct communication with the people belonging to the different cultures. In the communication/consultations with the children on the move, the particularities of the children's culture need to be respected and the communication/consultations should be adjusted to their cultural practice. In organising and carrying out different types of activities, it should be taken into account that boys and girls do not speak about certain topics in front of each other, or that, from a certain age, they avoid physical contact, that

perhaps they have obligations towards their younger siblings, they practice religious customs throughout the day, etc.

▶ **Language barrier**

Practitioners should allow children to participate in the communication by removing any language barriers in the communications with the children – providing good interpreting/translation in both oral and written communication. The interpreter plays an important role in the communication with the children, who are not accustomed to communicating via an interpreter, but it should also be taken into account that many interpreters have no experience with children. Therefore, enough time for communication should be provided, as well as both male and female interpreters to allow them to express themselves freely and fully.

Practitioners should enable communication with the children that will be a positive and encouraging experience, and not an additional stress – given the specific life situations they have gone through, experienced and for which they need to speak (are they accompanied by their parents/family or not, what are their living conditions, did they suffer any kind of violence, etc.).

Practitioners, through the rapport they build with the children and in working with the children, have to ensure the respect and exercise of their rights, to make it easier for them to recognise and express the situations in which their rights were violated and to allow children to gain experience from the different life situations and circumstances they had gone through, and to understand their own strength and resilience that helped them overcome the hardships.

1. FIRST CONTACT – IDENTIFICATION AND REGISTRATION

In establishing the first contact between the practitioner and the child, activities need to be taken for the child’s identification, registration and initial vulnerability assessment – presumed that they are dealing with a child according to his/her age – in fast and short time limits. The registration refers to the recording of basic information about the child/family. It includes the documenting of all data required for monitoring, defining of the protection, needed care, etc. The use of the following methods and techniques is recommended:

- ▼ observation (of the child and his/her behaviour during the contact in a safe and secure environment);
- ▼ initial interview with the child taking into account all prerequisites for building a rapport of trust and security between the child and the practitioner;
- ▼ insight into the documentation.

Practitioners in working with children, and particularly during the first contacts, should note down all information and data obtained throughout the interview, by observing their behaviour, nonverbal communication etc., and to then confirm or verify some of the facts and data by cross-checking data with other sources (this is needed because some of the children during the first contact may be confused, scared to express themselves, lacking trust in the inquirer due to some previous bad experience, to give information that will help them get to the desired location more easily, to be instructed or to repeat an already learned, same story that they have previously told someone).

2. BEST INTERESTS ASSESSMENT – RISKS, NEEDS, POTENTIALS, STRENGTHS

(consists in evaluating and balancing all the elements necessary to make a decision in a specific situation for a specific individual child or group of children. It is carried out by the decision-maker, a multidisciplinary team, and requires the participation of the child).

The assessment starts by determination of the relevant elements of the best interests assessment, putting them into a specific context, and by weighing each one of those elements vis-à-vis the others (age, sex, level of maturity, experience, ethnic background, having a physical, sensory or intellectual disability, as well as the social and cultural context in which the

child/children find themselves, such as the presence or absence of parents, whether the child lives with them, quality of the relationships between the child and his/her family/guardians, the environment in relation to safety, the existence of adequate alternative means available to the family, extended family or caregivers, etc.). This implies that is useful to have a non-exhaustive and non-hierarchical list of elements that could be included in the best interests assessment. The basic best interests assessment is a general assessment of all relevant elements for the child's best interests and the weight of each element depends on the other elements. Not all elements are relevant for each case, and different elements may be used in a different manner in different cases. The content of each element will necessarily vary from child to child and from case to case, depending on the type of decision and specific circumstances, as will the importance of each individual element in the overall assessment. Assessing the child's best interests is a unique activity that should be undertaken in each individual case, in the light of the specific circumstances of each child or group of children or children in general.

For a detailed and complex assessment, an evaluation of the following segments is recommended:

For the child

For assessment of this area, it is recommended to use the following tools:

Tool No.1 "Assessment of the bio-psycho-social status, segment – How the child grows and is developing"

Tool No. 2 "Resilience matrix"

Tool No. 6 "Roadmap"

Technique selected by the practitioner from the list of "creative and projective techniques"

The following elements are being evaluated regarding the child:

- ▶ The child's development stage in terms of his/her age, physical/sexual development, social and emotional development, intellectual/cognitive and moral development (to obtain relevant information on the reference growth and development indicators and potential deviations, we recommend the use of the indicators for Child Growth and Development, Annex 2);
- ▶ The child's health has to determine whether the child has received all the vaccines; any serious diseases or surgeries; height and weight of the child; allergies, health conditions (epilepsy, diabetes, asthma) and regular medications necessary for any health condition;
- ▶ Any specific needs and conditions of the child;
- ▶ Situations of abuse and neglect (to obtain relevant information/to recognise situations of abuse and neglect, we recommend to use the "Indicators for Assessment of Abuse and Neglect of a Child" – Annex 3);
- ▶ The child's education – has to determine the regular school attendance, educational performance; the relationship with peers and/or teachers, and any specific responsibilities;
- ▶ The child's relationships with the family – has to determine the child's position in the family, the relationship with his/her siblings, parents, grandparents and other relatives;
- ▶ What does the child do in his/her free time?
- ▶ Does the child have to work to pitch in the family income? For how many hours and where? Are the child's well-being or development at risk due the child's labour?
- ▶ Are there stress factors within the family relations directed towards the child – particularly in building a healthy attachment relationship?
- ▶ The child's views about his/her situation and concerns about the child's protection.

For the family or guardians:

For assessment of this area, it is recommended to use the following tools:

Tool No.1 Assessment of the bio-psycho-social status, segment – “Capacity to be a parent”

Tool No. 3 “Three houses”

The following elements are being evaluated regarding the family:

- ▼ Views of the family or guardians about the child. Did they know about the risks at which the child could have been put? If there are alleged abusers of the child, do they accept responsibility and see their actions as inappropriate?
- ▼ Ability of the family or guardian to provide a secure and stimulating environment for fulfilling the child’s physical, emotional, intellectual and health needs.
- ▼ Are parents/guardians worried about the child’s behaviour or about the child’s access (e.g., access to friends, to other adults)?
- ▼ What are the family’s views about the importance of education, game or work concerning the child?

For the environment factors:

For assessment of this area, it is recommended to use the following tools:

Tool No. 1 Assessment of the bio-psycho-social status, segment – “Family and environment”;

Tool No.4 “Eco-map”

Tool No.5 “Environmental Assessment Modal”;

The following elements are being evaluated regarding the environment:

- ▼ The family’s financial situation;
- ▼ Residential conditions and room for providing adequate level of care for the child according to the child’s age;
- ▼ Relations and strengths of the relations between the family members, stress factors, domestic violence;
- ▼ Employment in the family; type of work, working hours; Is the employment on an indefinite or fixed term?
- ▼ Health or disability of the adult guardians. Are there concerns about drug or alcohol addiction?
- ▼ Is the family integrated in the community? Do the family participate in social events, or have good relations with the neighbours?
- ▼ What resources in the community are available to the child and the family, e.g. schools, kindergartens, parks or sport institutions, libraries, extracurricular activities, mosques or churches, shops or NGOs?

In the assessment, the necessary information can be obtained from the following sources:

- ▼ The child;
- ▼ The child’s parents/guardian;
- ▼ The members of his/her extended family;
- ▼ Experts from the centre who work/have worked with the child/family in providing services/rights;
- ▼ Responsible persons from other institutions recruited in the institutions accommodating the child (general practitioner, educators, teachers, pedagogical services in a kindergarten/school, police etc.);
- ▼ NGOs or other organisations that have worked with the child or members of his/her family.

3. BEST INTERESTS DETERMINATION

(planning of the services, defining measures and decision making)

This is a formal process with strict procedural safeguards designed to determine the child's best interests based on the assessment of the best interests of the child.

In evaluating the best interests, the practitioners must think in terms of the child's development, i.e. that the child's capacities will continue to evolve and, in that sense, propose measure and make decisions that could be revised or adjusted, if necessary. To that end, practitioners, apart from evaluating the physical, emotional, educational and other needs in the specific moment of decision making, also review the possible scenarios for the child's development on short and long-term (these decisions also incorporate the child's views and opinions). In this context, decisions should assess continuity and stability of the child's present and future situation.

4. IMPLEMENTATION OF THE BEST INTERESTS, MONITORING AND EVALUATION

In the process of the best interests assessment, determination and decision-making, the safeguards ensuring the **implementation of the child's best interests are the following**:

- ▶ the child's right to express his/her opinion;
- ▶ proceeding in short time limits in all procedures concerning children – time limits referenced by the legal provisions, time limits arising from the risk level identified, time limits defined in individual stages of the case management;
- ▶ taking actions in line with the legal provisions, standards and principles;
- ▶ qualified professionals.

For instance, the vulnerability screening tool defines the following competencies that professionals should have in evaluating the vulnerability of a specific group of vulnerable individuals:

Values and attitudes

- ▶ Paying attention to the details of a person's situation.
- ▶ Applying an evidence-based approach to screening and assessment.
- ▶ Showing respect, empathy and discretion, including consideration of cultural, age and gender factors.
- ▶ Seeking advice whenever appropriate.
- ▶ Respecting the principle: "Do no harm!" – avoiding action that could endanger the individual.

Foundational knowledge

- ▶ The adverse effects of prolonged and uncertain detention and asylum or migration procedures.
- ▶ The principles of duty of care, informed consent and best interests of the child and their application.
- ▶ Characteristics of specific situations of vulnerability and gender inequality.
- ▶ Factors that cause people to fear disclosing some vulnerability and personal information to authority figures (such as a woman at risk in the presence of her partner, a dependant in the presence of his/her caregiver, or a person's potential involvement in an activity that may exclude him/her from refugee status).
- ▶ Strengths and coping strategies that help people to deal with adversity, increase safety, aid in recovery and maintain hope.
- ▶ Local social service systems and placement options in the country.

Skills

- ▶ Capacity to work effectively with people of diverse cultural and language backgrounds who are newly arrived with complex needs.
- ▶ Capacity to explain the purpose of vulnerability screening and to safeguard privacy and confidentiality.
- ▶ Communication and interviewing strategies that build trust, obtain reliable information and clarify vulnerability in a cross-cultural context, and manage expectations.
- ▶ Capacity to identify (by questioning, observation and review of available reports) vulnerability factors as well as strengths.
- ▶ Capacity to identify and respond to the impact of trauma, as well as the ability to recognise and deal with vicarious trauma in oneself and others.
- ▶ Capacity to recognise and delineate immediate, medium and longer-term needs for support.
- ▶ Strategies to ensure that appropriate follow-up assessment and intervention is undertaken.
- ▶ Being mindful that personal history and background will influence the interview.

As one of the prerequisites for ensuring quality in the expert work and a holistic approach in the assessment is the need to include therein professionals of different profiles having values and attitudes, specific knowledge and skills to work with children (particularly with children of vulnerable categories).

- ▼ identification of the relevant facts and information analysed and confirmed by applying certain techniques, instruments, etc.

Practitioners base the best interests assessment on the data, information and facts obtained from different sources and by different methods and techniques. Data obtained on certain segments/elements of the child's life and development is expressed in indicators/statuses etc. that are recorded and verifiable through the assessment techniques and are contained in the expert documentation.



TOOLS – METHODS, TECHNIQUES FOR THE CHILD’S BEST INTERESTS ASSESSMENT

The implementation of the child’s best interests assessment process – assessment, determination and decision-making, as abovementioned, is carried out by qualified experts – trained professionals from different areas for a holistic approach having skills and competencies to determine the relevant facts and information analysed and confirmed through the application of certain techniques, instruments, questionnaires, etc.

As described hereunder, a certain number of tools are offered that could be applied in the child’s best interests assessment and determination process, and which are in the context of special elements.

For the purpose of obtaining data needed for the best interests assessment and determination, in working with the children, the following “**creative and projective techniques**” are also recommended:

- **Drawing about me** – The child is asked to draw a picture that describes him/her. With this technique, the practitioner may learn certain information about the child (his/her age, how the child identifies himself/herself).
- **My home and family** – The child is asked to draw his/her home and family. The drawing may enable the practitioner to learn information about the child’s family and residence, whether that is the actual family/home, previous or some desired family/home. The house drawing may help the practitioner to assess the quality of the child’s home life until that point in time, i.e. whether the child had adequate shelter and accommodation compared to other children, etc.
- **Drawing of the family** – the child is asked to draw his/her family. The drawing may enable the practitioner to get information about the type of support the child has and which people he/she relied on that the practitioner could use as a support network in working with/treatment of the child.
- **How I feel?** – The practitioner can draw “an emoticon” with a smiling, neutral and sad face and ask the child to point at any of these faces when describing different people, situations and memories to see if he/she needs to further explore some situations and relationships.
- **Journey** – for children who are dislocated from their homes or for children separated from their parents it is necessary to find out the distance they passed from their own home to where they are now. This is particularly important if the practitioner has some information about a child that his/her parents need to be found. The drawings are very efficient with young children who do not remember the names of the places in which they stayed. This technique does not include a drawing of the voyage because it is too abstract, but rather a drawing of the places where they stayed. Then, each of the places can be arranged in order, so as to determine the sequences of the journey.
- **My usual day** – the practitioner may find it useful to discuss what a child does every day, because in this way the practitioner can find out, for instance, how often the child eats, whether he/she goes to school, etc. The practitioner helps the child make this drawing. He/she could start with a picture of a sun rising, followed by a sun high in the sky, and a sun setting so as to encourage the child to share his/her activities at each period of the day.

Assessment of the bio-psycho-social status

The tool is adjusted from the “Adoption – Operating Handbook of the Social Welfare Centres”, 2013, PI Institute for Social Affairs – Skopje, UNICEF.

The assessment of the child’s bio-psycho-social status is designed to define the child’s needs of further proper growth and development, as well as a risk assessment concerning the existence of neglect and abuse. The application of this tool ensures an individual and individualised approach for encouragement, assistance and support of the child’s proper development, prevention, treatment and protection from neglect and abuse by exploiting and developing the potentials of the child, parent(s) or caregiver(s), but also of the family and the extended social environment in which the child lives.

The assessment of the bio-psycho-social status, the needs of proper growth and development, and the prevention, treatment and protection of the child against abuse and neglect are ensured by the practitioner through observation, recording, collection and analysis of data concerning: the child; the parent(s) or caregiver(s) and the family/environment, as a basis for the child’s best interests determination and deciding on the implementation of measures and services in line with his/her best interests.

1. HOW IS THE CHILD GROWING AND DEVELOPING

The assessment covers all segments of the child’s life and development:

1.1 Health =>

- ▶ height and weight – whether and how much it deviates from the average determined for the child’s calendar age;
- ▶ absence / presence of acute and/or chronic diseases;
- ▶ receives/needs medication therapy;
- ▶ absence/presence of rare diseases;
- ▶ regular medical check-ups carried out/not carried out;
- ▶ regular/irregular immunisation;
- ▶ absence/presence of disability and of what type;
- ▶ absence/presence of health needs and of what type;
- ▶ presence of physical signs indicating neglect and/or some kind of abuse etc.

1.2 Training and education =>

- ▶ absence/presence of cognitive development stimulation, by whom and in what manner;
- ▶ absence/presence of barriers in the cognitive development and which ones;
- ▶ absence/presence of specific cognitive needs;
- ▶ absence/presence of the opportunity to play games and interact with other children;
- ▶ whether the child has acquired any skills and which ones;
- ▶ the child is not included/is included in the educational process, from when and in what form;
- ▶ absence/presence of special educational needs, whether they have been met, how and by whom;
- ▶ absence/presence of progress and achievements in education etc.

1.3 Socialisation and social education =>

how is the external appearance

- ▶ absence/presence of hygiene;
- ▶ absence/presence of suitable clothing according to the age and whether conditions;

communication and socialisation

- ▶ easy/difficult to establish contact with;
- ▶ interaction and communication;



- ✎ absence/presence of objective (organic) obstacles for the establishing contact;
- ✎ absence/presence of verbal/nonverbal communication;
- ✎ absence/presence of a stimulating environment for encouragement and development of the socialisation;
- ✎ absence/presence of adequacy and control of the emotions in the communication;
- ✎ the manner of communication corresponds/deviates from the calendar age;
- ✎ manner and content of communication indicating neglect and/or abuse, etc.

1.4 Identity =>

- ✎ what are the characteristics of the temperament;
- ✎ absence/presence of easy/difficult adjustment to different life changes;
- ✎ absence/presence and manner of response to stress;
- ✎ absence/presence of self-control and anger management;
- ✎ absence/presence of impulsiveness in the emotional responses;
- ✎ absence/presence of resilience, opportunities, difficulties in coping with the challenges;
- ✎ absence/presence of personal insight and insight into one's own abilities/obstacles;
- ✎ absence/presence of self-confidence and ability to be proud of one's personal achievements;
- ✎ absence/presence of a sense of belonging and acceptance by others – peers, family and the wider social environment, including the other cultural groups;

1.5 Emotional and behavioural development =>

- ✎ absence/presence, nature and quality of the early attachments to the child's parent(s) or caregiver(s);
- ✎ absence/presence, nature and quality of overcoming the early loss of people important to the child; -characteristics of the temperament;
- ✎ absence/presence of understanding of one's own emotions and those of others;
- ✎ absence/presence of appropriate emotional response to the actions of the parent(s), family, peers and wider social environment according to the child's calendar age and development stage;
- ✎ absence/presence of adaptability to changes;
- ✎ absence/presence and type of response to stress;
- ✎ absence/presence of appropriate self-control;
- ✎ absence/presence of signs indicating an emotional abuse, etc.

1.6 Self care skills =>

- ✎ absence/presence of skills for independence in carrying out activities and tasks in the daily life (hygiene maintenance, dressing, feeding, etc.) according to the calendar age and development stage of the child;
- ✎ absence/presence of practical, emotional and communication competencies for increasing independence;
- ✎ absence/presence of skills to independently meet different needs in the wider social environment;
- ✎ absence/presence of competence, or skills to cope with and solve various problems in different social environments and building better relationships with others;
- ✎ absence/presence of skills and self-confidence to go from dependent to independent fulfilling of the daily needs and independent life, etc.

1.7 Family and social relationships =>

- ✎ absence/presence of empathy for the needs and problems of other people;
- ✎ absence/presence of a stable relationship and emotional ties with the parent(s) or caregiver(s), family, peers and members of the wider social environment appropriate to the age and development stage of the child;

- ▼ absence/presence of a network and disruptions in the contact with important people in the child's wider environment, etc.

2. PARENTING CAPACITY

2.1 Basic care =>

- ▼ absence/presence of knowledge and skills in satisfying the child's needs in terms of feeding, personal hygiene;
- ▼ being awake/sleep;
- ▼ adequate clothing according to the weather conditions;
- ▼ shelter;
- ▼ regular health care (immunisation), specific health care (rare disease) etc. in accordance with the child's age and development needs;
- ▼ absence/presence of knowledge and skills to develop knowledge, habits, routines and help the child become independent with regard to satisfying his/her daily needs according to the child's age and development stage etc.;

As regards the manner of satisfying the basic care needs, despite the parenting competencies developed, account should be taken of different conditions in the psychophysical development of children, such as cerebral palsy, resulting in the application of a different manner, approach and means for satisfying the needs (e.g. the feeding of these children requires a different approach – type of food, the child's body positioning).

2.2 Ensuring safety =>

- ▼ absence/presence of strict, rigid and violent methods of upbringing;
- ▼ absence/presence of the child's exposure to conflicts, violence or abuse in the family or the wider social environment;
- ▼ absence/presence of knowledge and skills for recognising and proper protection of the child from hazardous effects and dangers in the home and the wider social environment etc.

In children with disabilities, parents should devote attention and time so that their children would acquire knowledge as to what is a secure and safe environment, but also to recognise threats to their fundamental safety inside and outside the home and to strengthen their capacities for self-help and self-protection. For the children, this is a process of learning and a process requiring support.

2.3 Emotional warmth =>

- ▼ absence/presence of sensibility, knowledge, skills and opportunities to satisfy the child's emotional needs according to his/her calendar age and development stage;
- ▼ absence/presence of skills for building a secure, stable and affectionate relationship with the child (appropriate and warm physical contact; praise, encouragement, etc.) and so on.

Considering that parents of children with disabilities go through a series of reactions in accepting their children's condition, it is necessary to assess in which stage they are in the process of acknowledging and accepting that their child has certain difficulties/impediments in the development, and to what extent they can respond to their child's emotional needs according to that stage.

2.4 Stimulation =>

- ▼ absence/presence of sensibility, knowledge, skills and opportunities for cognitive stimulation and intellectual development of the child according to his/her calendar age and development stage (through communication, interaction, encouragement and joining the child's play, having fun, informal and formal educational activities etc.) and so on.



In children with disabilities, considering the deviations in all or in certain development segments, it is necessary that parents recognise the needs of their children, to learn how to stimulate their development, what equipment and toys are required, including experts (paediatricians, special educators and rehabilitators, speech therapist, psychologists, physical therapists) providing support depending on the type and level of disability, in order to achieve the maximum development potential in the children. The parents have to know what support services are available to them in the local community.

2.5 Guidance and boundaries =>

- ▶ absence/presence of sensibility, knowledge and skills for building and modelling appropriate behaviour and control of the child's emotions in his/her communication and interactions with the family and wider social environment, appropriate to his/her calendar age and development stage (setting boundaries enabling the child to develop an internal model of moral values and conscience, and social behaviour appropriate for the society within which the child grows; encouraging authenticity, independence, autonomy and cooperation of the child in the communication and interaction in different social environments; parent's skills, through anger-management or care and assistance for social problem-solving of the child etc.) and so on.

Parents of children with disabilities are usually overprotective thinking that, due to their children's limited abilities, they have to do all things for them instead of letting the children try. This results in reduced opportunities for children with disabilities to explore, discover, learn and acquire certain knowledge according to their abilities. On the other hand, there are parents setting too high and sometimes unrealistic goals for their children, refusing to accept the disability, thus the child is faced with failure, dissatisfaction, frustration and even demonstrate inappropriate behaviour.

2.6 Stability =>

- ▶ absence/presence of optimal, sufficiently consistent family environment enabling the child to develop optimally and to maintain a secure attachment to the parent(s) or caregiver(s);
- ▶ absence/presence of consistency in the reactions to the same behaviour by the child;
- ▶ absence/presence of flexibility in the responses to the child's development needs and adjustment to his/her characteristics;
- ▶ absence/presence of competencies ensuring that the child maintains contact with members of his/her family or other people important to him/her etc.;

Ensuring consistency, security, stability and predictability in children with disabilities is particularly important, because they often build relationships with certain people from their environment, they get attached and develop intensive emotions for them. The level of their functioning requires predictability and consistency in the daily life and activities, particularly in children with intellectual disability and autism.

3. FAMILY AND ENVIRONMENT

3.1 Family history and functioning of the family =>

- ▶ detailed information about the family history – how and when was the family formed;
- ▶ what are the genetic and psycho-social factors impacting the family development;
- ▶ who are the family members;
- ▶ whether/when and why did changes in the family composition occur;
- ▶ who are the family members and how they are related to the child;
- ▶ what are the relationships between the other members of the family;
- ▶ what is the nature of the family functioning;
- ▶ what is the nature of the sibling relationships in the family;

- ▶ whether and why was or is the child separated from the parent(s) or another family member important to the child;
- ▶ what is the relationship and functioning between the separated parents;
- ▶ detailed chronology of life events and their meaning to family members etc.

3.2 Extended family =>

- ▶ absence/presence of members of the extended family (grandmothers, grandfathers and other relatives), friends and other persons from the wider social environment, what is their place, role and importance for the child's growth and development, and in what manner they achieve that.

3.3 School =>

- ▶ detailed information about the manner in which the child's formal educational process was carried out (when did the education start – on time or with a delay and for what reasons);
- ▶ how did the child adjust – easily or with difficulties and in which segment;
- ▶ how was the education provided – continuously or with disruptions and why;
- ▶ what was the child's progress and achievements in learning the curriculum;
- ▶ did the child have any problems in learning the educational material and what kind of problems;
- ▶ did the child have any behavioural problems and of what kind etc.

3.4 Income =>

- ▶ what is the financial income of the family in the course of a sustained period of time and whether it meets the general and specific needs of the child and of all family members;
- ▶ who makes the decisions and how is the financial income used;
- ▶ do the family, according to the needs of the members, exercise all legal rights, etc.

3.5 Employment =>

- ▶ absence/presence of employed/unemployed members of the family who are fit for work, and reasons for the situation identified;
- ▶ what is the attitude of the family members who are fit to work regarding the employment/unemployment;
- ▶ what is the impact of the attitudes and employment/unemployment on the child's development, etc.

3.6 Community resources =>

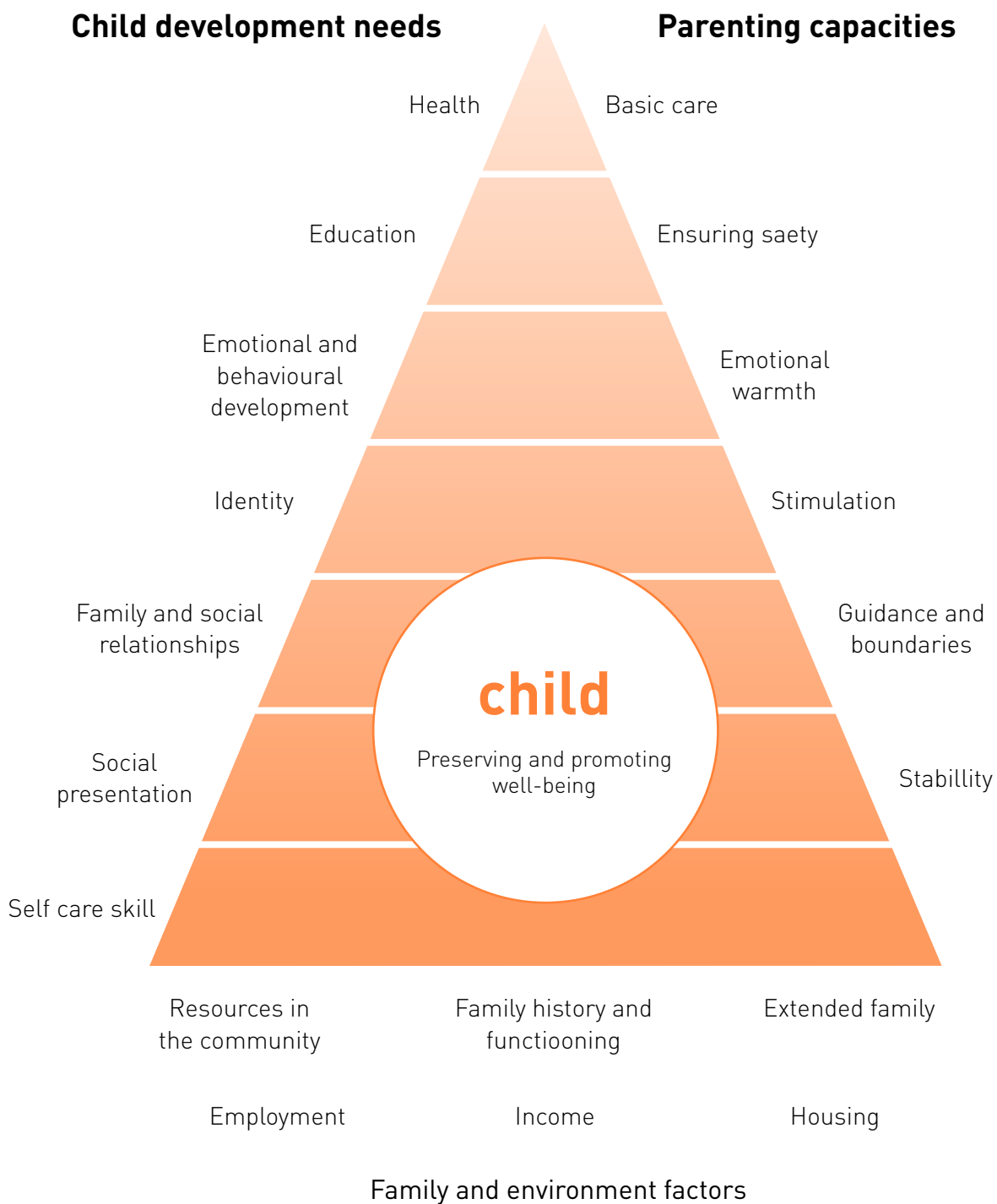
- ▶ absence/presence of resources in the local community for different facilities and services (universal services - outpatient care, kindergarten, school, transport, shops etc/ and special services – according to the specific needs of all family members) etc.

3.7 Accommodation =>

- ▶ absence/presence of physical, spatial and material conditions in the child's home to appropriately fulfil his/her daily and specific needs, according to the child's calendar age and development stage (whether the home: has basic living conditions – access to water, heating, sanitation, cooking facilities, sleeping arrangements, etc.; is it safe and equipped with adequate furniture; is it accessible and appropriate to the special needs of the child and/or of the family members) etc.

3.8 Family's social integration =>

- ▶ absence/presence of family's isolation in the wider social community – neighbourhood, local community etc.
- ▶ absence/presence of degree and quality of the family's integration in the wider social community (network built and quality of the social connections with the peer groups, different groups and communities;
- ▶ what is their importance to the family) etc.



The tool “Assessment of the bio-psycho-social status of the child” is also known as the **“My World Triangle”** tool, which illustrates through the three sides of the triangle the segments being assessed regarding the child (the child’s development needs), the family (parenting capacities) and environmental factors (family and environmental factors).

The “My world” triangle is a mental map enabling practitioners to understand the world of the child. It can be used to assess their experience in each stage, recognising that there are connections between the different segments of their world and, in the assessment, it could be used to analyse the needs and risks.

2. Resilience matrix

Source: “Training Programme for Continuous Development of Practitioners in the Social Welfare System – Basic Module 3 – Trainer’s Manual”

The resilience matrix as a technique assessing the child and the family is applied in those cases when the use of the “Assessment of the bio-psycho-social status of the child” / “My World Triangle” determines that the child is exposed to risks reducing his/her resilience to cope with the risk.

Every exposure of the child/family to stress, crisis or a certain traumatic experience can have lasting effects on individual level or changes in the functioning of the family and wider community. The effects can be deeper and long-lasting if all of these changes occur in the early childhood and in the adolescence. In this context, whether the reason, i.e. the stress, crisis, separation, loss or trauma, will lead to a consequence or change in the child’s behaviour will depend on the strengths and characteristics of the child, that is, on his/her personality.

Based on this, we can define resilience as the child’s/individual’s ability to adequately respond to stress. This response cannot be completely limited or defined as inherent, but it does primarily depend on the personal characteristics of the child. Also, this ability of the child is not permanent, i.e. if the child is exposed to such situations for a long period, the resilience will decrease and there will be changes in the child’s behaviour triggering reactions on a personal level and wider in each segment.

To be resilient does not in any way mean that the child/individual does not respond to stressors/stress/crises or does not mean that he/she cannot experience negative emotion, that is, being resilient means that the child copes with those situations in a functional manner.

Efficient coping with life’s stressors and continuous positive functioning does not necessarily lead to deviations in the child’s everyday behaviour – for instance: a child who lived through a period of his/her parents’ bitter divorce can be left unaffected by that period in terms of serious changes and effects in the child for a longer period, thus the child will grow up into a mature and socially acceptable person albeit being exposed to such risks. In a different situation, another child going through the same difficult period of his/her parents’ divorce, the entire situation will lead to problems in his/her personality and leave lasting effects in the child’s/person’s development and future functioning in a wider context.

Resilience is a dynamic process that takes place through the growing up process, and not a condition, a character’s trait or some special characteristic of the personality. Also, resilience is not a static process, it changes depending on the social situations, circumstances and, naturally, the child’s age and all the changes and development stages it brings.

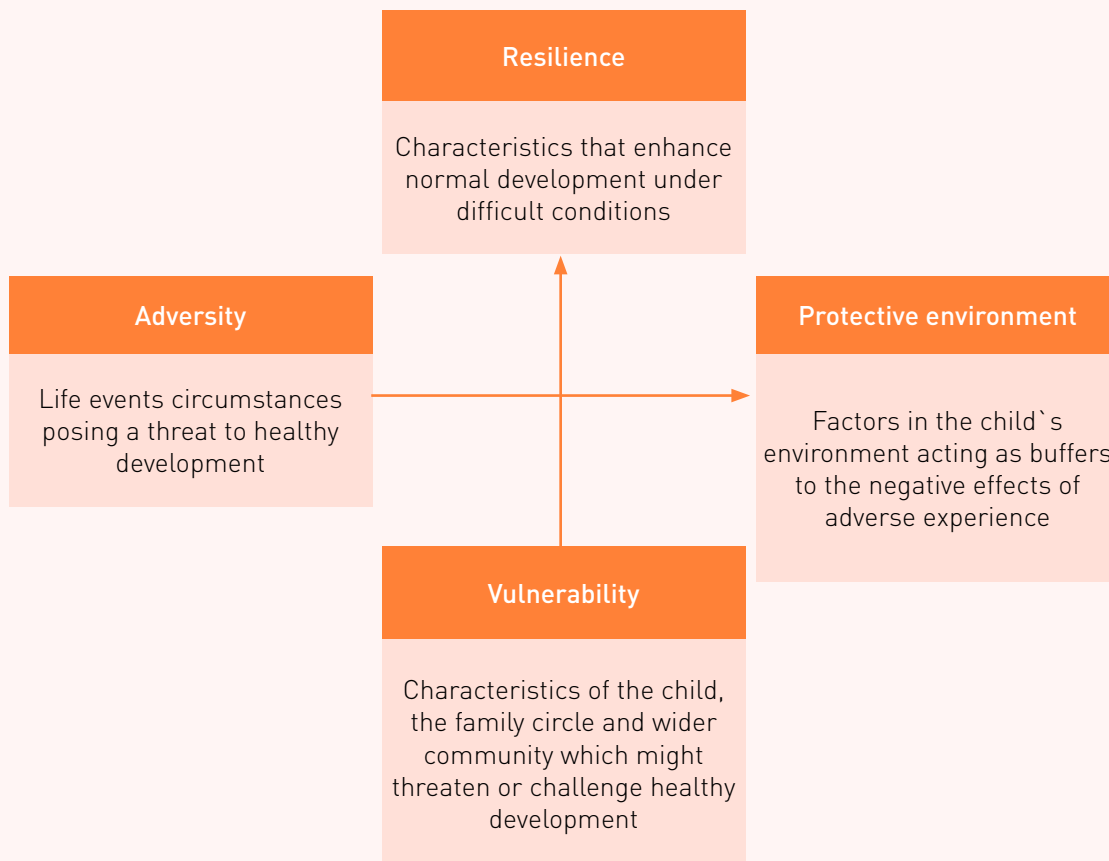
Resilience is characterised by an adequate response and balance between the protective and risk factors appearing in different segments (namely: family, school, certain peer group, other group of belonging or in the child’s own personality). For instance, a risk factor could be the child’s belonging to some peer environment/group exhibiting a high degree of risky behaviour and crime rate, which increases the child’s likelihood to show risky behaviour, while the protective factors could indicate a highly functional family protecting the child by mitigating or eliminating the risk factors’ impact.

In such unfavourable circumstances, the practitioner’s objective is to facilitate the process of returning the child to a normal situation by removing the stressors, i.e. the practitioner has to put in efforts to renew and maintain a balance in significantly difficult circumstances for the child by finding the most appropriate form and measures of protection for the child/family.

In order to assess the child's resilience and to recognise the risk, endangerment and protection factors, the practitioner applies the resilience matrix, which includes two dimensions:

1. DIMENSION OF PROTECTIVE AND ADVERSITY FACTORS

2. DIMENSION OF VULNERABILITY – RESILIENCE



The simplest way of applying the matrix in determining the resilience and vulnerability, as well as the adversity and protective factors is if the practitioner uses an empty matrix and in this matrix 'notes down' all strengths and pressures experienced by the child with regard to the two types of factors in each point of the matrix, by writing down or using 'post it' notes.

1. Dimension

In determining the protective and adversity circumstances/factors affecting the child, the practitioner shall assess:

- ▶ several aspects of the child's growth and development that are linked with the child's **attachment** or first experiences and impacts from the environment, or in re-examining and collecting information from the family on the level, quality and type of the child's attachment with the mother, the quality of the subsequent relationship, whether the mother had a caregiving and supporting role for the child's needs, the quality of the parents' time spent with the child, the psychophysical health of the parents or guardians, the support received by the child from the environment, namely: school, extended family circle, support from a specific educator/teacher/supporter/other resource, belonging to some prosocial peer group and all other aspects concerning the child and his/her context.

Along the adversity and protective environment axis (horizontal axis), the practitioner

- ▶ notes down (or sticks them on 'post it' notes) from the centre along the axis towards the protective environment all the factors that provide support in the environment/protective environment, such as mother/father-supporter and caregiver; grandmother/grandfather/teacher/educator representing supporters or resources for support in overcoming the risk and situation/condition which a certain child faces; and
- ▶ notes down (or sticks them on 'post it' notes), from the centre along the adversity axis, the factors in the environment which are causing adversity, such as poverty/unemployment/poor housing and hygiene conditions; problems in the family resulting from insufficient financial means/problems with unresolved housing issues, father/mother (alcohol addicts or addicted to other psychotropic substances, parents/guardians with mental disorders; domestic violence in the family and other risks as well as different aspects or specific situations and circumstances in the context of a given risk representing an adversity and preventing the child/family from normal functioning.

2. Dimension

In determining the level of resilience, i.e. whether a child is resilient or not, apart from the personal, natural and inherent characteristics, the family relations and relationships also play a role. In this context, the level and type of risk versus the level of resilience is being assessed.

The practitioner, similarly as in the first dimension (on the vertical axis of the matrix), shows the factors concerning the child that encourage **resilience and those contributing to the child's adversity**.

The practitioner assesses which situation is the most vulnerable to the child's life, health and safety and as a priority undertakes activities for eliminating/overcoming this condition; in some situations, the practitioner undertakes both measures for overcoming, eliminating and mitigating all risks at the same time, if they represent a risk for the child's health and safety.

In some situations, there are factors that could be both protective and suggest vulnerability or adversity at the same time. In making decisions about where to plot this information, where the meanings may not be so straightforward, practitioners need to determine by themselves how to interpret these different aspects of information and weigh the competing influences, to look at the interactions between factors so as to determine whether the impact is positive or negative and determine by their own judgement which factors are most important.

Once these judgements have been made, and all sides of the axis are filled, the practitioner will be able to see more easily what needs to be done to help the child and family in order to strengthen the protective factors and resilience, and reduce adversity and vulnerabilities, which is also the only goal of the matrix, that is, clear and specific overview of the complete picture about the child and family. It is advisable, at the beginning, that the practitioner envisage the achievement of small improvements rather than setting over-ambitious goals. Once the factors are placed on the matrix and thought has been given as to the child's needs and potential measures for help and protection, the needs and measures could be compared with the eight well-being indicators: - safety, health, achieving success, being nurtured, activity, being respected, responsibility and inclusion, and it may be determined that there is no need to take measures for each of the indicators.

The factors of protection and support determined (e.g.: parents, family members, peers, educational staff, health care staff, ...) could be used by the practitioner to build a support network for the child and in the joint implementation of some of the planned activities for strengthening of the child and eliminating/decreasing the risk and vulnerability factors (e.g.: bad company, inadequate parent, discriminating teacher, classmates etc...). The practitioner shall analyse the data obtained in the discussion with the child, family and other practitioners and they will together draw up the child's work plan defining which action will be carried out,

for how long and who will be carrying it out. (The plan is developed in accordance with the case management documentation.)

Within the follow-up of the implementation of the activities planned and the progress envisaged, the practitioner could again revisit the “Resilience Matrix”, so as to check whether some risk factors have been overcome, whether new ones have emerged, and whether there are some new factors of support.

3. “Three Houses” Tool

The tool is adapted from the work of Nicki Weld and Maggie Greening in 2003.

The Three Houses Tool is used for gathering information from children and their parents/guardians regarding what happened or is still happening in their lives. This tool could be used for assessment of the risks, needs and potentials of children and their parents/guardians, discovering their views, but also for the planning of interventions and services to be provided.



The three houses model not only provides an opportunity to identify the worries, but also the strengths, and those can be used as resources for the removal of dangers/harms and to contribute to the fulfilment of the objectives for the future of children and their families.

This model aims to gather information provided by the family members, thus also gathering their perspective and recognising the fact that the family is intrinsic to children. It is holistic in nature and reduces the need to constantly revisit the events and ask for further information. The model is designed to unify by creating common goals, through the inclusion of children, their parents and other family members and their views.

METHOD OF APPLICATION:

The practitioner using this tool draws three separate houses on separate sheets and above each of the houses writes one of the following titles:

- ▶ House of good things;
- ▶ House of worries;
- ▶ House of hopes and dreams.

1. House of good things

Children write or draw all good things happening in their home/life. The house of good thing notes down all positive events that happened or are happening in children’s life and in their home in general. Children can draw different objects or persons in the house, around the house, they can use different colours, write...

2. House of worries

The house of worries focuses on the dangers and harm that exist according to the perception of the child/parent/guardian. Children write down/draw all things happening in their home/life, which worry them.

3. House of hopes and dreams

Children write down/draw all they would like to change in their home and life. The house of wishes and dreams notes down all the things that the child/parent/guardian wants to change in relation to what is happening in their home and life in general. This house represents the future. It can include the majority of good things that are happening or had happened in the past, but also to change the things that worry them concerning what is happening in the home.

The emphasis is placed on where they would like to be, what they would like to be different in their lives and in their world.

This house poses three simple questions, starting with the magical question:

- ▶ When you wake up tomorrow, how would you know things were different?
- ▶ How would you feel, what would you think?
- ▶ What would have changed?

Guidelines for the practitioner for good practice in working with children and families

- ▼ In working with children, the practitioner has to take into consideration the development aspects, the children's age and the social context in which they are growing up and developing.
- ▼ Children at a younger age could draw a simple house or simple elements and people inside the house, therefore it is necessary to check whether the children understand the concept of a house. The child should recount what he/she wants to share, but even in introvert children, it is sometimes necessary to pose simple questions, to encourage them to speak about the things they are drawing/describing and in that manner to let them express their thoughts, feelings and views.
- ▼ When using the Three Houses tool for children, it is important that the practitioner use basic techniques of encouragement, engagement, and appropriate language, positive tone, getting down on the child's level, expressing interest and enthusiasm in the child. At the same time, the practitioner needs to have a neutral and non-judgemental attitude.
- ▼ Where necessary, the practitioner can repeat the same exercise with the parent/guardian. Drawing 3 separate houses on separate sheets and writing on top of each house the same titles, thus encouraging a conversation about the positive things that have happened, about the things that worry them, but also about their goals in the future.
- ▼ This technique, apart from the diagnostic function, which is seen in the assessment of the children's risks, needs and potentials, could also be used for evaluation, to be applied several months later to see the changes in children/families after the interventions and services provided.



4. ECO-MAP

Eco-map is a creative view of the family and their environment. It gives a fast and global insight into the nature of the boundaries between the family and the environment, an insight into the level of openness or closedness of the family system, flexibility of the boundaries, restrictiveness, etc. By applying the eco-map, we get an insight into how the family see their environment, how they see themselves in that environment and what kind of relationships does the family have with the environment. The eco-map gives an overview of the resources from the environment, namely: social insurance, education, social protection, culture, policy, health care, relatives, friends, neighbours etc.

In the assessment based on the eco-map, the practitioner can identify the following situations:

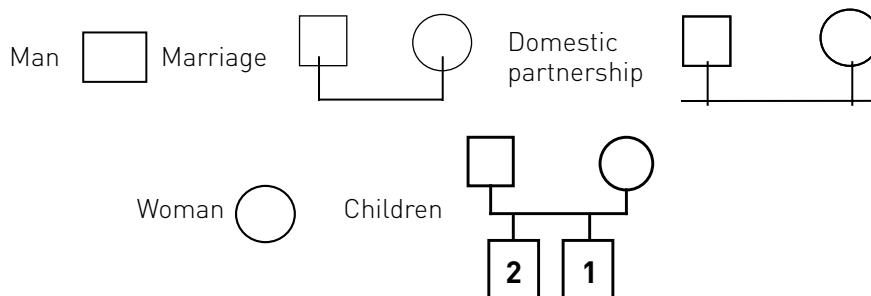
- ▶ the resources are available to the family and, with those resources, the family has built stable and mutually stimulating relationships;
- ▶ the resources are available to the family, but the family have not established appropriate relationships with those resources;
- ▶ the resources are lacking or insufficient to the family;
- ▶ the resources are available and sufficient, but the relationships between them and the family are conflicted and stressful.

The application of an eco-map provides information on the family’s openness as a system in relation to the environment, i.e. are the family open for exchange, new experience, encouragement and relationships, but also are they flexible to changes. The eco-map enables the assessment of the very resources in the social network. It is important to see whether there is congruence or not between the resources, what is the impact of such relationships on the family and the possibility to satisfy the family’s needs.

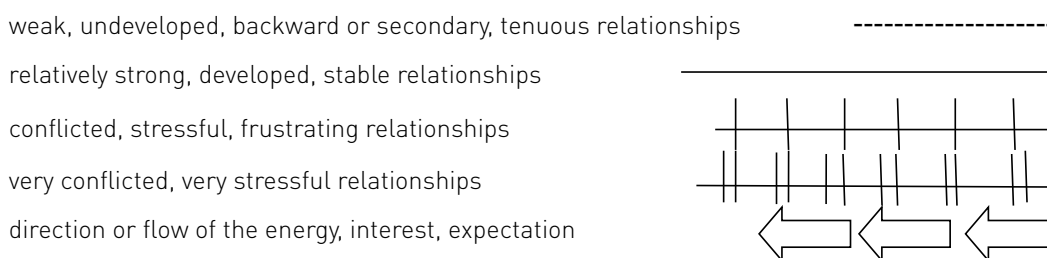
All information about the availability of resources, the intra-familial relationships and the relationships of the family with the resources in the environment allow practitioners to carry out the child’s best interests assessment and to combine different methods, techniques and procedures.

DEVELOPMENT OF AN ECO-MAP

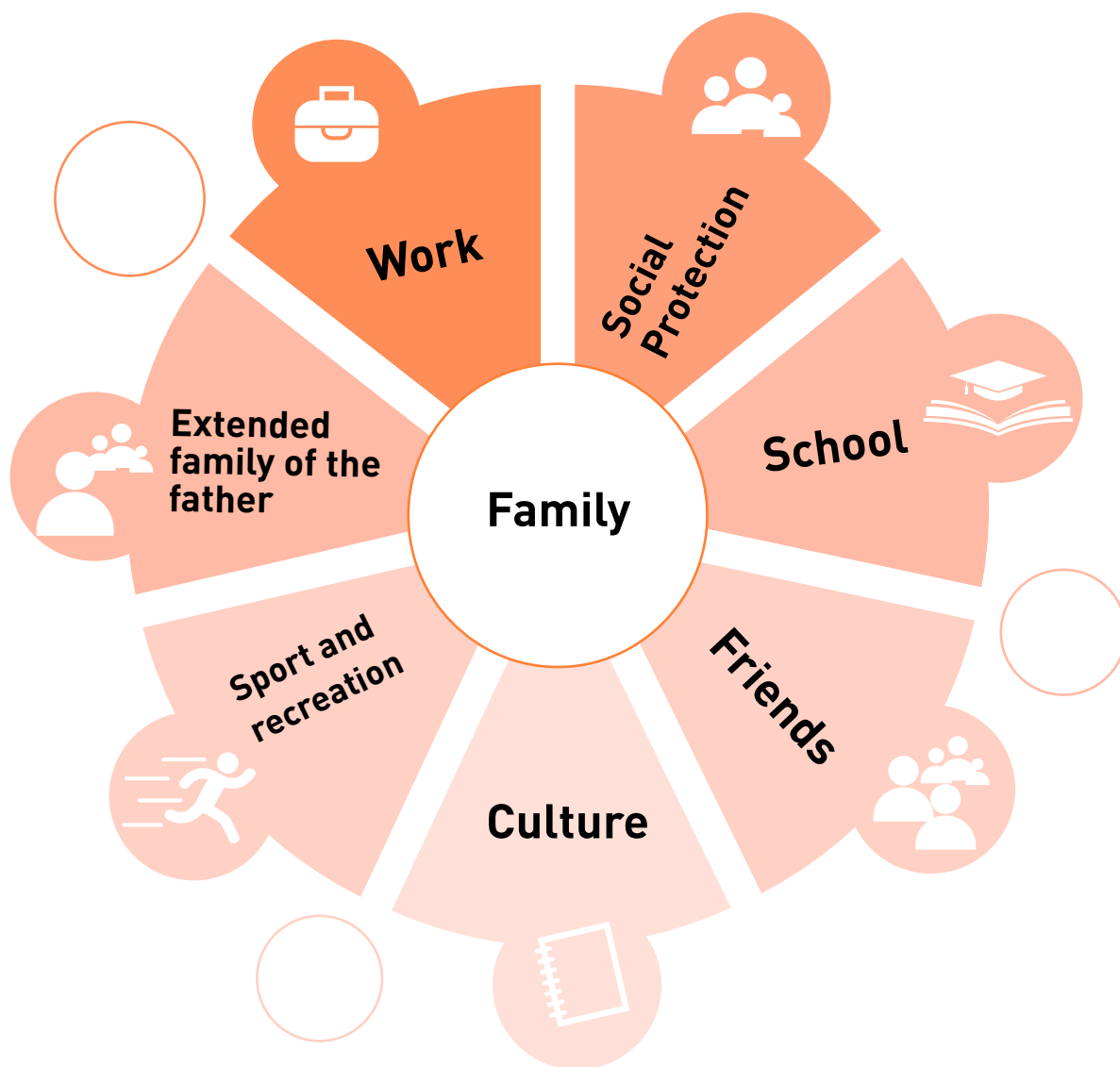
To develop an eco-map, the practitioner starts by inserting basic information about the family in an initial map (one big circle in the middle – family and ten concentrically arranged circles – resources). To insert data about the nuclear family, standardised genogram construction symbols are used (McGoldrick).



Overview of the relations between the family and the environment



View of an eco-map



5. Environmental assessment model

Source: “Training Programme for Continuous Development of Professionals in the Social Welfare System”

The environmental model puts the child in the centre, and the practitioner focuses on the child’s experience because they are the driving force of the development, which requires to take into consideration the quality of the communication and relationships between the different systems because they affect the experience of young children.

The practitioner carries out an assessment and reviews children’s needs within the environmental context, particularly the meaning of family life and life in the community for the child’s development, in the three systems:

▼ MICROSYSTEM

The most important system for children is the microsystem consisting of the family, neighbourhood, kindergarten, etc. This system is the most important because it is the place where the child spends most of his/her time, therefore it has the greatest emotional impact on the child.

▼ MESOSYSTEM

This system provides the relationships between the structures in the child’s microsystem.

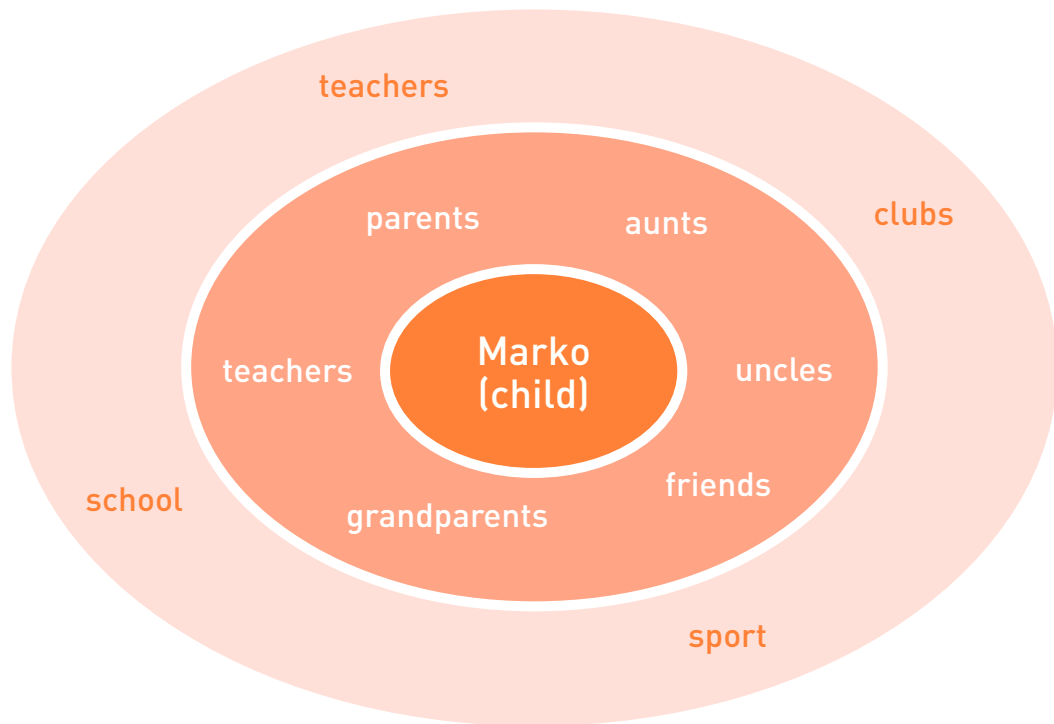
▼ EXOSYSTEM

Exosystem is the last system surrounding the child. It could be consisted of the wider society, but also of the legislative and political environment in which children grow up.

The child’s development is determined by what the child will experience in these systems. The experiences, called proximal processes through which the child goes with people and objects in these systems is the basic driving force for human development. Also, the number and quality of the relationships between the environments in which the young child spends time (for instance, his family and the kindergarten) have important implications for the development. This is particularly true if we take into account the quality of the communication between teachers and parents.

The environments where the child does not spend time and does not have an active role could also affect the power of the proximal process and influence the development. These could include some more direct factors (for instance, the organisation in which the parents work), but also some more distant factors (such as legislation and politics).

Diagram – an example that could be used in the assessment of the child’s needs



In the assessment of children’s needs, the practitioner starts from the assessment of the quality of the parent-child relationship, which is of great importance to the child’s development. The assessment of the quality of the protection provided to vulnerable children must take into consideration the parents’ capacity to fulfil their responsibilities towards the children and their capacity to meet the children’s needs.

The assessment covers the care of the child, safety and security, emotional warmth, stimulation, leadership and boundaries, building responsibility appropriate to the child’s age and stability and security from the aspect whether parents understand their children and in what manner they respond to them.

The positive social support for the parents, the financial security, job safety, culture and life style of the parents that improves the life will bring better outcomes for the children. Practitioners need to pay attention to the factors having adverse effect on the parenting capacity and to provide support to the parents in their role.

The data obtained from the assessment for each of the systems is the basis for the practitioner to take appropriate measures to strengthen the child’s support system.

6. "ROADMAP" Tool

Source: "Kad smo pitani, a ne ispitivani" (When we are asked, not questioned)

The map as an interactive space structures the dialogue with the child and allows the integration of the child's experience and perspectives. It becomes a space that "remembers-memorises" and integrates the experiences of every specific child, as well as certain groups of children, at the same time, pointing out the aspects of experience that are common to all children on the move.

The map of children on the move is designed as a "space" where consultations take place, that is, the dialogue and exchange of experiences related to the process of migration. All activities are related to this space and rely on some of the elements on the map.

The map is designed as three-dimensional, so that it represents the geographic area within which children migrate. It consists of three parts that bind the 3 key points in the process of migration:

- ▼ the point where the journey begins (country of origin);
- ▼ the point of the current place of residence; and
- ▼ the point which marks the final (desired) destination.

In consultations, it is not necessary to use the map in its entirety, e.g. for internal migrants, only the central part of the map that refers to the country in which they live and through which they migrate can be used, while consultations with the children in the readmission process take place within the second and third part of the map.

Although the "space" of the map is semi-structured, it includes individual segments that clearly associate to particular countries, stages or circumstances of the journey. Thus, the map shows: roads, relief (mountains, seas, deserts), as well as the border between the states. Children have a set of elements at their disposal to intervene within this space. These elements have the following features:

- ▼ associativity – all elements are easily correlated with the experience of migration and help children to describe in detail their experience and express their views;
- ▼ flexibility – the same elements within different activities can symbolise different concepts (e.g. model of a house set close to the border can be a symbol of the border police, while in the area of final destination, it may represent a new home for the child and his/her family);
- ▼ interactivity – each element leaves room for interventions by the child; the child can combine them, make additional drawings, dye, or write messages on them;
- ▼ mobility – most of the elements are not fixed on the map, but children can place these on different parts of the map and move it within certain activities.

Elements on the map:

House models

- ▼ Houses (house where the child lived in the country of origin, or a house in which the child currently stays)
- ▼ accommodation centre for asylum seekers, or a house in some desired destination);
- ▼ Social welfare centre / citizens' organisation;
- ▼ Outpatient clinic, school, library, deportation station.

Children place models in different parts of the Map depending on what they wish them to represent.

Symbols of different means of transportation

- ▼ Bus, truck, ship, car, airplane... and other transportation means used by children to show the means of transport they used in different stages of their migration.

Figurines of people

- ▼ **Figures of children** – on the Map may represent children on the move, their siblings or peers who accompanied the child in various stages of his/her migration;
- ▼ **Adult figures** – may symbolise adults that the child comes into contact with: parents and other caregivers of the child, various professionals: social workers or pedagogues from the accommodation centre for asylum seekers, policemen, etc.

Thought clouds

- ▼ Thought clouds may be used to write down thoughts, feelings or reactions of children and adults shown on the Map, to send messages or clarify what individual elements symbolise on the Map.

Emoticons

- ▼ Emoticons are used to mark places and situations that children relate with positive or negative experiences or perceptions. Children may place them in certain places on the Map or use them to tag specific objects.

E.g.: children may tag as places of positive experiences: the centre for accommodation of asylum seekers, a non-governmental organisation; while as places of negative experiences, they may tag: borders, deportation stations, forests children passed through, etc...

- ▼ May be placed in different parts of the Map, as well as next to other elements. Children can use them to write down important messages, warn of dangers along their journey, state reasons for leaving certain countries or what they expect to find in their final destination countries.
- ▼ May be placed in different parts of the Map or next to various objects so as to represent the child's experience.

Flags

- ▼ Flags of the countries of origin of the children taking part in consultations, countries they travel through, but also their desired destination countries may be placed in different parts of the Map to mark the 'space' of these countries; but, the flags may also be attached to specific objects to indicate that the child's experience is related to their stay in a particular country.

Suitcases

- ▼ Suitcases symbolically represent things children take with them when they leave their original place of residence (from material to immaterial things, feelings, thoughts, memories...), what they gain during the migration process and what they 'carry into' their future lives. Children draw or write the contents of their suitcases on cards they insert in the suitcases.

Postcards

- ▼ Children may write or draw about their journey and their stay at a certain place in the form of postcards. The postcards may be addressed to different persons: those close to them in a previous place of residence, those they will meet in the future, etc.

Stages of work on the Map and relevant activities

The work on the Map takes place in a number of stages within several consultation meetings and through different activities. Activities mainly include a combination of practical work on the Map through the use of various consultation techniques and dialogue on issues that have been raised. Most of the stages take place in small, pre-formed groups of children, while in some cases these can be conducted with only one child. Also, some of the interventions of a group of children on the Map can be used as a discussion starter with subsequent groups of children.



The aforementioned stages of work on the Map are always preceded by activities for mutual understanding of the participants and moderators of the consultation meetings, a dialogue on the objectives and expectations of the consultation, and agreement on work rules. The time between the phases or activities within a given stage can include activities for building a positive atmosphere, energy boosts, as well as activities for relaxation and taking a break from discussing the complex issues raised during the consultations.

First Phase – Map as an experiential space for each child (designed for the observation of the child perspective on the process and experience of migration)

This phase covers the implementation of the following activities:

- ▶ children get to know the map and its elements;
- ▶ children build their way on the Map (they could make only specific objects, some part of the map, they could go back and place elements and objects again, etc.);

1. Every child chooses how and with which items to represent the places that are important to him/her within the key points of the child's journey, and then the child makes these objects by using a variety of elements and materials that are available to him/her.

2. Every child shows on the Map some circumstances that had marked his or her journey.

PROPOSED QUESTIONS TO START THE DIALOGUE:

- Why are some children leaving their homes? Why are they trying to go to another country/city? How are the children who migrate travelling? How do they choose where to go? What does that depend on? Who is the child travelling with? Who are the people that the child meets along the way? What is important to them during the travel?

If children want to talk about their personal experiences and specific situations during the migration process, and supportive atmosphere is established within the group, the dialogue on personal issues can be continued:

- Why did they start that journey? Who made that decision? Whether and to what extent can children influence the decision? What do you think about the decision to leave your place of residence? How do you travel? With whom? Have any of the people important to you remained behind? Which countries/places have you previously stayed in? For how long? How was it there for you? How and why did you come here? How do you find it here? Would you like to stay here? Where would you like to go and why there?

Elements used: toy houses, figurines of people, trees, animals, means of transport, flags

Materials needed: marker pens, decorative paper, cardboards, scissors, glue

Second phase: The Map as a common space of migration experience (this phase is aimed at the observation of the child's perspective on the process of migration and the experiences of children, with particular focus on the risks and dangers faced by the children, as well as the protection and support they need).

This phase covers the implementation of the following activities:

JOURNEY THROUGH THE MAP

▶ The moderator encourages the children by using the elements set on the map to reconstruct the process of migration. The moderator sets the figure symbolising the child at the starting point. In directing the conversation about the journey, the moderator relies on the information he/she obtained during the previous activity and encourages children to actively participate, involving different perspectives.

▶ If some of the children wants to tell the story of his/her journey by using parts of the Map, the Moderator can encourage the child in telling the story by asking him/her different, additional questions: What's the journey like? What impression did the journey

through the countries they passed leave on the children? How do they cross the borders? What dangers do they face when they cross the border without documents? What bad things and what good or positive things can happen to them during the journey? How do children on the move find it in the country? What positive and what negative impressions do they connect to their stay in the country?

PLACES OF POSITIVE AND NEGATIVE EXPERIENCES

The moderator invites the children to think about the feelings that accompany such a journey, in what situations they were safe and happy, in which they feel sad, anxious, etc. The moderator announces to the children that during the following activity they will mark on the Map the locations of the positive and negative experiences of children who are travelling, explaining that they can relate to certain situations, but also to meeting people who have had influence on their experience.

At the beginning of the activity, the moderator places several emoticons on the Map, based on the data from previous activities. Each child then receives a number of positive and negative emoticons to place on the Map, starting from their own experiences or the experiences of their peers.

The children place certain emoticons and then can explain to the group why they placed the emoticons on certain parts of the Map. Other children, who have had similar experiences, have the opportunity to add their emoticons - with an explanation. If there are children who have had a different experience, they can add a different emoticon next to the previous one.

This phase also includes the use of additional questions to encourage the dialogue:

- What is the most difficult thing for children on this journey / What are they most afraid of during the journey? What worries them? How do they deal with such situations? Who is their biggest support? When do they feel safe? In which situations are they happy? When do they have fun?

Elements used: emoticons, elements previously placed on the map.

Third phase: on the circumstances of movement and rights of children in the migration process (this phase is focused on how children assess the exercise of their rights in the process of migration).

This phase covers the implementation of the following activities:

ON THE DANGERS

Every child gets a signpost where he/she should write or draw some danger that children on the move face during the process of migration. The moderator helps the children to choose the danger they will present, reminding them of the previous discussions and places marked by negative emoticons. When children finish their signposts, they present them to the group and set them in a specific place on the Map.

The moderator directs the discussion on the dangers by using certain questions: What dangers did the children face during the journey? Can these dangers be avoided and how? Who can help them and how? What can children do to avoid the danger? Do they have any experience to share with the others?

ON THE RIGHTS OF CHILDREN ON THE MOVE

In the following discussion, the moderator seeks to encourage the children to identify examples of violations of the rights of children on the move. Children receive additional signposts on which they can write their right that has been violated, as well as specific situations and circumstances in which the specific right is being violated. These signposts

are also being placed on the map. To encourage the discussion and inform children of their rights, the moderator can ask some of the following questions:

- Can some circumstances of the journey be life-threatening for the children? Do children on the move have encouraging conditions for development? Whether and in what sense the life of children on the move is different from the lives of other children? Can the children exercise their right to health care during the journey and upon arrival to the temporary place of residence? Do children in the process of migration exercise their right to education? Do the children have the opportunity to play and socialize with their peers? Do the children exercise the right to express opinions in the decision-making processes related to their lives?

Elements used: signposts, comment bubbles, elements previously placed on the Map.

Materials: marker pens.

Fourth phase: Dialogue on the support and protection of children on the move

This phase concerns how the children see the role of individual systems and services of child care and how they assess the quality of services and programmes available to them.

Activities:

MAPPING OF THE SUPPORT

The moderator of the group opens the discussion about who protects the children on the move and supports them, focusing on the identification of the services that are available to these children. Throughout the discussion, the children place on the Map objects representing institutions of child care with which they had contact during the migration process, as well as figurines of people, representatives of these systems (e.g. police building, safe house, outpatient clinic... police officers, doctors, social workers, etc.).

The moderator invites children to describe these encounters and, by using the figurines that are available to them, to “play” or depict some of the situations that have occurred between the children and the representatives of the protection system.

The moderator encourages the discussion by the following questions: Who helps the children on the move during their journey? What is the role of the police in relation to children on the move? Do the police protect children who migrate? What is the role of the Social Welfare Centre? Do social workers help children on the move and in what way? Can children on the move always get help from a doctor? What experience do children have with the health care services? How do children describe various accommodation centres for asylum seekers? And how the employees of these centres? How do children spend their time in the centres? Do children on the move have contact with any organisations along the way and with which ones? When and where? Do these organisations help them and how?

If this is of importance, during the consultations, special time can be dedicated to a more detailed discussion on individual protection systems and services.

E.g.: Discussion about the accommodation centre for asylum seekers where the children who participated in these consultations stayed at – by making postcards.

CHILDREN'S RECOMMENDATIONS

1. Following the previous discussions, the moderator initiates a dialogue on improving the existing systems of protection and the role of their representatives in relation to the children on the move.

Children place their recommendations for the improvement of individual systems next to certain elements on the Map.

E.g.: signpost near a border: Children suffer when illegally crossing certain borders because the police shoot at them.

Children place a comment bubble 1: Shooting at children should be prohibited.

Comment bubble 2: Children on the move need to be informed of the dangers during the journey.

2. Depending on where children meet with representatives of the different systems, they place the figurines in a designated area on the Map. E.g.: a figurine of an adult person near the SWC – represents a social worker. The moderator begins the discussion with children of what the adults who work with the children are supposed to be like.

→ The moderator uses questions to encourage the dialogue: How different institutions and their representatives can make travel safer and easier for the children? How can they prevent violence against children? How can children be protected from various types of abuse during the travel? What do children think the professionals who work with children on the move are supposed to be like: police, social workers, doctors, teachers, etc.?

Elements used: figurines of people, comment bubbles and elements previously placed on the Map.

Materials: marker pens.

Fifth phase – concerns how children see their own experience of migration and the impact it has on their lives, with a special focus on the strengths and abilities of children to cope with difficult situations in the process of migrations.

Activities:

POSTCARD FROM THE JOURNEY

Remembering different phases of the journey, children choose “the location” from which they will send a postcard to a person who is important to them, but is not with them. Children draw on one side of the postcard, and write text on the other.

When all the children will have made their postcards, the moderator starts the conversation about who their postcards are made for, what are the messages to the people who are important to them, which location they decided to send the postcard from and why.

This may be a good time to raise the issue with the children on how they see their full experience of migrations and how it affected them and their lives.

WHAT DO I TAKE WITH ME FROM THIS JOURNEY

Reflecting on all three points of the journey (past, present and future), children draw or write on their cards what they brought with them when they left their place of residence and what they are “taking” from this journey. It can be both material and non-material things such as memories, friendships, new habits, new views of themselves and the world, etc.

Children put the cards in the “suitcases” and place those on the appropriate part of the Map.

For example: The suitcases may hold inside: the child’s memory of an old house in Somalia; a recollection of a more normal life in Norway; friends that I met during the journey; many questions; uncertainty; hope for a better life; becoming more mature and braver; becoming a better person...

→ The moderator starts the discussion to sum up the experiences of children, with special emphasis on the strengths and capacities of children to cope with the difficulties experienced during the migration process.

**QUESTIONS TO ENCOURAGE THE DIALOGUE:**

- ▼ With what thoughts, feelings, hopes or fears do children embark on the journey?
- ▼ What are the memories the children want to preserve from their original place of residence?
- ▼ Does the experience of migration affect the children? Do they change during the journey?
- ▼ What can children “get” from the experience of migrations?
- ▼ In which situations can children be proud of themselves during this journey?

Elements used: postcards, suitcases, cards, elements previously placed on the Map

Materials: marker pens.

ANNEXES

ANNEX 1 -ANNEX 1: GENERAL COMMENT NO. 14 (2013) ON THE RIGHT OF THE CHILD TO HAVE HIS OR HER BEST INTERESTS TAKEN AS A PRIMARY CONSIDERATION.

The Committee on the Rights of the Children in 2013 published and interpretation – General Comment to Art.3 of the Convention on the Rights of the Child – **“General comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration”** intended to strengthen the understanding and application of the right of the child to have his/her interests assessed and given priority, which, in turn, will contribute to fully respect children as right holders.

The best interests of the child is a threefold concept, which is a substantive, fundamental right. It is an interpretative legal principle and a rule of procedure. When assessing and determining the best interests of the child in order to make a decision on a specific measure, the following steps should be followed:

1. determine the relevant elements in a best interests assessment, give them concrete content, and assign a weight to each in relation to one another;
2. to do so, it is necessary to follow a procedure that ensures legal guarantees and proper application of the right.

Assessment and determination of the child’s best interests are two steps to be followed when required to make a decision. The “best interests assessment” consists in evaluating and balancing all the elements necessary to make a decision in a specific situation for a specific individual child or group of children. It is carried out by the decision-maker, a multidisciplinary team, and requires the participation of the child. The “best interests determination” describes the formal process with strict procedural safeguards designed to determine the child’s best interests on the basis of the assessment of the child’s best interests.

Assessing the child’s best interests is a unique activity that should be undertaken in each individual case, in the light of the specific circumstances of each child or group of children or children in general. These circumstances relate to the individual characteristics of the child or children concerned, such as, inter alia, age, sex, level of maturity, experience, belonging to a minority group, having a physical, sensory or intellectual disability, as well as the social and cultural context in which the child/children find themselves, such as the presence or absence of parents, whether the child lives with them, quality of the relationships between the child and his or her family or caregivers, the environment in relation to safety, the existence of quality alternative means available to the family, extended family or caregivers, etc. This implies that is useful to have a non-exhaustive and non-hierarchical list of elements that could be included in the best interests assessment. The non-exhaustive list of the elements implies that it is possible to go beyond the list and consider other factors relevant in the specific circumstances of the individual child or group of children. All the elements of the list must be taken into consideration and balanced in light of each situation. The list should provide concrete guidance, yet flexibility.

The Committee recommends that the following elements should be taken into account when assessing the child’s best interests:

THE CHILD’S VIEWS

Any decision that affects the child should be based on the views expressed by the child about the decision in the context of the child’s age, maturity and vulnerable situation (disability, belonging to a minority group, being a migrant) and, where necessary, reasonable accommodation and support should be provided to ensure the child’s full participation in the assessment of his/her best interests.

THE CHILD'S IDENTITY

The identity of the child includes characteristics such as sex, sexual orientation, national origin, religion and beliefs, cultural identity, personality. Although children and young people share basic universal needs, the expression of those needs depends on a wide range of personal, physical, social and cultural aspects, including their evolving capacities. When considering the possibility of a foster home or placement for a child, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background. Due consideration of the child's best interests implies that children have access to the culture (and language, if possible) of their country and family of origin, and the opportunity to access information about their biological family, in accordance with the legal and professional regulations of the given country.

PRESERVATION OF THE FAMILY ENVIRONMENT AND MAINTAINING RELATIONS

Preventing family separation and preserving family unity are important components of the child protection system, and are based on the right provided for in Article 9, paragraph 1, which requires "that a child shall not be separated from his or her parents against their will, except when [...] such separation is necessary for the best interests of the child". Given the gravity of the impact on the child of separation from his/her parents, such separation should only occur as a last resort measure, as when the child is in danger of experiencing imminent harm or when otherwise necessary; separation should not take place if less intrusive measures could protect the child. Before resorting to separation, the State should provide support to the parents in assuming their parental responsibilities, and enable the family to take care of the child, unless separation is necessary to protect the child. Economic reasons cannot be a justification for separating a child from his/her parents. When separation becomes necessary, the decision-makers shall ensure that the child maintains the linkages and relations with his/her parents and family (siblings, relatives and persons with whom the child has had strong personal relationships) unless this is contrary to the child's best interests. When the child's relations with his/her parents are interrupted by migration (of the parents without the child, or of the child without his/her parents), preservation of the family unit should be taken into account when assessing the best interests of the child in decisions on family reunification.

CARE, PROTECTION AND SAFETY OF THE CHILD

Children's well-being, in a broad sense, includes their basic material, physical, educational, and emotional needs, as well as needs for affection and safety. Emotional care is a basic need of children; if parents or other primary caregivers do not fulfil the child's emotional needs, action must be taken so that the child develops a secure attachment. The assessment of the child's best interests should also include aspects of the child's safety, that is, the right of the child to protection against all forms of physical or mental violence, injury or abuse, sexual harassment, peer pressure, bullying, degrading treatment, as well as protection against sexual, economic and other exploitation, drugs, labour, armed conflict – assessment of the child's safety and integrity at the current time; however, the precautionary principle also requires assessing the possibility of future risk and harm and other consequences of the decision for the child's safety.

SITUATION OF VULNERABILITY

An important element to consider is the child's situation of vulnerability, such as disability, belonging to a minority group, being a refugee or asylum seeker, victim of abuse, living in a street situation, etc. The purpose of determining the best interests of a child or children in a vulnerable situation should not only be in relation to the full enjoyment of all the rights provided for in the Convention, but also with regard to other human rights norms related to these specific situations, such as those covered in the Convention on the Rights of Persons

with Disabilities, the Convention relating to the Status of Refugees, etc. The best interests of a child in a specific situation of vulnerability will not be the same as those of all the children in the same vulnerable situation; therefore, it is necessary to carry out an individualised assessment of each child from birth, with regular reviews by a multidisciplinary team and it is recommended to make reasonable accommodation throughout the child's development process.

THE CHILD'S RIGHTS TO HEALTH

The child's right to health and his/her health condition are central in assessing the child's best interest.

THE CHILD'S RIGHT TO EDUCATION

It is in the best interests of the child to have access to quality education, including early childhood education, informal and formal education and related activities, free of charge. All decisions on measures and actions concerning a specific child or a group of children must respect the best interests of the child or children with regard to education.

The basic best interests assessment is a general assessment of all relevant elements for the child's best interests and the weight of each element depends on the other elements. Not all elements are relevant for each case, and different elements may be used in a different manner in different cases. The content of each element will necessarily vary from child to child and from case to case, depending on the type of decision and specific circumstances, as will the importance of each individual element in the overall assessment.

In the best interests assessment, it has to be taken into consideration that the capacities of the child will evolve. Therefore, decision-makers should consider measures that can be revised or adjusted, instead of making definitive and irreversible decisions. To that end, an assessment should be carried out not only of the physical, emotional, educational and other needs at the specific moment of the decision, but also to consider the possible scenarios of the child's development, and analyse them in the short and long term. In this context, decisions should assess continuity and stability of the child's present and future situation.

The safeguards ensuring the implementation of the child's best interests are the child's right to express his/her opinion; taking actions in short periods in all procedures concerning children; legal representation; qualified professionals – trained professionals from various areas for a holistic approach in the assessment and determination of the relevant facts and information analysed and confirmed by applying certain techniques, instruments, etc.

ANNEX 2 – CHILD’S GROWTH AND DEVELOPMENT:

The child’s growth and development are reflected through the quantitative and qualitative changes occurring on the biological, psychological and social field of his/her being.

It is encouraged and determined by both internal and external factors. The internal are related to the genetic code, that is, what the child has inherited from his/her parents and ancestors. While the external factors have to do with the characteristics and particularities of the parent(s) or caregiver(s) of the child (their culture, tradition, religion, beliefs etc.), as well as the specificities of the group/community/society to which the family belongs (the current development of the moral and value system and organisation of the society/state).

The typical development of the child is seen through the changes occurring in various areas and on different levels during his/her growing up, which are shown in Table No.1.

Physical	growth and development of the body, physical activity, nutrition, hygiene and health
Intellectual	growth in the thoughts and thought process
Social / emotional	facing the emotions; understanding oneself and others; building interpersonal relationships; developing self-confidence
Language (speech and vocabulary)	developing communication skills; language, reading; writing; body language
Sexual	becoming aware and understand the differences between a male and a female body; emotions, views and desire for tenderness and intimacy with other individuals; hormonal changes, physical drives and desires
Moral	developing empathy for others and ability to distinguish right from wrong.

According to the child’s calendar age, the typical development changes in different areas on a bio-psycho-social level are seen through the following development stages:

- ▼ **infant (from 0 to 18 months);**
- ▼ **early childhood (from 18 months to 3 years);**
- ▼ **preschool age (from 3 to 5 years);**
- ▼ **school age (from 6 to 12 years);**
- ▼ **adolescence (from 13 to 18 years).**

Each development stage has its own specific developmental task, which is determined by what is expected to be developed in the child in different areas, after its completion, and those shown in Table No.2.

Table No.2 Development stages, tasks and areas noticing changes in the child

DEVELOPMENT STAGE AND TASK	PHYSICAL/SEXUAL DEVELOPMENT	SOCIAL AND EMOTIONAL DEVELOPMENT	INTELLECTUAL/COGNITIVE AND MORAL DEVELOPMENT
<p>Infant (0 - 18 months)</p> <p>task: - trust</p>	<ul style="list-style-type: none"> • oral needs • rapid growth • crawling/waking 	<ul style="list-style-type: none"> • dominating figure of the adult taking care of the child • attachment • trust 	<ul style="list-style-type: none"> • routines • repetitions • consistency • rewards • what is right is what the child wants
<p>Early childhood (18 months – 3 years)</p> <p>task: - independence</p>	<ul style="list-style-type: none"> • motor control (starting to jump and run) • control over the bladder and bowel movements • independent feeding • showing an interest in his/her own body 	<ul style="list-style-type: none"> • the figure of the adult taking care of the child (parent/guardian) is still dominant • throwing tantrums • starts to play in a group 	<ul style="list-style-type: none"> • fast cognitive development is noticeable (development of speech and an increase in vocabulary) • short attention span • Begins to know right from wrong
<p>Preschool age (3 - 5 years)</p> <p>task: - initiative</p>	<ul style="list-style-type: none"> • rapid muscle growth • is very active • becomes aware of sex differences • explores his/her own body 	<ul style="list-style-type: none"> • plays with others • learns to share • speech is essential and serves for social interaction • wants to please the adults 	<ul style="list-style-type: none"> • curiosity is exceptionally high • wants to do right and avoid doing wrong • can blame others for wrongdoings
<p>School age (6 – 12 years)</p> <p>task: becoming intellectually mature and acquiring knowledge</p>	<ul style="list-style-type: none"> • gains greater physical strength and acquires different skills • puberty – hormonal changes start to become visible (rapid growth and body changes, pubic hair, acne etc.) • sexual drives appear and interest in sexual play and experimentation in this area increase 	<ul style="list-style-type: none"> • starts to identify himself/herself with adults outside the family • makes friends at school • starts to compare himself/herself with others • cooperative play in a group • more often builds relationships and socialises with the same sex • begins to criticise the adults • has a best friend • needs privacy • accepts and wants competitive games and teams • has mood swings • becomes worried and anxious • becomes introspective 	<ul style="list-style-type: none"> • keen on studying • takes up a hobby • feels guilt and shame • logically connects cause-and-effect relationships • his/her conscience develops • fairness is very important and he/she respects that • expresses a strong sense of justice and moral code • is acutely aware of the difference between right and wrong
<p>Adolescence (13 - 18 years)</p> <p>task: - identity</p>	<ul style="list-style-type: none"> • physical maturity is complete • increased likelihood of fulfilment of sexual drives 	<ul style="list-style-type: none"> • abundance of interpersonal relationships and many friends • has mood swings • begins to fall in love 	<ul style="list-style-type: none"> • begins to feel confused and disappointed from the discrepancy between the values and behaviour of others • can become confused about the future • the creativity increases and becomes differentiated • abstract thinking develops

ANNEX NO.3 – CHILD ABUSE AND NEGLECT:

A growing number of studies show that childhood experience in the domain of attachment, or neglect and abuse by the parent(s), caregiver(s) and the wider environment have an adverse effect on the child's neurological and psychosocial development.

Namely, the lack of or inadequate attachment, loss of a person to whom the child was attached, as well as the child's traumatic experience leave deep marks, which in the long-term are reflected on his/her functionality in all areas of his/her development (biological/physical, intellectual emotional and social/moral) and leave developmental lesions.

Trauma is defined as an event or situation to which the child is directly exposed or a witness thereof, and which arouses in him/her a feeling of intensive fear, vulnerability, helplessness or horror.

Stress, if minor or moderate and if experienced in predictable or repetitive situations, which do not exceed the child's development capacities, helps the child cope with the fear and helps in the development of his/her brain. If the stress is great, sudden, unpredictable and/or poses a threat to the child and exceeds his/her development capacities, then it represents a trauma that the young mind cannot cope with, i.e. is a threat to the brain.

In experiencing trauma, the child's organism produces stress hormones causing brain damage. This damage is a developmental trauma and affects both the functioning of the brain and the child's subsequent growth and development, resulting in its slowness or delay.

Child abuse is a general term used to describe whether a child has been harmed, usually as a result of failure on the part of a parent or the community to ensure a reasonable standard of care and protection or by deliberate harmful acts. (WHO, 1989).

1. PHYSICAL ABUSE of a child is an actual or potential physical harm from an interaction or lack of an interaction, which is within the control of a parent or person in a position of responsibility, power or trust. (WHO, 1999).

1.1 PHYSICAL INDICATORS

Unexplained bruises and welts	Unexplained fractures or dislocations	Unexplained burns	Unexplained cuts or abrasions
On the face, lips or mouth	To the skull, nose, face	Cigarette burns, especially on the soles, palms, back or buttocks	To the mouth, lips, gums and eyes
On the torso, back, buttocks, thighs	In various stages of healing	Marks like electrical heather, iron, etc.	To external genitalia
In various stages of healing (shades of blue and green)	Multiple or spiral fractures	Immersion burns (in the form of a sock or glove, doughnut shaped on buttocks or genitalia)	In various stages of healing
Clustered, with a rectangular pattern, reflecting the shape of the object used to inflict harm (electric cord, belt buckle)	Bald patches on the head	Rope burns on arms, legs, neck or torso	Infected wounds suggesting late treatment
On several different surface areas	Regularly appear when the child was absent or during weekends		

1.2 BEHAVIOURAL INDICATORS

Feels punishment is deserved	Extreme aggressiveness	Extreme withdrawal
Frightful of contact with adults more than normal	Gets very upset when other children cry	Frightened of parents
Afraid to go home or to a “babysitter”	Reports injury by a parent or caregiver	Infant lying immovable and observing the environment more than appropriate for the development stage
Manipulative behaviour to get attention	Indiscriminately seeks affection/tenderness	Poor self-concept
Vacant or frozen stare	Responds to questions in monosyllables	Inappropriate or precocious maturity
Capable of only superficial relationships		

2. EMOTIONAL ABUSE implies persistent acts by the parent or another adult that can cause serious or permanent consequences in the child’s development and trigger cognitive, affectional and other mental obstacles in the emotional development of a child. Those actions make the child feel, worthless, rejected, unloved. Emotional maltreatment also implies intimidation, having expectations inadequate for the child’s age and development, exploitation, manipulation, etc.

2.1 PHYSICAL INDICATORS

Speech disorders	Lags in physical development	Blank or empty face expression	Lags in development
Hyperactive / disruptive behaviour			

2.2 BEHAVIOURAL INDICATORS

Habit disorders	Studying/ conduct disorders	Neurotic reactions / traits	Overly adaptive behaviour	Behaviour extremes	Delayed development
Sucking	Antisocial behaviour Sleep problems Inappropriate maturity – wants to take care of others or to discipline other children			The child does not change the facial expression regardless of the situation	
Biting	Destructiveness	Inhibition of play	Inappropriate infantility – cries, wants to be held	Obedience / passivity / listlessness	
Rocking	Attempting suicide	Unusual fearfulness		Aggressiveness, demanding	
Repetitive playing		Afraid to try out new things / fear of failure	General mistrust in oneself, adults and the world		

3. SEXUAL ABUSE involves enticing or forcing a child to take part in sexual activities. It is any activity done with the child for satisfying the sexual needs of the adult, irrespective of whether the child is aware of those activities. This type of abuse also includes the sexual contact between an adolescent and a child if there is a difference in age (minimum five years), in power and in knowledge. Sexual exploitation refers to the use of a child for prostitution, pornography and similar activities.

3.1 PHYSICAL INDICATORS

Difficulty in walking or sitting and constant itching in the genital area	Venereal disease, especially in pre-teens and young children	Pregnancy	Weak tonus of the sphincter
Torn, stained or bloody underwear	Painful urination	Bruises, bleeding, cuts or bite marks on external genitalia, vaginal or other areas	Painful bowel movements**
Yeast infections*	Infections of the bladder or urinary tract	The child deliberately self-harms by inflicting himself/herself cuts, scratches, etc.	

*The presence of a yeast infection is not necessarily a result of a sexual abuse. Yeast infections may occur from having taken systemic antibiotics. However, a yeast infection in a pre-adolescent child warrants a medical examination and further investigation.

**Painful bowel movements may also be caused by constipation.

3.2 BEHAVIOURAL INDICATORS

Unwilling to change for gym or participate in physical education	Poor peer relationships	Delinquency or running away from home	Change in school performance
Withdrawn, fanaticising or infantile behaviour	Sophisticated or unusual sexual behaviour or knowledge	Reports a sexual assault	Excessive masturbation inappropriate for the age
Exhibits seductive behaviour towards other children and adults, especially towards adult males	Entices or forces other children to sexual play (more than usual curiosity)	Involving children from the same or opposite sex into a more extensive sexual behaviour	Creating and playing out sexual scenarios with toys and dolls suggesting sexual knowledge inappropriate for the child's age.
Extremely aggressive behaviour, desire to fight more than normal for his/her age	Withdrawal from social relationships / contacts	Low self-esteem, poor body-image	Regression, enuresis or encopresis, urine and faecal soiling more than normal for the child's age
Constantly asking about sex, talking about sex and sexual acts	Irrational fear of the toilet / bathroom or not letting others go to the toilet bathroom by themselves	Undressing in public	Cruelty to animals
Simulates sexual movements (simulated copulation, etc.)	Wants to masturbate to nude pictures or to expose / show genitalia		

4. NEGLECT is an indifferent attitude by the parent(s) or caregiver(s) towards the child and not fulfilling the child's needs necessary for his/her development. Neglect also implies absence of protection or deliberate failures in protecting the child from harmful effects on the part of the parent(s) or caregiver(s). It is usually manifested by long-term failure to satisfy the child's basic physical and psychological needs causing, on the other hand, serious damage to his/her health and development. Long-term neglect of the child's needs grows into and represents child abuse.

4.1 PHYSICAL INDICATORS

Underweight, poor growth pattern, e.g. low height, failure to thrive	Consistent lack of supervision, especially in dangerous activities or for long periods of time	Abandonment	Bald patches on the scalp
Consistent hunger, poor hygiene, inappropriate clothing	Wasting of subcutaneous tissue	Unattended physical problems or medical needs	Abdominal distension

4.2 BEHAVIOURAL INDICATORS

Begging, stealing or hoarding food	Rare attendance at school	Constant fatigue, listlessness or falling asleep in class	Does not change the (facial) expression
Consuming or abusing alcohol / drugs	Talking in a whisper or whine	States there is no caregiver	Extended stay in school, arrives early and stays late
Speech delay	Inappropriate seeking of affection / tenderness	Assuming responsibilities and taking care of adults	Delinquency (e.g. stealing)

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