

'It is a house but it isn't my home'

Unaccompanied minors in the Netherlands and the care facility in which they flourish best

Margrite Kalverboer, PhD, LLM

Professor by special appointment, Department of Special Needs Education and Youth Care, University of Groningen, the Netherlands

Elianne Zijlstra, PhD

Researcher, Department of Special Needs Education and Youth Care, University of Groningen, the Netherlands

Carla van Os, MSc, LLM

Researcher, Department of Special Needs Education and Youth Care, University of Groningen, the Netherlands

Daniëlle Zevulun, MSc, LLM

Research associate, Department of Special Needs Education and Youth Care, University of Groningen, the Netherlands.

Mijntje ten Brummelaar, MSc

Research associate, Department of Special Needs Education and Youth Care, University of Groningen, the Netherlands

Daan Beltman, LLM

Researcher, Department of Special Needs Education and Youth Care, University of Groningen, the Netherlands.

Contact: Prof. Margrite Kalverboer, Study Centre for Children, Migration and Law,
Department of Special Needs Education and Youth Care, Faculty of Behavioural and Social
Sciences, University of Groningen, E-mail address: m.e.kalverboer@rug.nl

'It is a house but it isn't my home'

Unaccompanied minors in the Netherlands and the care facility in which they flourish best

Abstract

This study compares the views of unaccompanied minors living in four different types of care facilities in the Netherlands: namely in foster care, small living units, children's living groups and campuses on their wellbeing, living circumstances and place in Dutch society. Interviews with 132 minors were both qualitatively and quantitatively analysed. Based on the transcripts from the interviews the researchers completed a questionnaire (BIC-Q) to judge the quality of the child rearing environment in the different types of care facilities.

Minors in foster care fare best and are most positive about their place in Dutch society. Minors in small living units and small living groups often miss affectionate bonds, care, support and stability in their lives. Minors in campuses most often expressed feeling lonely and sad and being excluded from the Dutch society. They experience a lack of care and support from adults. The quality of the child rearing environment in campuses was judged by the researchers as being so low that these facilities appear to be unfit for unaccompanied minors.

Keywords: unaccompanied minors, separated children, care facilities, foster care, home, child rearing environment

Introduction

One of the major decisions affecting unaccompanied minors' lives after arriving in the Netherlands concerns the type of care facility that will best protect them while waiting for the outcome of their residence permit application.

General Comment no. 6 of the UN Committee on the Rights of the Child (CRC, 2005) defines unaccompanied children (or minors) as children who have been separated from both parents and other relatives and are not being cared for by an adult, who by law or custom is responsible for doing so. In December 2014 Nidos, the Dutch national guardianship institution for unaccompanied minors, held guardianship over 2951 minors (Nidos, 2015a). Nidos -guardians are professional juvenile protectors with a bachelor degree in social work. Their most important tasks are: providing the minor with information; the minor's admission to a school; organising the reception of minors into foster families; case managing; drawing an action plan together with the minor; accompanying the minor to legal events and offering guidance during his stay in the Netherlands (DCI, 2010).

Dutch policy is that children under the age of 13 and the most vulnerable older unaccompanied minors are placed in foster care, preferably with families with the same ethnic background as the minors (Nidos, 2015b). The Central Agency for the Reception of Asylum Seekers (COA) provides unaccompanied minors aged 13 and older with housing and supervision. Staff in care facilities are well trained professionals. Children aged between 13 and 18 arriving in the Netherlands are first housed at a process reception location (POL). The next reception type is determined by their age, skills and vulnerability. The decision on where minors should be placed after their stay in the POL is made by the minor's guardian together with the minor's mentor. Children between 13 and 15 are housed in small groups, either in

small living units or in *small living groups*. These small-scale receptions are mostly outsourced to collaborative youth care organizations. A *small living group* houses 12 children with 24-hour supervision. A *small living unit* houses three to four young people who, with a little supervision, can look after themselves. A mentor supervises them. A *campus* houses young people between 15 and 18. COA staff provides 24-hour supervision. These campuses are usually housed in a section of the regular asylum centres. (COA, n.d.).

There are several academic studies focusing on different types of facilities for unaccompanied minors during the steps of flight and settlement and on their needs to flourish and to feel at home in the new country (Sirriyeh 2013; Söderqvist, Sjöblom & Bülow 2014). Sirriyeh (2013) concludes that in successful foster care placements in England, young people became integrated into family networks of care and carers and assumed like-family status to one another. She reports positive outcomes in placements where young people had been included in structuring the activities and culture of the household such as contributing to food choices. She also reports positive outcomes in placements where young people had developed relationships of trust, intimacy and reciprocity with foster carers and foster carers' families that had been supported through visible symbolic displays of trust and care. Although the research has not compared foster care placements with other placement options, Sirriyeh found significant benefits in access to family care and support, trusted confidantes and advocacy in negotiating key services compared to what is known about other types of placement options. Söderqvist, Sjöblom & Bülow (2014) studied the home concept in relation to the situation of unaccompanied minors placed in residential care units in Sweden. Their findings confirm that the concept involved both objective aspects such as a physical building and more subjective components that can be seen as a state of mind. Criteria such as having somewhere to sleep and eat as well as criteria such as creating feelings of comfort and security are had been included. In a likewise manner, Kohli, Connolly & Warman (2010) examined the perception of unaccompanied minors in foster care on food and survival after arrival in the UK. Their conclusion is that food has a multiple meaning. It is related to many aspects of finding sanctuary and negotiating belonging within the foster family and can arouse powerful feelings of being at home in a new country.

Several studies recognized that the best outcome for most unaccompanied minors are highly supportive environments (Nidos 2015b; Ni Raghallaigh 2013; Wade 2011; Wade *et al.* 2012). Ni Raghallaigh (2013) concluded that separated young people should be provided with individualistic care. Wade *et al.* (2012) find that good foster care can make a positive difference to the lives of many unaccompanied young people. Placement in foster families with the same cultural and ethnic background is considered a protective factor for unaccompanied minors' mental health (Geltman, Grant-Knight & Metha 2005). A study by Bronstein, Montgomery & Dobrowolski (2012) concerning the mental health of unaccompanied male Afghanistan minors indicates that minors in the host country growing up in semi-independent living arrangements show more post-traumatic stress symptoms than minors living in foster care. Some factors appeared to help minors to construct their lives. The stability of a supportive placement, opportunities for young people to build new attachments, resume education and construct networks of social support that provide a bridge between the old and the new appeared to have protective effects (Wade. 2011). When children themselves stated that they received support from friends, it turned out that this was a protective factor for

mental health (Kovacev 2004; Montgomery 2008). This also applied to positive school experiences reported by children themselves (Kia-Keating & Ellis 2007; Kovacev 2004; Sujoldzic *et al.* 2006). Wernesjö (2011) points out that more research is needed which deals with life experiences in the host country and is based on the unaccompanied minor's own perspectives, focusing in particular on wellbeing and factors contributing to this. To our knowledge, there are not many studies which compare the own views of minors living in *different types or care arrangements* on the aspects that contribute to their strengths and resilience.

Aim

In this study we examine the opinions of unaccompanied minors growing up in *different types of care facilities* on the quality of their child rearing environment and their lives in the Netherlands.

The main questions on which we focus are: what are the opinions of unaccompanied minors living in foster care, small living units, small living groups or campuses in the Netherlands about their daily lives, the care and support they receive and their future prospects and which type of care facility offers them the best support and guidance for their wellbeing?

Method

Since 2010 the Study Centre for Children, Migration and Law at the University of Groningen has been examining the opinions of unaccompanied minors on different aspects of their daily lives and on their wellbeing. This study was initiated by the Dutch professional organization for youth protection of unaccompanied minors and other refugee children (Nidos) with a view to improving its practice and policy. Between 2010 and 2014, 132 minors were interviewed.

Setting

The minors in this study live in foster care, small living units, small living groups or campuses in all parts of the Netherlands.

Participants' backgrounds (see tables 1 and 2)

Two third of the participants in this study are boys. Most minors in this study are 16 or 17 years old, minors in foster care are the youngest followed by minors in children's living groups and small living units. Minors in campuses are the oldest. They come from 29 different countries of origin. Most are from Afghanistan, Somalia, Guinea, Angola, Sierra Leone and China.

Of the 43 minors in foster care, 70% lives with families from their own country of origin, seven percent lives with families with the same religious background. In seven percent of the cases information on of the foster family' background is lacking.

Minors living in foster families, significantly more often have a residence permit than minors living on campuses (see table 2).

Table 1 Background participants (N=132)

| Variable | N | % |
|--------------------------|----|------|
| <i>Gender</i> | | |
| Male | 94 | 71.2 |
| Female | 38 | 28.8 |
| <i>Age (range 13-23)</i> | | |
| 17 | 78 | 59.1 |
| 16 | 28 | 21.2 |
| Other | 26 | 19.7 |
| <i>Care facility</i> | | |
| Foster family | 43 | 32.6 |
| Small living unit | 30 | 22.7 |
| Small living group | 25 | 18.9 |
| Campus | 34 | 25.8 |
| <i>Country of origin</i> | | |
| Afghanistan | 54 | 40.1 |
| Somalia | 18 | 13.6 |
| Guiney | 8 | 6.1 |
| Angola | 7 | 5.3 |
| Sierra Leone | 6 | 4.5 |
| China | 5 | 3.8 |
| Other (29) | 34 | 25.8 |

Interviews

The interviews are based on a joint FRA (European Union Agency for Fundamental Rights) study which was conducted in 2009 in 12 European countries (FRA 2011). We only used the following topics of the original interview which are relevant for our study: Living circumstances, care and daily routines; Food; Education; Social support, Guardianship; Integration; Future plans and ‘What would you change if you were the king or the queen?’ Every topic addresses one or more themes and questions. The topic food for instance addresses questions such as: ‘Do you get enough food?’, ‘Do you prepare your food yourself?’, ‘Do you like the food you get?’. The topic integration addresses questions such as: ‘Do you feel accepted in the Netherlands?’, ‘Do you have Dutch friends and would you like to have them?’, ‘Do you feel discriminated and if so, how?’.

The BIC-Q(uestionnaire)

The BIC-Q measures the quality of the child’s rearing environment as identified by a professional (Kalverboer & Zijlstra 2006). The inter- and intrarater reliabilities of the BIC-Q are good ($\kappa=.65$ and $.74$, respectively) and the scalability and reliability of the general scale ‘quality of the child rearing environment’ are also good ($H=.55$; $\rho=.94$), (Zijlstra 2012). The questionnaire has 24 questions about 14 conditions for development which together represent the quality of the child rearing (see table 3 for the conditions). The answer categories for the conditions are: unsatisfactory (0), moderate (1), satisfactory (2), and good (3). If the quality of the child rearing is high, the child can experience a good childhood and

have good prospects for the future. If the quality is low, the child has a higher risk of developing internalizing social emotional problems (Zijlstra *et al.* 2013).

Procedure

The unaccompanied minors received both written and oral information about the study. The minors were told that participation in the research is voluntary and that the content of the interview would be fully confidential and anonymous. The interviews were conducted by a guardian (not the minor's own guardian) or a trained master student and took between 45 minutes and two hours depending on the minors' wishes to talk and open up. The minors themselves decided on the location of the interview to make them feel as comfortable as possible. Almost all interviews were audio taped with a voice recorder. If a minor objected to the conversation being taped, notes were taken. Based on the transcripts of every interview a researcher of the University of Groningen or a trained master student completed and scored the BIC-Q (Zijlstra 2012) to estimate the quality of the child rearing environment in the *current* situation.

Data analysis

The interviews

All 132 interviews were qualitatively and quantitatively analysed using a mixed deductive and inductive method. For every topic of the interview all the meaningful interrelated fragments were given the same code. After encrypting all meaningful fragments per topic, codes belonging to different topics were studied on similarities. If so, these were merged and stored under the same code. Additional codes containing different kinds of information were divided and stored under different codes.

The qualitative codes suitable for this purpose were then converted into quantitative variables. It was then determined whether the youngster was positive (meaning the topic was judged good or sufficient), or negative (meaning the topic was judged moderate or insufficient) about the topic-related aspects. These quantitative scores were analysed for the samples of minors growing up in the various care facilities to find out if there is a relationship between the satisfaction about the quality of their lives in relation to the type of facility the minor grows up in. Per care facility numbers and percentages are given. Chi Square analysis are used to compare foster care with the other care facilities.

The BIC-Q

To test the inter-reliability between the researchers, each year of data collection the two researchers separately scored the BIC-Q for the first interview. Results were compared and differences in the judging were discussed.

In relation to each condition of the BIC-Q the researchers established whether the quality of the condition is good, satisfactory, moderate or unsatisfactory. We then dichotomized the BIC-scores. If all the conditions score satisfactory or good the total score is 14. If they all score unsatisfactory or moderate, the total score is 0. The mean scores of the quality of the child rearing environment of the total sample and of the four care facilities were determined. Chi Square analysis were used to compare the quality of the 14 different conditions in foster care with the quality of these conditions in the other care facilities.

Results

In this section first the minor's views on the topics in the interviews are presented followed by the results on the BIC-Q. Table 2 shows the differences between the views of minors in foster care and the other sub groups on the topics in the interviews that could be quantified.

Table 2: Selection of interview topic for minors living in different types of shelter compared

| <i>Topics</i> | <i>Sample</i> <i>n=132</i> | <i>Family</i> <i>n=43</i> | <i>Living</i> <i>unit</i> <i>n=30</i> | <i>Living</i> <i>group</i> <i>n=25</i> | <i>Campus</i> <i>n=34</i> |
|--|-------------------------------|------------------------------|---|--|------------------------------|
| Is positive about living conditions, care and daily routines | 64.0% | 90.1% | 80.0% | 58.3%* | 20.6%* |
| Is positive about food | 84.0% | 97.7% | 86.7% | 80.0%* | 70.6%* |
| Visits an ordinary Dutch school | 37.2% | 73.2% | 42.9%* | 4.0%* | 3.0%* |
| Is happy with his/her guardian | 72.0% | 71.0% | 71.0% | 63.0% | 71.0% |
| Has at least one human source of support | 78.8% | 90.7% | 86.7% | 68.0%* | 67.7%* |
| Feels accepted in the Dutch society | 55.7% | 79.1% | 53.4%* | 48.0%* | 29.4%* |
| Has no one to turn to for help | 18.2% | 7.0% | 20.0% | 24.0% | 32.4%* |
| Has had experiences with discrimination | 20.6% | 23.3% | 26.7% | 32.0% | 17.6% |
| Has Dutch friends | 34.1% | 46.5% | 36.7% | 24.0% | 14.7%* |
| Is able to make future plans | 75.0% | 93.0% | 80.0% | 80.0% | 44.1%* |
| Has a residence permit | 48.1% | 71.4% | 53.3% | 41.7% | 20.6%* |

* Significance difference compared with children staying in families $p < .05$

Minors' views on their lives in the Netherlands

Daily lives and school

Minors growing up in foster families were significantly more positive about their daily lives in the Netherlands than minors living in children's living groups and on campuses (see table 2).

'I am ok in the house but it is difficult with the boys. They are messy and things get dirty. In the past few weeks I have not been home a lot after school. I go to another small living unit because it is better over there' (Small Living unit, 2012)

Going to school characterized the daily routines of the minors spoken with. Most minors preferred to attend regular Dutch schools instead of the language classes provided especially for asylum seeking children or other pupils with a foreign background. Minors in foster care significantly more often attended a regular Dutch school than the minors in the other care facilities (see table 2). Minors on campuses and the ones in small living groups almost never attended a regular Dutch school. Education was valued very highly by almost all minors.

They considered it a bridge to a better future and one of the best aspects of living in the Netherlands. The type of education minors followed depended on various aspects such as their knowledge of the Dutch language, their intelligence and the availability of suitable education in the neighbourhood. Although they seemed to be very ambitious, not all minors were realistic about their opportunities. They wanted to become a doctor or a lawyer while the level of the education they followed was far too low as they only focused on learning the Dutch language. Minors in the different care facilities reported a high level of truancy amongst the youngsters living on a campus.

'It has no use to dream about an education and a profession if you don't know if you are allowed to stay' (Campus, 2010)

After school, most minors went home to do their homework, watch television, play computer games or do activities such as sport. Some mentioned cleaning the house.

The minors who had to take care of themselves said they shopped after school and prepared their meals. Minors in foster care were significantly more positive about food than minors living in children's living groups and on campuses (see table 2). Most minors in foster care and in small living groups didn't prepare their own food while minors living in a small living unit or on a campus always did, sometimes together. Minors living on campuses most often said not receiving enough money to buy good ingredients, that the kitchen was too dirty to prepare meals or not open at the hours they wanted to cook their dinner or that they were too tired to prepare their own meals. Minors in small living units sometimes complained too.

'Nowadays I only eat pizza. I just put it in the oven. It is too dirty here so I don't cook' (Small living unit, 2013)

Most of the minors said they preferred and missed the traditional food they were used to in their home countries. Several tried to prepare the food their mother or father cooked. If they didn't know the recipe, they looked for it on the internet. There were minors who said they didn't know if they liked Dutch food because they never had the opportunity to taste it.

'The most delicious food is a dish from Afghanistan. It's called Ashak. Different types of vegetables are folded into dough and then fried in a pan. You need a special pan, which I do not have. If I had such a pan, then I would make it' (Campus, 2011)

Some minors had no appetite due to their problems and were therefore not interested in their food.

'I used to like all food, now I only take little portions, I never finish my dinner. Food has no taste. I like food but I don't have an appetite anymore (Small living unit, 2011)

Care and affection, supervision and social support

Minors living in foster care felt most cared for and they received significantly more social support than minors living in children's living groups and on campuses (see table 2). They

often had an affectional bond with the foster parents and the other family members although there were exceptions.

'I get food, I have a roof but that's it. It is a house but it isn't my home. There is no one really taking care of me. My foster parents are kind but they are not like me' (Foster care, 2014)

Minors living on campuses most often reported a lack of care, love, support and supervision from adults. Mentors or other supervisors were not sufficiently available and consequently they felt neglected, lonely and sad. They complained about drug or alcohol abuse (mentioned 10 times) and violence among the minors. Because of the noise, it was difficult to get enough sleep.

'There is too much noise here because of drugs and alcohol abuse' (Campus, 2012)

Minors mentioned different sources of support such as their families, (foster) parents, their mentor, guardians, teachers, friends or football coach. Minors said they got strength from talking to someone they trusted like a family member (mentioned 27 times) or being with friends (mentioned 12 times). Minors in foster care had significantly more often someone to turn to for help than minors living in small living groups and campuses (see table 2). Minors living on campuses most often only had professionals such as their mentor or guardian to turn to.

'I only have Nidos and my mentor, everyone here has the same problems, if you will talk with them, you only feel worse so I don't' (Campus, 2012)

Minors also mentioned getting strength from activities such as sport (17 times), especially football. School was mentioned 17 times as an important source of strength. Receiving a residence permit was mentioned 12 times as a source of strength. Minors also got strength from their religion or the church (mentioned 9 times).

Other activities mentioned were listening to music, writing in a diary about their problems, going for a stroll or painting.

'If I am very sad, I write it all down and after that I burn it' (Small living unit, 2014)

Guardianship

The numbers of legal guardians minors had, varied from one to more than seven. Ninety-two minors (69.7%) were happy with their guardian; there are no significant differences between the care facilities. The minors who were happy with their guardian, said they could always get in contact with their guardian, that their guardian listened to them and that they felt safe to share their worries. They undertook nice activities together. Their guardian was like a mum or dad to them and they feared the moment that they would be without their support. Most minors mentioned having contact on a regular basis; a phone call once a week and a visit every two or three weeks.

I've had several guardians and all of them were good. Now I've just turned 18 and I have no more Nidos. My guardian was like a mother to me and I would have liked her to be my Nidos for a longer time. I need her help' (Campus, 2011).

The minors who were negative about their guardian said they did not really have any insight into what kind of support they could receive. Some of them felt neglected and said that they hardly ever saw their guardian. Some minors said that although they liked their guardians they were no real support because they could not help them to get a residence permit.

Place in the Dutch society

Minors in all types of care facilities occasionally had to deal with discrimination (mentioned 27 times), generally by people they did not know. They were called names like negro or ape, they were stared at when they were in the streets or people walked away when they encountered them (see table 2).

Minors in foster care significantly more often felt accepted in the Dutch society than minors in the other care facilities. Some minors felt more or less accepted in their own environment but not in the wider Dutch society. There were minors who said having so little contact with Dutch inhabitants that they didn't know if they were accepted.

'I don't know if I am accepted, I almost don't know any one and no one knows me' (Small living group, 2012)

Minors in foster care significantly more often had Dutch friends than minors on campuses (see table 2). Minors said that learning the Dutch language is very important in the integration process. Playing football in a local team was mentioned as a good way to meet Dutch peers and to become part of Dutch society. Some of the minors living on campuses said they didn't receive enough money to join in activities such as sport.

Future plans

Minors living in foster care were significantly more often able to make future plans than minors living on campuses (see table 2). Most minors said that they wanted to finish their education to become a doctor, lawyer, football player or architect. They said they wanted to lead a normal life and be part of Dutch society. Parallel to this they hoped to start a family in the Netherlands or in another Western country and become happy. Only one minor talked about returning to the home country. Thirty-three minors (25%) said they couldn't make plans for the future because they didn't have a residence permit.

'How can I think about my future if I don't have security?' (Small living unit, 2013)

'If I get a residence permit, I will live together with my sister in Rotterdam and I will study architecture in Delft. If I will have to return to my home country I will probably be killed' (Foster family, 2014)

Suggestions for changes

One hundred minors (76%) had one or more suggestions for change.

Fifteen minors mentioned that everyone should have a good home. It is said eight times that minors should preferably grow up in their own family and if this is not possible in a

substitute family. It is said eighteen times that minors should be reunited with their families and that the other family members should be allowed to come to the Netherlands. Ten times is indicated that campuses are bad and six times that these campuses should be closed.

'You need distraction from all you have been through. In a campus, there is nothing so you start taking drugs and that is wrong' (Campus, 2014)

It is said thirteen times that minors have gone through a lot and they needed attention and care to cope with their experiences. Real attention should be paid to minors by adults like foster parents, guardians and mentors and they should make time to really talk with the minors.

'Talk with us so we can forget our pain from the past. We are not adults and our lives have been difficult' (Foster care, 2011)

It is suggested 34 times that everyone should be able to go to school after turning 18 and be able to develop their talents in order to find a good job and earn their own money. If they had to repatriate, they wouldn't return empty-handed. Getting more money and being allowed to work is mentioned 12 times.

Results on the BIC-Q

The overall quality of the child rearing

The mean score on the quality of the child rearing on the 132 cases is 8.7, which means that around five of the fourteen conditions for development were judged of insufficient quality. The overall quality of the child rearing was judged significantly better for minors in foster families (m=12.3) than for minors growing up in the other care facilities. The mean scores on the quality of the child rearing in small living groups and small living units are respectively 8.7 and 7.2. For children living on campuses only 3 of the 14 conditions for development were judged of a sufficient quality.

The quality of the 14 conditions for development for minors in different care facilities

In table 3 the quality of the 14 conditions is presented for the minors living in the different care facilities.

Table 3: Percentages of minors living in different types of shelter for whom the quality of the condition is judged 'satisfactory' or 'good' (N=132)

| | <i>Family</i> | <i>Living unit</i> | <i>Living group</i> | <i>Campus</i> |
|--|---------------|--------------------|---------------------|---------------|
| <i>BIC conditions</i> | <i>n=43</i> | <i>n=30</i> | <i>n=25</i> | <i>n=34</i> |
| 1. Adequate physical care | 97.7% | 70.0%* | 84.0%* | 26.5%* |
| 2. Safe direct physical environment | 97.7% | 70.3%* | 88.0%* | 52.9%* |
| 3. Affective atmosphere | 86.0% | 30.0%* | 44.0 %* | 8.8%* |
| 4. Supportive, flexible childrearing structure | 90.7% | 53.3%* | 68.0 %* | 23.5%* |

| | | | | |
|--|-------|--------|--------|--------|
| 5. Adequate examples by parents | 86.0% | 60.0%* | 88.0% | 23.5%* |
| 6. Interest | 90.7% | 40.0%* | 60.0%* | 14.7%* |
| 7. Continuity in upbringing conditions | 72.1% | 20.0%* | 20.0%* | 5.9%* |
| 8. Safe wider physical environment | 97.7% | 96.7% | 88.0% | 82.4%* |
| 9. Respect | 93.0% | 53.3%* | 56.0%* | 29.4%* |
| 10. Social network | 81.4% | 46.7%* | 36.0%* | 20.6%* |
| 11. Education | 93.0% | 86.7% | 92.0% | 64.7%* |
| 12. Contact with peers | 76.7% | 63.3% | 36.0%* | 35.3%* |
| 13. Adequate examples in society | 97.7% | 96.7% | 96.0% | 70.6%* |
| 14. Stability in life circumstances | 69.8% | 23.3%* | 24.0%* | 2.9%* |

* Significance difference compared with children in staying in families $p < .05$

The researchers judged the conditions of the BIC best for minors living in *foster families*. For minors living in *small living units* most conditions were judged significantly worse than for minors living in foster care. Exceptions are the conditions: ‘safe wider physical environment’, ‘education’, ‘contact with peers’ and ‘adequate examples in society’. For minors living in *small living groups* almost all conditions were judged significantly worse than for minors living in foster care. Exceptions are the conditions: ‘adequate examples set by parents or caregivers’, ‘safe wider physical environment’ and ‘adequate examples in society’. The researchers judged the quality of child rearing for minors living on campuses as being very low; all these conditions were judged significantly worse than for minors living in foster care.

Discussion

There is a growing body of findings on the relative merits of a highly supportive environment for unaccompanied minors in the host country like foster care (Nidos 2015b; Ní Raghallaigh 2013; Wade 2011; Wade *et al.* 2012). The results of our study point out in the same direction. Compared to minors growing up in less supportive environments, minors in foster care fare best. Minors in foster care were most often able to develop affectionate bonds with their caretakers. The material conditions in foster families were often good. They were most positive about their education because they attended regular Dutch schools and were most included in the Dutch society even though 23.3% had (some) experiences with discrimination. The context provided within foster care seems to be a source of strength and resilience for them because protective factors such as support from friends (Kovacev 2004), self-reported positive school experiences (Kia-Keating & Ellis 2007; Kovacev 2004; Sujoldic *et al.* 2006), social support and social embedding (Fazel *et al.* 2012) are available. These findings are in line with the UN Convention on the Rights of the Child (CRC), which states that children that cannot live with their own parents should preferably be hosted in other families (article 20, section 3 CRC).

Minors living on campuses were the least positive about their lives. They most often indicated that they felt sad and lost and felt like outcasts in Dutch society. Many of them talked about drug abuse *by other minors* living on the campus and truancy from school as a result from the living circumstances and the lack of support and control by adults. Several

minors reported that living in a facility such as a campus increased the risk of dropping out of school, of alcohol or drug abuse, and of truancy.

Part of the minors living in small living groups were not satisfied with their lives but they were not as negative as minors living in campuses. They often missed affectionate bonds, social support and stability in their lives and often they didn't feel accepted. It is not clear if they were well enough supported and equipped to move on into adulthood. Essential (emotional) conditions for development, which are important for their wellbeing, were not provided. This may cause underdevelopment of coping strategies necessary in the growing up process to being an adult.

The differences between the views of minors in foster care and small living units were the smallest as well as the judged quality of their child rearing environment.

Minors in all types of care facilities talked about missing their families. Again, foster care seems to compensate best for their losses because these minors became part of a new social system. All minors wanted to be part of the community and accepted by Dutch society but apart from the minors in foster care minors often felt socially excluded.

About 30% of the minors stated to be unhappy with their legal guardian. They wanted more personal involvement from their guardian and desired an affectionate bond next to social and practical support in their daily lives. Many of them would like their guardian to be a substitute mum or dad who would stay in their lives after turning eighteen instead of being/having the role of social worker. What these minors desired fits well in the concept of a highly supportive family or home like environments but there is a huge discrepancy between their wishes and the official tasks of their guardian.

Most minors were eager to work out plans for the future and asked for emotional, social and practical support to succeed. Since their families were not around, they had a need for a substitute home like systems so they can explore life in the receiving society. Practically all of them saw education as the bridge to a better future. They were extremely motivated to acquire diplomas to give them as much control as possible over their lives and futures. These findings are in line with Wade's (2011) who concludes that most minors display considerable resourcefulness in their efforts to reconstruct their lives and are keen to embrace new opportunities and challenges. According to Wade, related to reliable social work planning and support, these findings are highly consistent with what is known about the features of good preparation in public care.

Limitations

Our study has a number of limitations. One concerns the approach with regard to the converting of the qualitative codes into quantitative variables. The view of one researcher on whether the qualitative content is positive or negative might slightly differ from another, especially when minors were not very definite in their discussions. This may influence the results of our study. Another limitation concerns the sample. In our study -in line with reality in the Netherlands- (Nidos, 2014) minors living in foster care, significantly more often have a residence permit than minors living on campuses. Being devoid of a residence permit adds to feelings of rejection, fear and even shame (Chase 2013; Dura-Vila *et al.* 2013; Thomas, *et al.* 2004). Particularly during the stage of adolescence, minors are extremely sensitive to feeling accepted and to how they are viewed in the eyes of the environment (Camarena, Sarigiani &

Peterson 1990; Conger & Galambos 1997; Wenar & Kerig 2000). They want to be part of a peer group and they need affectionate bonds with caretakers, which help them to grow up and to gain a place in society. In future studies the sample should be matched for (not) having a residence permit. Age can also influence the results; in the Netherlands, a guardian stops having custody of the child when the child turns eighteen, because the minor reaches majority according to Dutch law. This may contribute to feelings of insecurity amongst the unaccompanied minors (UNHCR 2014).

Despite the weaknesses in this study we have contributed to the exploration of a field in need of our attention: the views of unaccompanied minors themselves on their wellbeing in different care facilities, their daily lives, their position in society and on what they find important. Without their input, it is impossible to form a clear picture of the quality of care.

Implications for research

Foster families for unaccompanied minors in the Netherlands often have the same ethnic background as the minors placed in the families (Nidos 2015b). Although most minors seem to benefit from such a placement, this type of foster care might not be suitable for all unaccompanied minors. There are also minors who are better off in a type of care facility in which they can be more independent. Further study is necessary to understand which minors benefit most from foster care and for which minors foster care is less suitable. We also need to increase our knowledge on matching; what kind of families are needed for minors with a variety of cultural backgrounds, personalities, experiences and future perspectives.

Most minors in our study were 16 or 17 years old and worried about turning eighteen. This transition problem is not unique for the Netherlands. Wade (2011) indicates that preparation and planning for transition to adulthood should be at the forefront of the minds of care-givers and social workers as most minors arrive in the UK in their mid-teen years. In 2010 Defence for Children in the Netherlands (DCI) already recommended that the guardians of Nidos should be financed to offer assistance to formerly separated children when no durable solution can be found prior to the child turning eighteen years old (DCI, 2010). Yet the transition problems still exist. Further study is needed to examine what kind of support minors need most from their guardians before and after turning eighteen in relation to preparation and planning for transition to adulthood and how it should be realised. Minor's own views should be involved in such a study.

Literature

- Bronstein, I. & Montgomery, P. (2011) Psychological distress in refugee children: a systematic review. *Clinical Child and Family Psychology Review*, **14**, 44-56.
- Chase, E. (2013) Security and subjective wellbeing: the experiences of unaccompanied young people seeking asylum in the UK. *Sociology of Health & Illness*, **35** (6), 858-872.
- COA, <https://www.coa.nl/en/about-us/reception-centres/locations-for-unaccompanied-minor-asylum-seekers>).
- Conger, J. J. & Galambos, N. L. (1997) *Adolescence and Youth*. New York: Longman.
- CRC, (2005). *General comment no. 6 (2005). Treatment of unaccompanied and separated children outside their country of origin*. United Nations.
- Defence for Children International-ECPAT the Netherlands. *Closing a protection gap, core standards for guardians of separated children*. Leiden: Defence for Children.
- Dura-Vila, G., Klasen, H., Makatini, Z., Rahimi, Z. & Hodes, M. (2013), Mental health problems of young refugees. Duration of settlement, risk factors and community-based interventions.. *Clinical Child Psychology and Psychiatry*, **18**(4), 604-623.
- Fazel, M., Reed, R.V., Panter-Brick, C. & Stein, A. (2012) Mental health of displaced and refugee children resettled in high-income countries: Risk and protective factors. *Lancet*, **379** (9812), 266-282.
- FRA (2011) *Separated, asylum-seeking children in European Union Member States, Comparative report*. Luxembourg: Publications Office of the European Union.
- Geltman, P.L., Grant-Knight, W. & Metha, S.D. (2005) The 'lost boys of Sudan': Functional and behavioral health of unaccompanied refugee minors re-settled in the United States. *The Archives of Pediatrics and Adolescent Medicine*, **159**, 585-591.
- Kalverboer, M. E., Ten Brummelaar, M. D. C., Post, W. J., Zijlstra, A. E., Harder, A. T. & Knorth, E. J. (2012) The Best Interest of the Child Questionnaire; reliability and validity. Preliminary data on the question: Where to live after detention or secure treatment? *Criminal Behaviour and Mental Health*, **22**(1), 41-52. doi: 10.1002/cbm.825
- Kia-Keating, M., & Ellis, B.H. (2007) Belonging and connection to school in resettlement: Young refugees, school belonging and psychosocial adjustment. *Clinical Child Psychology and Psychiatry*, **12**, 29-43.
- Kohli, R.S., Connolly, H., & Warman, A. (2010) Food and its meaning for asylum seeking children and young people in foster care. *Children's Geographies*, **8**(8), 233-245.
- Kovacev, L. (2004) Acculturation and social support in relation to psychological adjustment of adolescent refugees resettled in Australia. *International Journal of Behavioral Development*, **28**, 259-267.
- Luster, T., Sartarelli, A.J., Rana, M., Qin, D. B., Bates, L. & Burdick, K. (2009) The experiences of Sudanese unaccompanied minors in foster care. *Journal of family psychology*, **23** (3), 386-395.
- Montgomery, E. (2010) Trauma and resilience in young refugees: a 9-year follow-up study. *Developmental psychopathology*, **22**, 477-489.
- Nidos (2015a). *Annual report 2014*. Utrecht: Nidos.
- Nidos (2015b). *Reception and living in families; Overview of family-based reception for unaccompanied minors in EU Member States*. Utrecht: Nidos.

- Ní Raghallaigh, M. (2013) *Foster care and supported lodgings for separated asylum seeking young people in Ireland; the views of young people, carers and stakeholders*. Dublin: Barnados and the Health Service Executive.
- Sirriyeh, A. (2013) Hosting strangers: hospitality and family practices in fostering unaccompanied refugee young people. *Child & Family Social Work*, **18** (1), 5-14. doi:10.1111/cfs.12044.
- Söderqvist, Å., Sjöblom, Y. & Bülow, P.H. (2014) Home sweet home? Professionals' understanding of 'home' within residential care for unaccompanied youths in Sweden. *Child & Family Social Work*. 1-9. doi: 10.1111/cfs.12183.
- Sujoldzic, A., Peternel, L., Kulenovic, T. & Terzic, R. (2006) Social determinants of health. A comparative study of Bosnian adolescents in different cultural contexts. *Collegium Antropologicum*, **30**, 703-711.
- Thomas, S., Thomas, S., Nafees, B. & Bhugra, D. (2004) 'I was running away from death'- the pre-flight experiences of unaccompanied asylum seeking children in the UK. *Child: Care, Health and Development*, **30** (2), 113-122.
- UNHCR (2014). *Unaccompanied and separated asylum-seeking and refugee children turning eighteen: what to celebrate? UNHCR / Council of Europe field research on European State practice regarding transition to adulthood of unaccompanied and separated asylum-seeking and refugee children*. Strasbourg: UNHCR & Council of Europe.
- Wade, J. (2011) Preparation and transition planning for unaccompanied asylum-seeking and refugee young people: a review of evidence in England. *Children and Youth services review*, **33**, 2424-2430.
- Wade, J., Sirriyeh, A., Kohli, R. & Simmonds, J. (2012) *Fostering unaccompanied asylum-seeking young people: creating a family life across a "world of difference"*. BAAF: London.
- Wernesjö, U. (2011) *Unaccompanied asylum-seeking children: Whose perspective?* *Childhood*, **19** (4), 495-507.
- Wenar, C. & Kerig, P. (2000) *Developmental psychopathology from infancy through adolescence*. Boston: McGraw Hill.
- Zijlstra, A. E. (2012) *In the best interest of the child? A study into a decision-support tool validating asylum-seeking children's rights from a behavioural scientific perspective*. Dissertation. University of Groningen.
- Zijlstra, A. E., Kalverboer, M. E., Post, W. J., Ten Brummelaar, M. D. C. & Knorth, E. J. (2013) Could the BIC-Q be a decision-support tool to predict the development of asylum-seeking children? *International Journal of Law and Psychiatry*, **35**, doi 10.1016/j.ijlp.2013.01.005 .
- Zijlstra, A. E., Kalverboer, M. E., Post, W. J., Knorth, E. J. & Ten Brummelaar, M. D. C. (2012) The Quality of the Childrearing Environment of Refugee or Asylum Seeking Children and the Best Interests of the Child: Reliability and Validity of the BIC-Q. *Behavioral Sciences and The Law*, **28**, doi: 10.1002/bsl.1998.