



## Recently arrived refugee children: The quality and outcomes of Best Interests of the Child assessments



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### ABSTRACT

Best Interests of the Child (BIC) assessments provide migration authorities with behavioral information about which interests of the child could be taken into account before a decision is made on the request for a residence permit. This study provides insight into the quality and outcomes of BIC assessments with 16 unaccompanied children (15–18 years) and 11 accompanied children (4–16 years) who have recently arrived in the Netherlands and requested asylum ( $N = 27$ ). The results suggest that BIC assessments provide relevant information that enables assessors to determine the best interests of recently arrived refugee children. The inter-rater reliability of the BIC-Questionnaire, an instrument that evaluates the child-rearing environment and that is one of the components of the BIC assessment, was fairly good. The children in the sample had experienced a high number of stressful life events and a majority reported trauma related stress symptoms or other emotional problems. The quality of the child-rearing environment in the country of origin had protected their development insufficiently in the past and would not protect their development sufficiently in the future. The results show that in many cases forced return to the country of origin can put children's development at risk.

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### 1. Introduction

The Convention on the Rights of the Child (CRC) gives children seeking asylum the right to an asylum decision that gives due weight to their best interests (UN, 1989, CRC, Art. 3; UNCRC, 2013). All countries, except the United States, have accepted this right by ratifying the CRC. Although not being a State Party to the CRC, the United States has also implemented the best interests of the child principle in its welfare systems (Gouty, 2015). Before a decision can be taken in a child's asylum procedure, an assessment has to be made of the child's best interests. The UN Committee on the Rights of the Child (UNCRC, 2013) has published guidelines for these assessments in General Comment No. 14 (hereafter: GC 14). These guidelines describe the relevant elements, i.e. the subjects and topics that should be part of the assessment, as well as the procedural safeguards that should be taken into account when determining the best interests of the child (GC 14, para. 46–47).

Assessing the best interests of an asylum-seeking child who has recently arrived in a host country might be difficult. Due to the insecure

and unstable situation of recently arrived refugee children,<sup>1</sup> some specific validity and reliability issues may complicate the assessment. Firstly, refugee children have often experienced a relatively high number of stressful life events, which might cause trauma-related stress for some of them (Abdalla & Elklit, 2001; Goldin, Levin, Persson, & Hägglof, 2001; Jensen, Fjermestad, Granly, & Wilhelmsen, 2013; Van Os, Kalverboer, Zijlstra, Post, & Knorth, 2016; Vervliet et al., 2014). In general, traumatic memories and stress may hamper a valid and reliable forensic mental health assessment with children (Bruck & Ceci, 2009; Eisen & Goodman, 1998; Klemfuss & Ceci, 2012). This is highly relevant in the context of evaluating the situation of refugee children. During the asylum procedure, refugee children have to provide a valid and reliable account of their (traumatic) memories to facilitate the decision-making process to determine their eligibility for refugee protection (UNHCR, 2014, p. 146).

<sup>1</sup> This study focuses on unaccompanied children as well as on children accompanied by their parents or caregivers who seek protection in another country. In most cases, these children ask for asylum and therefore can be defined as asylum seeking children in the legal sense. Legally, these children are called 'refugees' once their asylum claim has been accepted. We use the term 'refugee children' for children who seek protection in another country, whether on the grounds of being a refugee in the sense of the 1951 Refugee Convention or other forms of perceived danger in the home country (UN, 1951; UNHCR, 1994, p. 70).

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Secondly, refugee children might hesitate to share details of their life stories due to previous experiences, a mistrust towards authorities, or a perceived self-interest in increasing their chances of receiving refugee protection (Chase, 2013; Colucci, Minas, Szwarc, Guerra, & Paxton, 2015; Kohli, 2011; Ní Raghallaigh, 2014; Van Os, Zijlstra, Knorth, Post, & Kalverboer, 2018). This potentially complicates the validity of the BIC assessment because if relevant parts of the refugee children's life story remain unknown, it is difficult to assess their best interests.

Thirdly, like in any forensic mental health assessment with children or parents, it is difficult to assess a past child-rearing situation or to predict that situation in the future (Bala & Duvall-Antonacopoulos, 2006, p. 241). In an assessment of the best interests of recently arrived refugee children, it is essential to assess the child-rearing environment in the home country as it was before the child or the parents decided to flee and to estimate what might happen if the child returns to that situation (UNCRC, 2013; Van Os, 2016; Van Os, Zijlstra, Knorth, Post, & Kalverboer, 2018).

Professionals from the Study Centre for Children, Migration and Law at the University of Groningen perform behavioral Best Interests of the Child (BIC) assessments, which are used in legal migration procedures (Kalverboer, Beltman, Van Os, & Zijlstra, 2017; Kalverboer & Zijlstra, 2006; Zijlstra, 2012). These BIC assessments provide evidence and child-rights based information to the migration authorities, which should be taken into account when the migration decision regarding a residence permit is made. The BIC assessments consist of various components such as a diagnostic interview and several instruments concerning children's mental health and development, which will be explained in the Method section. The BIC assessments performed by the professionals of the Study Centre follow the guidelines of the Committee on the Rights of the Child on how to assess children's best interests (Kalverboer, 2014; UNCRC, 2013). The methodology for the BIC assessments has been adapted for the group of *recently arrived refugee children* (Van Os et al., 2018).

The adjustments regard the content and the procedure. Based on knowledge about the situation of refugee children who recently arrived in a host country, special attention was paid to stressful life events and trauma-related stress complaints by adding relevant instruments to the BIC assessment (Van Os et al., 2016). Based on a systematic review of what helps and what hampers refugee children's disclosure of their life stories, more non-verbal techniques are employed, more time is taken to build trust, and the assessors provide the refugee children with as much agency as possible during the BIC assessment (Van Os et al., 2018).

To assess the quality of the child-rearing environment the Best Interests of the Child-Questionnaire (BIC-Q), is used as part of the BIC assessment. The BIC-Q has good psychometric properties for evaluating the *current* rearing environment of asylum seeking families (Zijlstra, 2012, p. 63, 66; Zijlstra, Kalverboer, Post, Ten Brummelaar, & Knorth, 2013). The BIC assessment with *recently* arrived refugee children, however, is focused on a *retrospective* and *prospective* assessment of the child-rearing environment in the country of origin and has a specific target group. Therefore, the inter-rater reliability of the BIC-Q needs to be reassessed.

This study aims to provide insight into the quality, as well as the content of the information that could be drawn from BIC assessments with recently arrived refugee children. The following research questions will be addressed: (1) to what extent does the BIC assessment provide sufficient information to enable assessors to determine the best interests of the child?; (2) what is the inter-rater reliability of the BIC-Questionnaire for recently arrived refugee children?; and (3) what are the outcomes of the BIC assessments concerning the mental health and the quality of the child-rearing environment of recently arrived children?

## 2. Method

This study has an observational, cross-sectional design. The data were collected between May 2016 and April 2017.

### 2.1. Sample

The BIC assessments were performed with 46 children who came to the Netherlands; 16 were unaccompanied upon arrival and 31 children from 11 families were accompanied by one or two parents. One child per family was selected randomly to be included in the research, resulting in a sample of 16 unaccompanied and 11 accompanied children ( $N = 27$ ). The random selection of one child per family was chosen in order to ensure the independency of observations on the quality of the child-rearing environment.

#### 2.1.1. Inclusion criteria for the sample

The inclusion criteria for the sample were the following. (1) The child (unaccompanied or accompanied) arrived in the Netherlands between 1 and 18 months prior to the assessment. (2) The child or the parents had not yet received a decision on the asylum request. The goal of a BIC assessment is to provide decision makers with information that can be taken into account *before* a decision is made. (3) The child did not come from Syria or Eritrea. Almost all children from these two countries of origin received a temporary residence permit in the Netherlands during the period the data were collected. Therefore, the benefits of the assessment might not outweigh the costs for the child. The assessment would be too burdensome for these children to justify it ethically (Hugman, Pittaway, & Bartolomei, 2011). (4) The Dutch authorities had not decided the child should be returned to another country, i.e. the first country of arrival for the asylum procedure on the basis of the Dublin regulation (EU, 2013a). This group had been excluded because the BIC assessment for recently arrived refugee children focuses on the decision as to whether or not the child is entitled to protection, not on the decision as to in which country the procedure should take place.

#### 2.1.2. Procedure for selecting the sample

To select the sample, we approached two national intermediary organizations: the Dutch guardianship organization (the NIDOS Foundation) for the unaccompanied children and the Dutch Council for Refugees for the accompanied children. We worked with a regional office of both intermediary organizations. The first author informed the guardians of unaccompanied children of the research. The guardians then checked their caseload for refugee children matching the inclusion criteria. The guardians were the first persons to ask the unaccompanied minors whether they were interested in participating in the research. Three unaccompanied minors, who were approached by their guardians, decided not to participate because they thought the process would be too difficult or they did not see the benefit in retelling their experiences in the country of origin. All other children matching the inclusion criteria consented to participate.

The same procedure was followed with coordinators of the Dutch Council for Refugees. For the accompanied children, the first author organized an information meeting with the refugee families. All families that were approached and fulfilled the inclusion criteria on the day of the information meeting agreed to participate in the research. Three families had received a decision on their asylum request in the period between the sending of the invitation and the information meeting. These families were not included in the study, as they no longer met the inclusion criteria.

#### 2.1.3. Characteristics of the sample

The children came from eight different countries of origin. Nearly half (44%) of the sample came from Afghanistan. About two-thirds were boys (63%) and about one-third girls (37%). At the time the assessment was performed, the children had been in the Netherlands for between 3 and 18 months –44 weeks on average (Table 1).

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