

Alternative Care: Mapping

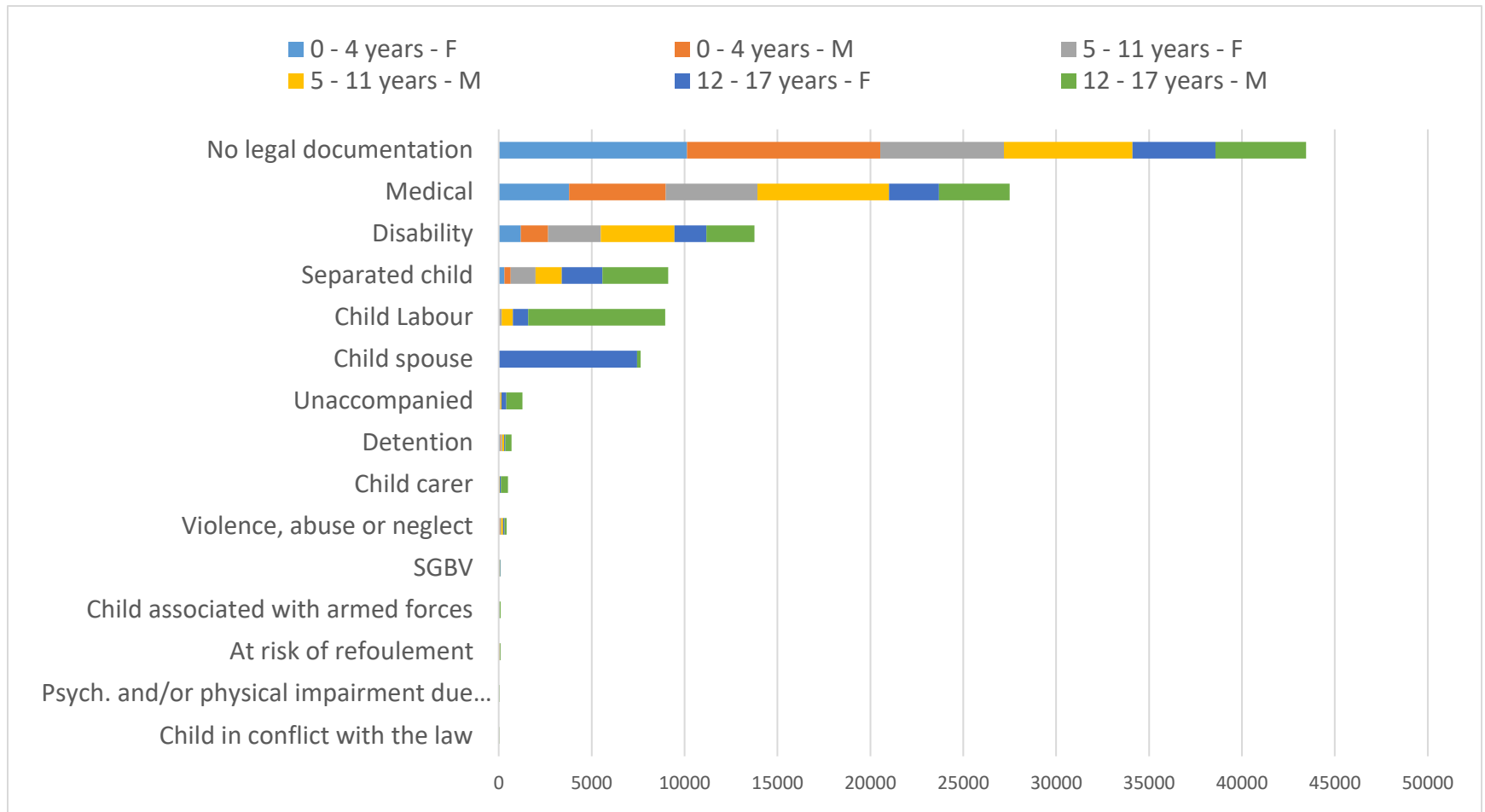
Undertaken over summer

Aim: Get better understanding of state of play in relation to alternative care

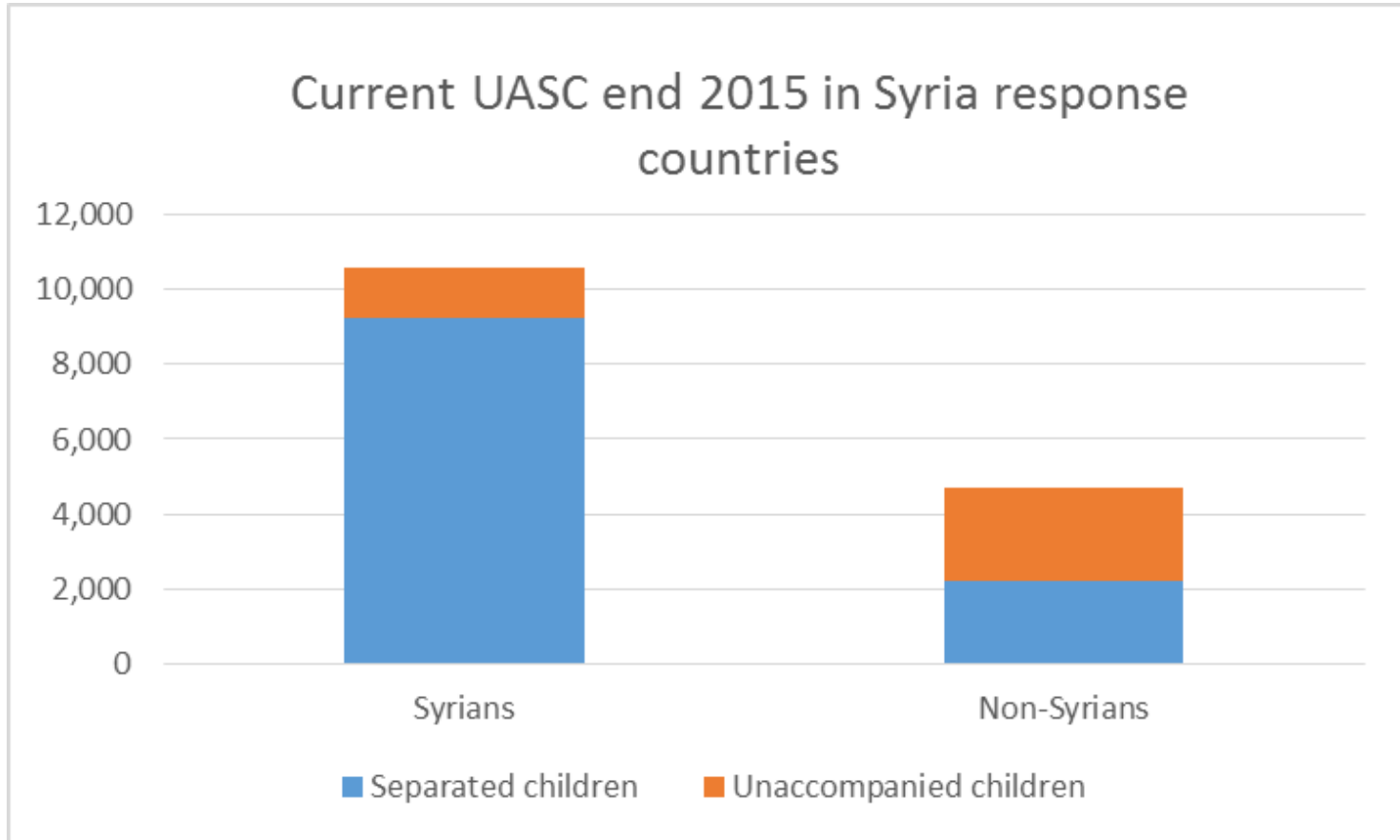
What did we know:

- Most Syrians in families (separated children)
- National systems heavily reliant on institutional approaches
- Lot of investment in policies, procedures during Syrian response
- But many challenges in actually having children in safe family based care arrangements

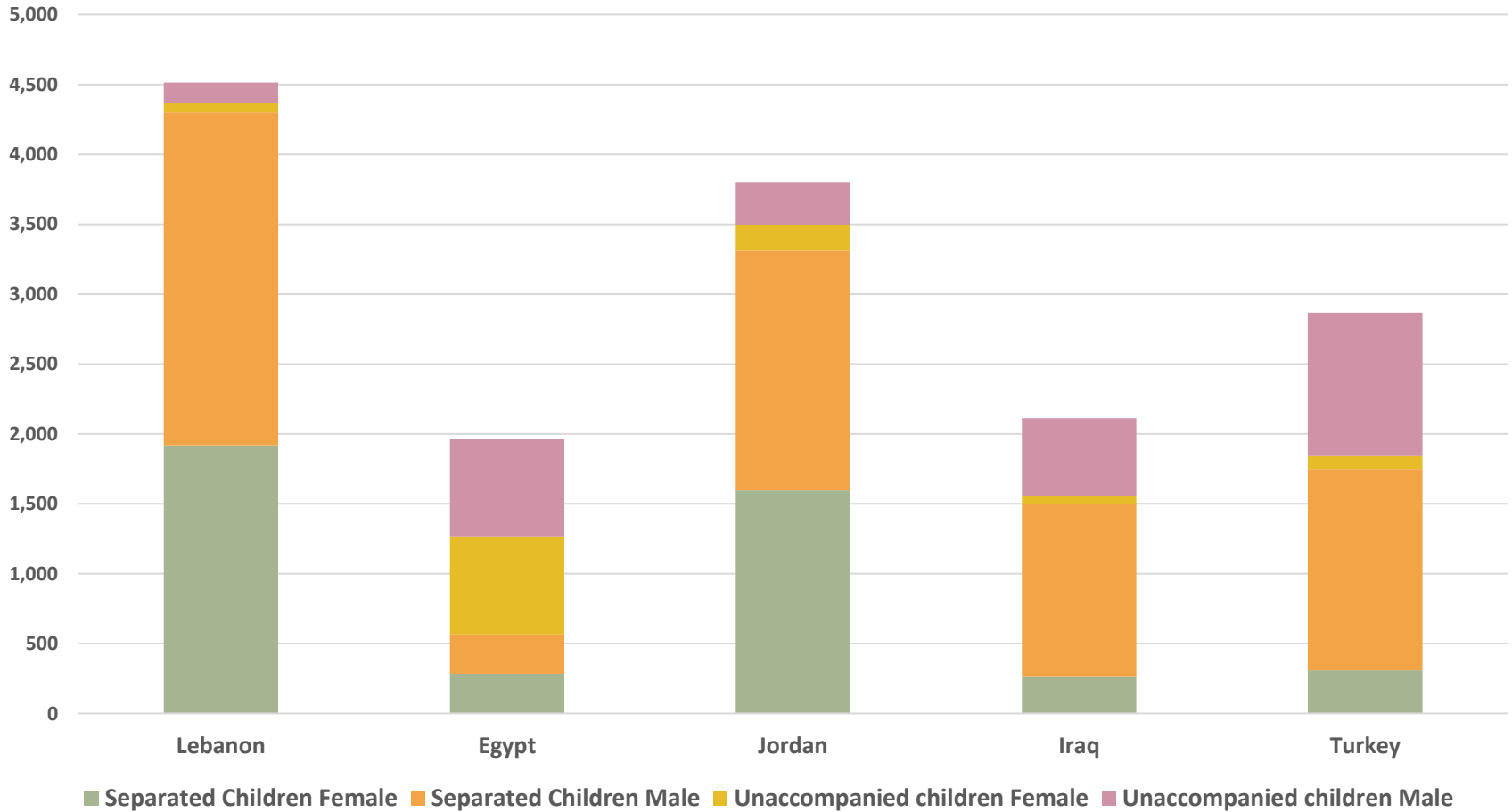
UASC and children at risk end 2015, 3RP countries



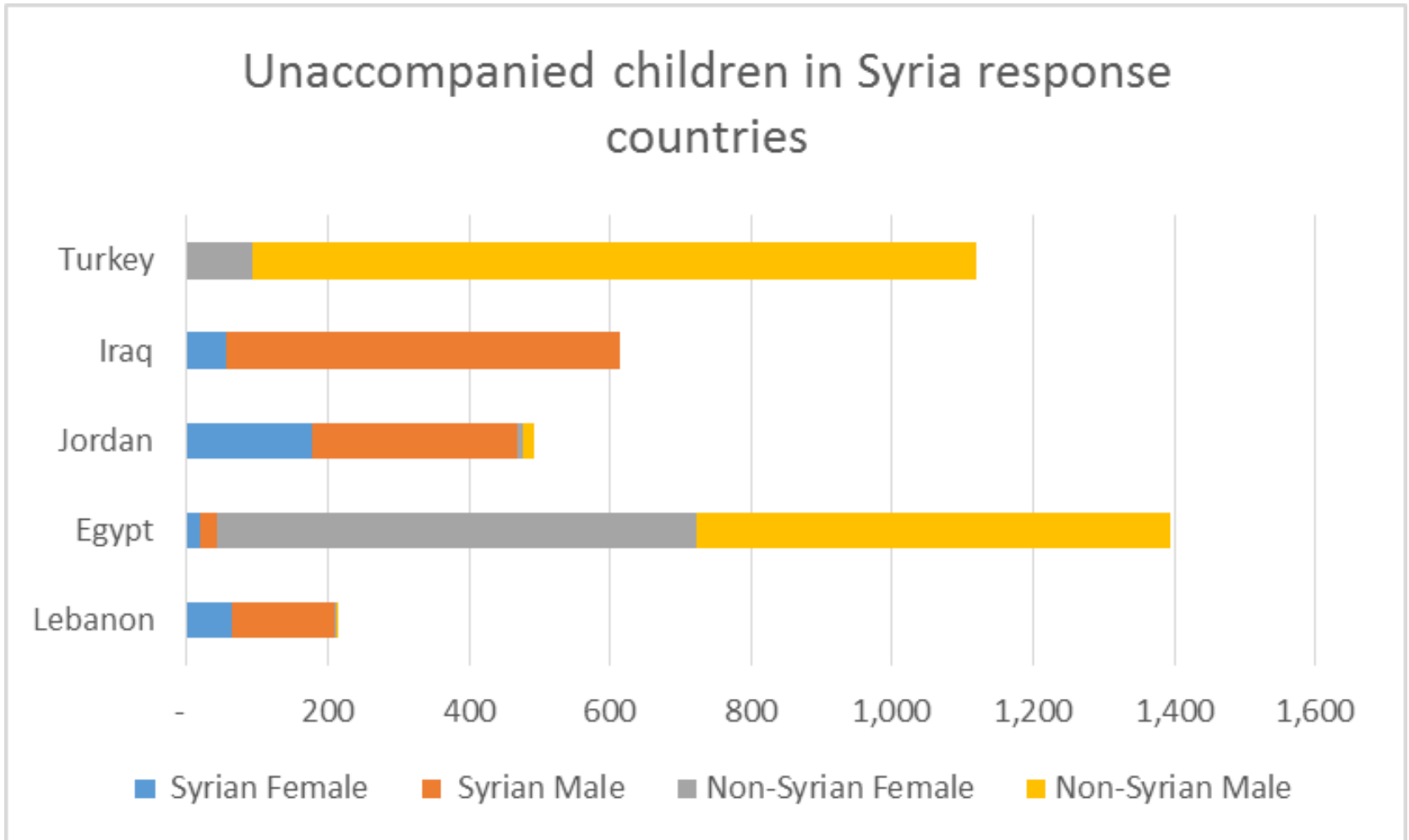
Numbers of UASC



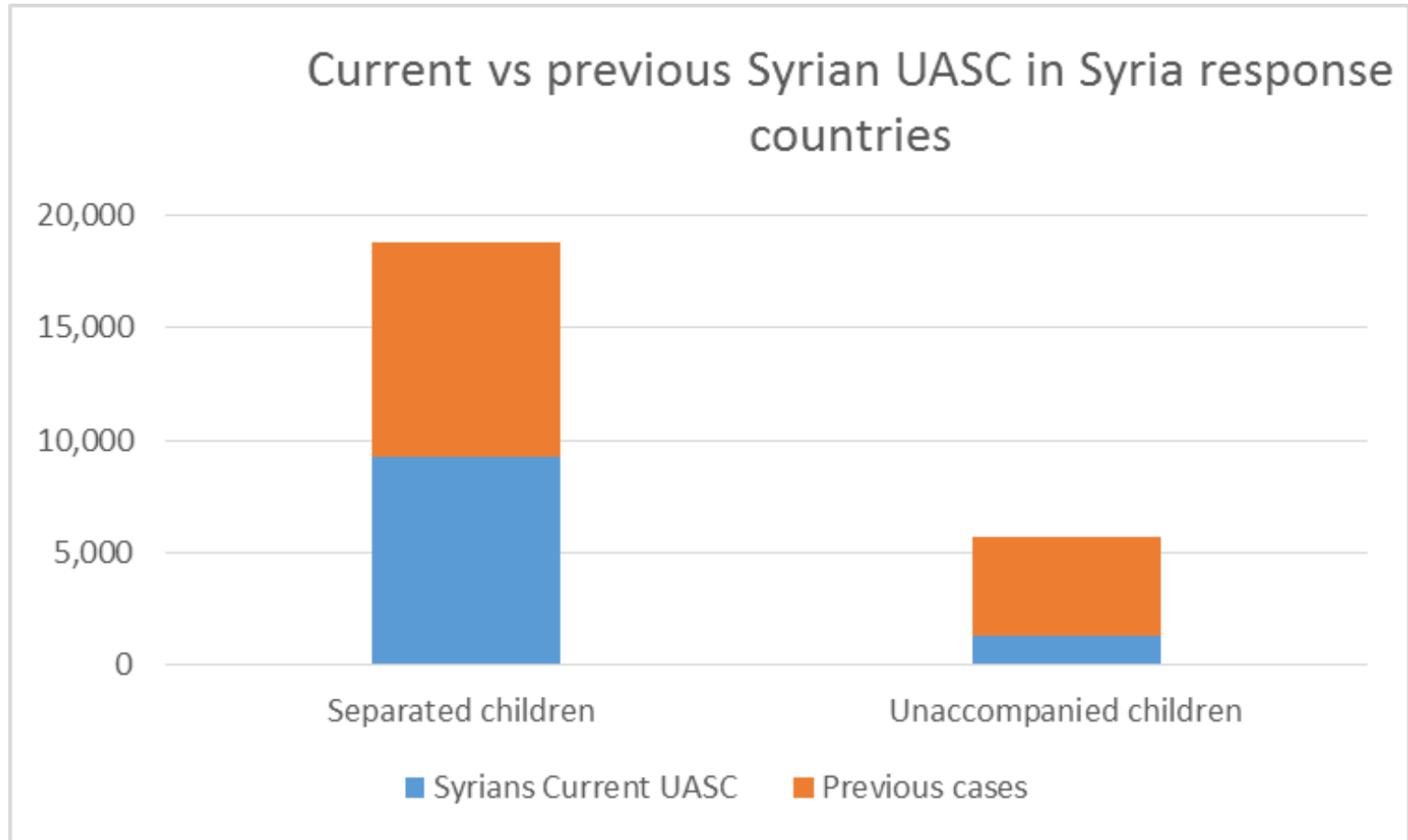
UASC all COO, end 2015



Profiles of UC



Change in UASC over time



Alternative care mapping: identification

Most common ways to identify UASC:

- UNHCR registration
- Partner activities
- Community identification

Key challenge: Lack of common information management system

Types of care arrangements

In order of how common they are:

- Care by relatives (SC)
- Family friends (Iraq, Syria, Egypt)
- Child headed household (siblings, friends – Turkey and Lebanon)
- Independent living (Egypt)
- Institutional care for UC (Iraq, Turkey, Lebanon)

Formal foster care NOT in 3 most common forms of care in any country

Care arrangements largely spontaneous

Challenges

Limited options for formal care arrangements in most countries

Key barriers for family based care:

- Financial difficulties for families
- Policy or legal framework/barriers for refugees
- Limited case management capacity to monitor large numbers of spontaneous care arrangements

Lack of safe emergency care/shelter

Recommendations

- Develop national alternative care policies and procedures
- Address policy and practical barriers for refugee to access existing care options
- Investment in community systems to monitor and support spontaneous care arrangements
- Provide material support for families caring for UASC where necessary/appropriate
- Capacity building for case workers on alternative care
- Strengthen information management and data sharing on UASC

Key questions

1. How can we better support spontaneous care arrangements?
2. Are families facing challenges because these arrangements are informal? If so how can ensure that formalization those that need it?
3. How can we ensure *emergency* care is available for those who need it?
4. Is formal fostering needed? Is it worth investing in?