

Safe Future Methodology Concerning Children:

*The interests of the child should
be the first priority!*

Prioritising the interests of the child in the counselling process of families with residency issues, including the option of safe return and reintegration

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Foreword

The interests of the child should be the first priority! Prioritising the interests of the child in the counselling process of families with residency issues, including the option of safe return and reintegration. There is a reason for this subtitle: The Safe Future Methodology Concerning Children deals with the children of foreign victims of trafficking or domestic violence; children of undocumented foreign nationals; or of asylum seekers whose applications for residency have been rejected. What they share is an uncertainty about being able to remain in the Netherlands. This publication shows how extremely vulnerable these children are. Many issues have been identified by social workers, counsellors and other professionals, such as, parents who are so overwhelmed by their own traumatic experiences that they lose sight of their children's needs; families experiencing high levels of tension; children taking over parental responsibilities already at an early age; parents and children's shared anxiety about repatriation. At the same time, there is growing awareness that current counselling support tends to focus on parents and not children, although institutions make decisions about them, as do parents when they make a decision for the entire family. Throughout this process, the child's voice is rarely heard and inadequate consideration is given to their interests when a decision is made concerning the future of a family with an uncertain residency status.

The Safe Future Methodology Concerning Children offers a child-centred approach to balancing interests by taking into account how different future options impact on the child, from the onset of the counselling process, and determining the best way to counsel the child. Our hope for this publication is to contribute to an increased awareness among counsellors and policy makers about the essential need to prioritise the interests of the child, precisely with the aim of a safe future and preventing the (re-)victimisation of parents and their children.

This child-centred approach is supplemental to the original Safe Future Methodology which was developed in 2013-2014 in order to support initiating early discussion around a safe future, including the option of safe return and reintegration, when counselling clients with an uncertain residency status. You will find more information about the Safe Future Methodology in Chapter 1.

The project "Safe Future Methodology: A closer look at Children" was coordinated by CoMensha in close cooperation with the original Safe Return partners (HVO-Querido, Stichting Humanitas Rotterdam, Jade Zorggroep, Blijf Groep, Het Kopland, Moviera, Pharos en de Federatie Opvang). Consequently, the Safe Future Methodology Concerning Children is a joint product.

Many people have contributed to this publication. First I would like to thank the author and project leader, Trijntje Kootstra, for her tireless work and dedication in communicating with more than 60 professionals on this theme, and for organising the input into an accessible document that will provide social workers with the necessary tools to centre the interests of the child in counselling regarding future options. I would also like to extend my sincere thanks to Stichting Kinderpostzegels whose financial support made this project possible. Finally, I would like to thank all the social workers, counsellors, scholars and other experts who contributed their knowledge and time to this project. Without them it would not have been possible to develop this methodology.

Last but not least we are very pleased to announce that in January 2017 a new European project entitled Safe! will launch under the coordination of Safe Return partner HVO-Querido. Led by Trijntje Kootstra, an international and intercultural training program will be developed around the Safe Future Methodology, including the Safe Future Methodology Concerning Children, during this new two-year project. The aim is to increase access to this methodology in the Netherlands and abroad. The project is funded through the European Union (The Asylum, Migration and Integration Fund AMIF), with co-funding from the Dutch Ministry of Security and Justice and the Dutch Ministry of Health, Welfare and Sport. CoMensha is closely involved in this project as a partner.

Drs. Ina (H.R.) Hut, Managing Director CoMensha

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Chapter 1 Introduction

Chapter structure

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1.1 Development and application of the Safe Future Methodology Concerning Children

The core of the *Safe Future Methodology Concerning Children* project –and this publication– is shaped by discussions with social workers and other experts from the field, who are in contact with families with an uncertain residency status on a daily basis. Their expert contributions, this ‘voice from the field’, is augmented where possible by personal interviews with clients and their children. Together they form the foundation of this publication. This publication is also supported by a small-scale survey of available literature on the position of children with an uncertain residency status and the possible interventions already developed.

Sixty-two social workers and other experts were interviewed: from the women’s and homeless shelter system, the National Coordination Centre for Trafficking (CoMensha), the Central Agency for the Reception of Asylum Seekers (COA), The Repatriation and Departure Service (DT&V), elementary school De Verrekijker (for the children of asylum seekers) in Katwijk, The National Foundation for the Promotion of Happiness (De Vrolijkheid) in Katwijk, Defence for Children International (DCI), International Child Development Initiatives (ICDI), the University of Groningen, The National Support Centre for Undocumented Migrants (Stichting LOS), Federation of Shelters, Pharos, Equator Foundation and Stichting Centrum ’45. For a complete list of interviewees please see Appendix 1.

Eight adult clients staying in homeless and women’s shelters were also interviewed. These clients had 14 children among them, most very young. A further interview was held with a young fifteen year-old girl who was staying with her mother in a women’s shelter. The interests of both the parent and child were discussed in the interviews. It was not possible to speak with the children individually as most were under the age of four. Speaking with clients staying in asylum and family centres proved impossible despite numerous attempts. Conversations also did not come easily in the homeless and women’s shelters, as most clients are very reluctant to talk about their future or the future of their children. In spite of these difficulties, those interviews that did take place provided important additional input into the development of the methodology.

A reading group, drawn from a broad range of key individuals from the organisations previously mentioned were invited to read draft versions of this publication and provide critical feedback. However, the responsibility for the final publication is that of CoMensha, the coordinator of the project.

In our opinion, the resulting *Safe Future Methodology Concerning Children* can be broadly implemented. Not only in homeless and women’s shelters, but also in shelters for undocumented migrants, and asylum seekers and family reception centres. Indeed, the most important aspect of the methodology is that the (interest of the) child is central, regardless of where they may be staying. However, it should be noted that basic methodologies and available funds for counselling children are not uniform, or may even be completely absent. This could mean that the methodology is easier to implement in one organization than the other.

1.2 Why this project?

Many institutions within the homeless and women's shelter system who support foreign victims of trafficking, domestic violence or other vulnerable groups whose residency status is uncertain, struggle with the fact that many of their clients lack a future prospective. Often the possibility to gain a regular residence permit is limited and yet many clients still do not want to talk about their future; certainly not about possibly returning to their country of origin. The subject of return is either never raised in the counselling process within homeless and women's shelters or only at a very late date. Clients are unable to adequately prepare themselves for a possible return and social workers don't know how best to broach the subject. Contact with support organisations for repatriation within and outside of the Netherlands is also limited, meaning that few clients make use of the possibilities available for support for safe return to and reintegration in the country of origin. For the clients themselves the situation is often hopeless. When clients have exhausted all avenues for obtaining a residence permit shelters are faced with a difficult dilemma, they must either end a client's stay, along with their child(ren), or continue to provide shelter knowing that the costs will not be covered.

In answer to the above dilemma, a methodology has been developed and implemented within the *Safe Return Project* (2013–2014) that makes it possible to talk about a safe future from the first moment in the counselling process, including the option for safe return and reintegration.¹ This methodology, *Safe Future*, builds on the *Facing Return* instrument previously developed by Pharos for (rejected) asylum seekers and undocumented migrants. Because of this, the *Safe Future Methodology* can be applied across a broad range of situations, not only in homeless and women's shelters but also by other organisations working with vulnerable groups with an uncertain residency status and their children. To complement the methodology, a comprehensive social map has also been developed. Research has also been conducted on the implementation of the methodology within the partner shelter organisations. Both the methodology, the field research and accompanying videos about repatriation to Bulgaria and Nigeria can be downloaded from CoMensha, the project coordinator website.²

The *Safe Future Methodology* is considered a breakthrough. It offers clients a new perspective and provides social workers with tools to make it possible to raise the difficult subject of repatriation as early as possible. Central to the methodology is safety and appealing to the strengths of clients. In this way it is possible to optimally support the client in making a decision regarding their future and that of any children they may have.

The *Safe Future Methodology* also fills a bridging role, linking shelter and repatriation organisations in the Netherlands and in the country of origin. The strength of the methodology is in raising the awareness of both the client and social worker as early as possible about the possibility of return. From the first moment clients are guided with the methodology to make a decision about their future, during a phase where they are usually still legally residing in the Netherlands. Clients who choose to return to their country of origin are brought early on in contact with repatriation organisations who then take on the tasks related to departure and reintegration. While still in the shelter the client is counselled in relation to (the preparations for) the departure.

There is still insufficient attention paid to the position of children within the *Safe Future Methodology*, even though research conducted during the pilot project showed that almost 40% of clients have children, either in the Netherlands or in the country of origin, and this has great influence on deciding about safe return and reintegration. The number of children, their gender and age were not registered separately, but in most cases children who were staying with their parents in a shelter in the Netherlands were younger than twelve.

In the field, social workers are saying that they have an urgent need for a deeper understanding of the *Safe Future Methodology Concerning Children*, so that they can do justice to the position and interests of these children. How does staying or returning impact on the child, what are the (legal) (im)possibilities, how rooted is the child in the Netherlands, will they be able to (re)settle in the country of origin and what is needed for this? How can both the parent(s) and child best be supported in the counselling process and what tools are necessary for this? It is also very important, especially for older children, that they have a voice that deserves to be listened to and taken into consideration when making decisions about return.

1 The *Safe Return* project and accompanying *Safe Future Methodology* are developed by CoMensha, Federatie Opvang, Pharos, 3 institutions for Categorical Shelter for Victims of Trafficking (COSM's: HVO-Querido, Stichting Humanitas, Jade Zorggroep), 3 women's shelters (Blijf Groep, Moviera, Het Kopland), Stichting Religi-euzen tegen Vrouwenhandel (SRTV) and two international partners (Animus Association/La Strada, Bulgaria and the Committee for the Support of the Dignity of Women (COSUDOW), Nigeria)

2 <http://mensenhandel.nl/artikel/detail/safe-return1> [27-11-2016]

This is why the *Safe Future Methodology: a closer look at children* project has been developed with financial support from the Fonds Kinderpostzegels, with this publication as its most important product.

1.3 Aim and target group

The primary objective of the Safe Future Methodology: a closer look at children project is:

“To elaborate on the ‘Safe Future Methodology Concerning Children’, whereby greater consideration will be given to the situation of children in making a decision about return and reintegration and children will be actively involved in the decision-making process, where possible.”

With the following secondary objective:

“By giving greater consideration to the situation of children in the decision-making process around safe return and reintegration, the intention is to contribute to increased insight into the physical and psychological welfare of the children involved and to mobilise extra support if needed.”

Note: this project focuses specifically on the children of clients with an uncertain residency status and not on children who come independently to the Netherlands, such as individual minor asylum seekers. The ‘children of’ are often overlooked as a group. Although they arrive with their parent(s) in the shelter, counselling tends to focus mainly on the parent(s) and much less on the child. Further, in discussions about the future, most of the attention focuses on the adults. This project is designed precisely to prioritise children as the most important target group; it is their voice and interests which must be central in making a decision about the future, including the option of safe return and reintegration. The primary interest of the child is also explicitly expressed in the International Convention on the Rights of the Child, (UNCRC) which is discussed further in Section 2.1.

Another target group of this project are social workers and other counsellors who provide support to families with an uncertain residency status around making a decision about their future. The project aims to give them the necessary tools in order to be able to seriously take the interests of the child into account.

In addition, this publication is also of interest to ‘the wider public’, including policy makers, emphasising that it is also important for them to prioritise the interests of the child in (policy) decisions concerning residency procedures.

1.4 Sources of inspiration

The following highlight a number of sources of inspiration for the *Safe Future Methodology Concerning Children*:

- First the social workers and other experts who enthusiastically contributed to the interviews and those clients who were open to participate in discussions about their future and that of their children;
- The basis for the development of the Safe Return Methodology was inspired by Facing Return from Pharos: a toolkit for providing support to rejected asylum seeker applicants in returning to the country of origin;
- The strength-based approach being used in women’s and homeless shelters. Strengths and Recovery Work (Krachtwerk en Herstelwerk) for adults and Resilience Training (Veerkracht³) for children. This recovery-focused methodology stems from the work of Rapp and Goscha,⁴ and has been translated for the Netherlands context by Dr. Judith Wolf (Krachtwerk and Herstelwerk) and Netty Jongepier (Veerkracht);
- The International Convention on the Rights of the Child, (UNCRC) which clearly sets out why it is essential to give priority to the interests of the child in all matters affecting them;

3 J. Wolf en C. Jansen, Krachtwerk, basismethodiek in de vrouwenopvang (Onderzoekscentrum Maatschappelijke Zorg, UMC St. Radboud, Nijmegen 2011); J. Wolf, Herstelwerk, een krachtgerichte basismethodiek voor kwetsbare mensen (Onderzoekscentrum Maatschappelijke Zorg, Nijmegen 2012); N. Jongepier en M. van Vugt, Veerkracht. Methodisch kader voor het werken met kinderen in de vrouwenopvang (Federatie Opvang/Van Montfoort, Amersfoort/Woerden 2012); Netty Jongepier, Veerkracht. Methodisch werken met kinderen in de maatschappelijke opvang (Federatie Opvang/Van Montfoort, Amersfoort/Woerden 2013)

4 C.A. Rapp en R.J. Goscha, The Strengths model, A Recovery-Oriented Approach to Mental Health (Oxford University Press, 2012)

- The Best Interests of the Child (BIC)-Model developed by researchers at the University of Groningen and inspired by both the UNCRC and insights from behavioural sciences. The BIC-Model systematically tests how the child's interests and development are being guaranteed, in the present, past and future, wherever the child may be;
- Finally, a special mention for the shelter Fanga Musow ('Powerful Women') in Utrecht, which has gone against the current for more than ten years by providing shelter to undocumented women and their children when they have nowhere else to turn. Their work and the way they have adapted the strengths-based methodology to address the special situation of these women and children is an important source of inspiration!

1.5 Structure

Following this introductory chapter, Chapter 2 discusses why it is so important to make the interests of children central to a decision a family with an uncertain residency status makes about the future. The interests of the child is reflected in both the UNCRC and in the *BIC-Model* and has also recently been drafted into a parliamentary member's bill currently being reviewed by the State Council (Raad van State) in the Netherlands. The practical experiences of the clients, social workers and other experts involved express the urgency of considering the interests of children. Chapter 2 will also take a brief look at what is known about the number of children of clients with an uncertain residency status, how they are counselled and what possibilities there are to raise the topic of the future with them and their parent(s). The chapter then talks about what is necessary for safe return and reintegration and also when this is not possible, followed by a look at the practicalities of repatriation for children and their parents. Finally, the chapter closes with a number of conclusions and recommendations developed from interviews with experts, literature research and the most recent initiatives aimed at making the interests of the child central when decisions are made about their future.

In Chapter 3 the input gathered in Chapter 2 is translated into practical tools for social workers and other counsellors who are in daily contact with families with an uncertain residency status. In general the format follows the steps from the original *Safe Future Methodology*, where each step is expanded to specifically highlight where the interests of the child must be prioritised. Having the original *Safe Future Methodology* at hand will make it easier for social workers and other counsellors who will be working with the *Safe Future Methodology Concerning Children*. For each step they can then see what is (additionally) necessary for children. We have attempted to limit repetition between the two documents. Information that is already available in the original *Safe Future Methodology* is not rewritten in this publication.

Chapter 2

Why should the interests of the child be the core consideration when a decision is being made over the future of a family with an uncertain residency status?

Chapter structure

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2.1 The foundation: the International Convention on the Rights of the Child

Children have rights and these rights are enshrined in the UN children's rights convention: the International Convention on the Rights of the Child (UNCRC). The UNCRC bundles all the rights of children in one convention: political, civil, economic, cultural and social rights. The UNCRC breaks new ground because for the first time the traditional rights of freedom and participation are included for children, such as freedom of opinion, freedom of religion, freedom of association and assembly, underlining the importance of recognising the value of what children have to say.⁵

A number of articles in the UNCRC are of special importance for children of clients with an uncertain residency status. Article 3 in the convention sets the foundation. It stipulates that the interests of children matter, are paramount and must be taken into account in all measures that concern them. This is certainly the case when it comes to decisions about their future and possible repatriation and reintegration. A number of other articles are also of particular interest for children with an uncertain residency status, such as the right to life and development (Art.6), the right to family life (Art.9 and 10), the right to be heard (Art.12)⁶ the obligation of parents to take responsibility for raising the child and take account of the interests of the child in everything that they do (Art.18), the right to good standard of living and education (Art.27, 28 and 29), the right to protection against abuse and exploitation, the right to help if they become victims (Art.35, 36 and 39) and finally, the right to only be detained under very special circumstances and only for a short duration (Art.37).

Article 3, Interest of the child

The best interests of the child shall be a primary consideration in all actions concerning children. The government should promote the welfare of all children and oversees all facilities for the care and protection of children.

Article 6, Right to life and development

Every child has the inherent right to life. The government shall ensure to the maximum extent possible the survival and development of the child.

⁵ Source: <https://www.defenceforchildren.nl/p/152/2838/vn-kinderrechtenverdrag> [11-11-2016]

⁶ The right to be heard, also in migration and asylum procedures is further emphasized in: United Nations Committee on the Rights of the Child. General comment No. 12 (2009). The right of the child to be heard (CRC/C/GC/12 2009) 27

Article 9, Separation child and parents

The child has the right to live with the parents and are entitled to see both parents if the child is separated from one or both parents, unless it is not in his or her best interest. In procedures regarding this, the opinion of both the children and the parents must be heard.

Article 10, Family reunification

Every child has the right to be reunited with his or her parent(s) if the child and parent(s) do not live in the same country. Applications regarding this shall be dealt with by government in a positive, humane and expeditious manner. A child whose parents reside in different country, has the right to direct and regular contact with the parent(s).

Article 12, Participation and judicial rights

The child has the right to express his or her views about all proceedings affecting the child. The government shall assure that the child is able to express their views and that they will be heard. This also concerns judicial and civil proceedings.

Article 18, Responsibility of the parents

Both parents are responsible for raising their children. The best interests of the child are paramount. The government respects the primary responsibility of parents and guardians, provides support and creates facilities for the care of children, including childcare for parents who work.

Article 27 Standard of Living

Every child has the right to a standard of living adequate for the child's physical, mental, intellectual, moral and social development. Parents have primary responsibility for the living conditions of the child but the government shall help them through material assistance and support so that the child has the minimum requirements of food, clothing and adequate housing.

Article 28 and 29, Education (objectives)

The child has the right to education (...) that is focussed on: the development of the child; respect for human rights and for their own cultural identity, the values of their own country and that of other countries (...).

Article 35 and 36, Child trafficking and Other forms of exploitation

The child has the right to protection from kidnapping and trafficking. (...) The child has the right to protection from all other forms of exploitation that are prejudicial to any aspect of the child's welfare.

Artikel 37, Children in detention

(...) The detention shall be used only as a measure of last resort and then for as short a time as possible. If a child is to be detained the court must determine as quickly as possible if this is warranted. In such cases the child has the right to legal counsel. Children shall not be detained together with adults. All children in detention have the right to humane treatment and to maintain contact with their family.

Proviso: in the Netherlands adult criminal law can apply to children age sixteen years and older.

Article 39, Special measures for victims

A child who is a victim of war atrocities or of exploitation, abuse, torture or any other form of cruel, inhuman or degrading treatment or punishment has the right to special care - in an environment which fosters the self-respect, health and dignity of the child - in order to heal and to reintegrate into society.

For an overview of all the articles in the UNCRC: <http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

Private member's bill Voortman en Kuiken

The International Convention on the Rights of the Child was adopted by the United Nations in 1989 and came into effect in the Netherlands in 1995. The convention is entrenched in nearly all aspects of Dutch legislation, but this does not apply to immigration law. Although the Immigration and Naturalisation Department (IND) takes the interests of the child into consideration in some of its decisions on an application for residency, it does not do it in a way that is made clear at the individual level and is therefore difficult to assess. For this reason Members of Parliament Voortman (GroenLinks/GreenLeft) and Kuiken (PvdA/social democrats) submitted a private member's bill in September 2016⁷ to close this gap in the Immigration Law 2000. They would like to see the law amended to add an extra article based on article 3 of the UNCRC, that explicitly states that the best interests of the child is paramount in any measures that affect children. In their statement on the private member bill they explain what this legislative amendment boils down to: "A request by a foreign minor or a parent of the minor for a residence permit [is] basically (...) granted if the child's interests are seriously threatened by rejection of that request."⁸ The application can be rejected if it is in the interest of the public (state), but

⁷ Tweede Kamer, vergaderjaar 2015–2016, 34 541, nr. 2

⁸ TK, 34 541, nr. 3, p. 8

then the IND must justify the decision at the individual level. The public interest can only weigh more heavily when it involves, for example, the preservation of, or danger to the Dutch state, the protection of public order, national security or international relations.⁹

The Members of Parliament appeal to, among others, the UN Committee on the Rights of the Child (UN-CRC) which issued a statement in 2013 regarding Art.3 of the UN-CRC that the interests of the child must be the primary consideration of government policy when it concerns matters that affect children. If a decision is taken that is not in the best interest of the child then there must be an explicit explanation as to why other interests took precedence.¹⁰

Such a general comment on the Rights of the Child has no direct legal effect, but is legally and politically considered to be very influential. Also in 2015 the UN-CRC expressed its concern about the Netherlands progress in this area and urged the Dutch government to make the interests of the child central to all measures affecting them. Considering the interests of the child in asylum procedures was specifically mentioned.¹¹

The proposed amendment of Voortman and Kuiken is currently being reviewed by the State Council (Raad van State).¹²

The Best Interests of the Child Model

The International Convention on the Rights of the Child (UNCRC) is also the source of inspiration for the *Best Interests of the Child Model*¹³, within which a number of universal basic conditions are set out for the child's optimal development, in the present, past and future. This will be discussed further in Section 2.6 ('What is necessary for safe return and reintegration of children?') and Section 2.7 ('When is return not possible for a child?').

2.2 How many children are concerned?

It is important to note that - except for children of asylum seekers who are still in the shelters - it has proved impossible to obtain 'hard' data on the number of children of clients with an uncertain residency status. In this section we provide some conservative estimates gathered from the field and literature research. There is an urgent need for further research into the extent and needs of this group, especially considering the vulnerable position of these children.

Children of asylum seekers

On 1 November 2016 there were 9,092 minors living in the regular shelter and emergency shelter system for asylum seekers out of a total of 30,163 asylum seekers, which means that about one out of three asylum seekers is a child. Of the 9,092 minors 1,329 arrived alone in the Netherlands with the remaining 7,763 children residing in the shelters with their parent(s) or other family members.¹⁴ A little more than 1,000 of these children live with their parents in the so-called Family Centres (Gezinslocaties). In 2011 the European Committee on Social Rights declared that rejected asylum seekers with minor children cannot be denied shelter.¹⁵ It was after this that the Central Agency for the Reception of Asylum Seekers (COA) established family centres for parents with children 18 and under who had been denied asylum. According to information provided September 2014 by the COA and Defence for Children, this involved 2,050 people, of which 1,080 were children¹⁶. On 1 January 2016 there were 1,890 people, but the number of children was not noted separately.¹⁷

9 Ibidem, p. 10

10 CRC/C/GC/14 United Nations Committee 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 (art. 3, para. 1)* (2013), 20

11 CRC/C/NL/C0/4 Committee on the Rights of the Child. *Concluding observations on the fourth periodic report of the Netherlands* (2015), 6 en 12-13

12 At the time of completion of this publication, 24 December 2016

13 M.E. Kalverboer en A.E. Zijlstra, *Het belang van het kind in het Nederlands recht: Voorwaarden voor ontwikkeling vanuit een pedagogisch perspectief* (Amsterdam 2006)

14 Source: <https://www.coa.nl/nl/over-coa/bezetting/personen-in-de-opvang-uitgesplitst-naar-leeftijd-en-land-van-herkomst> [05-11-2016]

15 Source: [https://www.defenceforchildren.nl/p/21/1791/mo89-mc21/mo8-cg%7ctxt=*ecsr*\[29-11-2016](https://www.defenceforchildren.nl/p/21/1791/mo89-mc21/mo8-cg%7ctxt=*ecsr*[29-11-2016)

16 Jaarbericht Kinderrechten (zie <https://www.defenceforchildren.nl/images/68/4572.pdf>), 26

17 Ministry of Security and Justice. *Rapportage Vreemdelingenketen. Periode januari - december 2015* (Den Haag april 2016), 45

Children of victims of trafficking

According to statistics from the National Rapporteur on Trafficking in Human Beings and Sexual Violence against Children, based on the number of registrations through CoMensha, there were 7,252 suspected victims of trafficking between 2011 and 2015¹⁸. 5,044 of these were foreign nationals (86 alleged victims had an unclear nationality and the remaining 2,122 were Dutch nationals). The National Rapporteur also indicated that the actual number of victims is likely much higher given that not all victims are registered or otherwise identified.¹⁹ There is no separate record of how many children these victims have, whether in the Netherlands or in the country of origin. Field research conducted through the *Safe Return* project of 343 clients in shelters (women's and categorical shelters for victims of trafficking) indicates that 39% had children, either in the Netherlands or in the country of origin. Of these clients, 90% were victims of trafficking and 10% were victims of domestic violence (data gathered from May 2013 to July 2014).²⁰

CoMensha conducted research of their own database at the end of 2016 on the number of victims of trafficking with children over the period 2014 to July 2016. This research shows that around 10 to 12% of registered victims had children either in the Netherlands or in the country of origin. During this period this represents 377 parents who had 560 children among them. Aside from a few cases almost every one of these victims was a foreign national.²¹ It is further noted that estimates on the actual number of victims with children are (much) higher given that not all victims of trafficking are registered with CoMensha and for those victims that are registered information about children is not always recorded or is incomplete. The priority at the time of registration is usually organising shelter and support for the parent(s). In particular, children who remain behind in the country of origin are often overlooked during registration and some information is frequently incomplete such as year of birth, even for the children who are registered.

From the statistics gathered by CoMensha it also appears that the majority of victims who are staying with children in the Netherlands – and who are registered with CoMensha – are in the shelter system. In 2014 this was 67% of the parents with children in the Netherlands and in 2015 almost 60%. It is not yet possible to make an estimation for 2016 from the information available. Further, it appears that the majority of children are quite young, under 5 years, with a very high number of infants.²²

Children in homeless and women's shelters

Approximately 4,300 children arrive in women's shelters with their parent(s) annually, with around 3,000 children in homeless shelters²³. Whether they have an uncertain residency status is not recorded which makes it difficult to give precise numbers on how many children and their parent(s) are affected by this. The client's nationality is also not always known, for example, for those cases where there was only brief telephone contact with the shelter. The *Branch Overview 2009 (Branchbeeld 2009)*²⁴ from the Federation of Shelters (Federatie Opvang) does provide some insight into possible uncertain residency status because the nationality of clients was recorded separately that year. In 2009, homeless shelters provided services to 50,500 adult clients, of which an estimated 4,129 had a non-western nationality (8.2%) and 2,155 had a western nationality other than Dutch (4.3%). In the same year within the women's shelters, 14,526²⁵ adult clients were provided services of which 2,729 had a non-western nationality (18.8%) and 581 had a western nationality other than Dutch (4%).

It is possible to make a cautious estimation of the number of children in homeless and women's shelters that may have had an uncertain residency status based on the statistics from 2009. It is known that in that year 1,797 children entered into these shelters along with their parent(s), or around 3.6% of the 50,500 adult clients had children with them. Through simple calculation this translates into 4,129 clients with a non-western nationality in the homeless shelters and

18 National Rapporteur on Trafficking in Human Beings and Sexual Violence against Children. *Monitor mensenhandel. Cijfers mogelijke slachtoffers 2011-2015* (2016), 16, 27

19 Nationaal Rapporteur, *Monitor Mensenhandel 2011-2015*, 7

20 Trijntje Koostra. *Safe Return and Reintegration for Victims of Trafficking and Victims of Domestic Violence Facing Residency Problems. Overview of the results of the Safe Return project 2013 – 2014 and field research on the data collected from all the cases involved, with focus on the decision making process of the victims to stay in the Netherlands or return to the country of origin and the factors influencing this decision* (Federatie Opvang, Amersfoort 2014), 30

21 CoMensha. *Rapportage. Kinderen van slachtoffers mensenhandel 1 januari 2014 t/m 30 juni 2016* (Amersfoort, 2016–3, 20 december 2016) 1–2

22 CoMensha. *Rapportage. Kinderen van slachtoffers van mensenhandel* (2016) 5–8

23 Marjon Donkers, *Veilige Toekomst. Doen wat nodig is voor kinderen in de opvang* (Federatie Opvang, Werkgroep Veilige Toekomst, Stichting Kinderpostzegels Nederland, Amersfoort oktober 2015), 5

24 Federatie Opvang. *Branchebeeld 2009* (Amersfoort 2011), 6–9

25 It appears that a small calculation error was made in this Branch Overview, as the number of clients in the additional columns sum to 14,526 instead of 14,259 as written in the text. On a percentage basis the number of non-Western clients matches what is stated in the text.

149 children, and 78 children for the 2,155 clients with a western nationality other than Dutch. In the women's shelters 3,717 children were registered in 2009, with around 25.6% of the 14,526 clients having children with them. This calculates to 2,729 clients with a non-western nationality and 699 children and 149 children for the 581 clients with a western nationality other than Dutch. The result is a conservative estimate of 1,075 children in the homeless and women's shelters in 2009, who may have had an uncertain residency status. It should be noted that women (and also their children) with a temporary residence permit are able to apply for a regular residence permit if they can demonstrate that they were victims of domestic violence. Incidentally, in the years following 2009 the number of children in the social shelter system has almost doubled.²⁶

The Federation of Shelters does not have more recent data available concerning nationality of clients and their children. When asked, a representative of the Federation of Shelters, did say that he has the impression that the number of clients with an uncertain residency status is on the rise and that this is the case in (almost) all 20 women's shelters²⁷. More research is needed in order to build a better picture of the number of children with an uncertain residency status in the homeless and women's shelters.

Undocumented children

According to Dutch Immigration law, anyone who does not have Dutch nationality, regardless of the reason or length of stay, must have a valid visa or a residence permit in order to remain legally in the Netherlands. Anyone who stays in the Netherlands longer than three months without a valid residence permit is considered 'illegal' or undocumented under the prevailing definition. This also includes denied asylum seekers, undocumented labour migrants and people who have joined their family here, while they themselves have no (right to a) residence permit.²⁸

Research conducted in 2015²⁹ by the WODC (Dutch Research and Documentation Centre) estimates that there were almost 42,000 undocumented aliens in 2009 and a little more than 35,000 in 2012-2013. Approximately 29% of them are women, or a little more than 10,000 women. The WODC report also estimates that there were 1,828 (ca. 5%) school-aged children between 12 and 18 years of age in 2012-2013. There is no information on younger children. These estimations were made based on police registration data on stops and arrests of undocumented aliens. It is not entirely clear from the WODC data if this estimate also includes denied asylum seekers who reside with their families in family centres. Examination of the report seems to indicate that this is not the case; the size of this group is already known to the government after all.

In addition, the National Health Care Institute (Zorginstituut) published data from 2015³⁰ indicating that they covered the medical costs in that year for slightly more than 7,000 undocumented migrants, including approximately 140 children. These so-called 'pharmacy reimbursements' (apothekervergoedingen) do not apply to those staying in family centres where medical care is provided by the shelter.

A study conducted in Utrecht on undocumented children³¹ raises specific attention around how difficult it was to locate enough undocumented children who were willing to participate in the research. This was in part attributed to the 'wrap-around care' (beschermjas) of intermediaries involved with the children, such as schools and social support agencies, who wanted to protect their anonymity, but also due to staffing shortages and time constraints that impacted on participating in the research. Furthermore, the respondents in this study also expressed their doubts whether that many undocumented children would be living in Utrecht. The Municipal Department of Education for Utrecht indicated that there were 45 undocumented children registered in study programmes. This number probably also included a few children from Eastern European EU countries who have the right to stay, but who were not formally registered by the municipality.

26 Donkers, *Veilige Toekomst*, 5

27 Federatie Opvang. *De opvang in 2013. Cijfers 2012 en 2013, versie 0.1 december 2014* (Amersfoort 2014); e-mail correspondence with Johan Gortworst, Federatie Opvang, 02-11-2015

28 Source: <http://www.pharos.nl/nl/kenniscentrum/asielzoekers-en-vluchtelingen/ongedocumenteerden> [26-11-2016]

29 Peter G.M. van der Heijden, Maarten Cruyff en Ger H.C. van Gils, *Schattingen illegaal in Nederland verblijvende vreemdelingen 2012-2013* (WODC, Ministerie van Veiligheid en Justitie, Utrecht 2015), ii, 25-26

30 Zorginstituut Nederland. *9 Monitor Regeling financiering zorg onverzekerbare vreemdelingen* (Volgnummer 2015074319, 8 oktober 2015 z.p.), 12

31 Mayke Kromhout e.a., *Kinderen buiten beeld. Een onderzoek naar de woon- en leefsituatie van ongedocumenteerde kinderen* (Hogeschool Utrecht, Defence for Children, Landelijk Ongedocumenteerden Steunpunt (LOS) 2014 z.p.), 49

Various sources from the field believe that the WODC and National Health Care Institute data are probably on the low side since not all undocumented families make use of the 'pharmacy reimbursements' and the WODC study estimate only took in older children. Based on the WODC estimate that there are approximately 10,000 undocumented women in the Netherlands it would be defensible to say that there could be as many as 3,000 undocumented children living in the Netherlands, taking into account that unfortunately there is insufficient research to confirm an exact number. Therefore, more thorough research is advisable, particularly in light of the extreme vulnerability of these children.

2.3 How are the children of clients with an uncertain residency status counselled?

Basic methodologies used in the homeless and women's shelters

Within the framework of the *Safe Future Children* project, focus group discussions were held with social workers at homeless shelters (HVO-Querido, Stichting Humanitas, Jade Zorggroep en Stichting De Tussenvoorziening), women's shelters (Blijf Groep, Moviera, Het Kopland, Kadera, Kwintes, Fier Fryslân) and a shelter for undocumented women and their children in Utrecht (Fanga Musow). Interviews were also held with specialised organisations such as Equator Foundation and Stichting Centrum '45.

For the women's shelter organisations that were interviewed, all except for Fier Fryslân employed a strengths-based (*Krachtwerk*) approach with adult clients and resilience-based training (*Veerkracht*) with children. Recovery and resilience approaches are also used in the homeless shelters. Strengths-, recovery- and resilience-based approaches all begin from the inner strengths of the adult or child, and their capacity to recover, pick up their lives again and to change. This is done as systematically as possible and if possible by involving the whole family in the counselling process. Safety is a primary consideration with a central focus on development and the parent is supported in their parenting role.³²

To what degree these foundational methods are used varies, as does the possibility to engage specialised family counsellors. Although in the women's shelters such specific family counsellors are still available, several interviewees expressed their concern about whether this can be guaranteed in the future. In the women's shelters there are also remedial educationalists and psychologists. Only basic services are provided in the categorical shelters for victims of trafficking (COSMs), which does not include separate services for children or parenting support. An organisation such as HVO-Querido is able to provide specialised family counsellors by funding this through other sources. In general, homeless shelters also do not have specialised family counsellors on staff as often there is no (targeted) funding for the care of children. Only COSMs receive 'half-client' compensation for children. The financial support is higher for women's shelters than homeless shelters, taking into account care for accompanying children.

HVO-Querido and Stichting Humanitas also say that within the categorical shelters the resilience-based approach has limited use since they are usually dealing with short-term crisis shelter and most of the children they see are younger than two. Women's shelters are able to fully implement a resilience-based approach and for example, develop a family plan for both parent(s) and children after the initial analysis phase. Also, individual 'child intakes' are conducted in the women's shelters, either with the mother present or alone with the child if they are a little older. Children are also observed during intake, sometimes with the help of a *KIPPP*³³ questionnaire (Brief Instrument Psychological and Pedagogical Problem Inventory) which can help to signal psychosocial problems as early as infancy. Therapy can be offered if it is necessary, with as much close parental involvement as possible.

Fanga Musow mentioned that there is separate counselling support for children. They work with their own adapted version of the resilience-based approach³⁴ commensurable with the uncertain residency status of their clients and the limited available funds. Fanga Musow has a remedial educationalist for a half-day per week.

HVO-Querido, Stichting Humanitas Rotterdam, Jade Zorggroep, Blijf Groep, Moviera and Het Kopland, are also original Safe Return partners and work with the *Safe Future Methodology* for adults when counselling clients with an uncertain residency status. This is less so for Kadera and Kwintes, who have indicated they would appreciate extra training regarding the methodology. To support raising the topic of the future with their clients, Kwintes also uses the Wraparound

32 Jongepier. *Veerkracht in de maatschappelijke opvang* (2013), 9-10

33 <http://www.kipppi.nl> [07-11-2016]

34 Imke van Lotringen. *Kindbeleid Fanga Musow* (Utrecht, mei 2015)

Care (*Beschermjassen*)³⁵ methodology. This intercultural methodology focuses on offering protection in order to promote safety and connection. Jade Zorggroep does not work with the *Safe Future Methodology* with their minor-aged clients (all victims of trafficking between the ages of 13 and 18 living in Protective Shelter). Instead, they use a three-phase model³⁶ that focusses on the child's environment and the relationship between the child and counsellor while seeking to strengthen the child's skills. While they are not (yet) working with the *Safe Future Methodology*, in the interviews they said this is something they would really like to do as it makes it possible to talk about the children's future in a very clear way.

Fier Fryslân, a women's shelter in the north of the Netherlands, is the only women's shelter not working with the strengths- and resilience-based methodologies (*Krachtwerk* and *Veerkracht*) but instead work with their own system-oriented approach for adults and children. Fier also has their own 'Children and Youth Trauma Centre'. For clients with an uncertain residency status they use the guidelines developed during the HOME project (ended in 2014) which focuses on safe return for victims of trafficking³⁷. The guidelines follow the different phases that a client goes through from the start of counselling up to and including the possibility of return and reintegration. The HOME guidelines do not pay special attention to children.

Almost all the interviewees indicated that the situation of children still receives too little attention in the shelter system despite the implementation of resilience-based and other methodologies. Most attention still focuses on the adult client. Different institutions mention the availability of childcare and parenting support; the latter is often offered only after there are signs of trouble. It is also possible to be referred to specialised help if necessary. At some institutions this happens quite smoothly, others mention that it is not always easy to access specialised care for clients with an uncertain residency status and their children. They have the right to assistance on paper, but in practice this often involves a lot of extra hassle. Given their undocumented status this is certainly true for the children in care at Fanga Musow.

If necessary, abuse or neglect is also reported to *Veilig Thuis* (domestic violence or child abuse support). Sometimes a child may be placed under supervision, but that does not happen often. There was one case reported involving a mother disappearing from the shelter because her children were going to be taken into care.

Centres for asylum seekers (Asielzoekerscentra (AZC's)) and family centres (gezinslocaties (GL))

Two asylum seekers' centres were visited within the framework of the *Safe Future Children* project, in Den Helder and Katwijk. At both locations there is also a family reception centre for people whose asylum applications have been denied and their children. In addition, telephone interviews were held with two staff members at the Repatriation and Departure Service (DT&V) in Drenthe and Friesland that specialise in counselling asylum seekers whose asylum applications have been denied. Interviews were also conducted with the director of DT&V, a child specialist from the Central Agency for the Reception of Asylum Seekers (COA), an in-house counsellor at the school for asylum seekers in Katwijk and with a representative of the National Foundation for the Promotion of Happiness (*De Vrolijkheid*) in Katwijk.

AZC and family centre residents receive medical care through the medical centre located in the asylum seekers centre. There is also a paediatric doctor and nurse available and a psychiatric nurse practitioner. The length of stay varies for residents. Sometimes it is short and people quickly move on, but in other cases it may be for some time, perhaps even longer than a year before those with a residence permit are able to move into their own home. People may stay for years at a family centre. Family reception centres were established to comply with the European Committee for Social Rights³⁸ recommendation stating that families may not be rendered homeless if their asylum claims are rejected.

The primary purpose of AZCs and family centres is reception rather than counselling or assistance, and the facilities in the family centres are much more limited than those of the asylum seekers centres. There is also no specific (methodology for the) counselling of children. In principle this is a parental responsibility. However, activities are organised for children, usually by *de Vrolijkheid* which is situated in both locations. Where staff play a role in identifying those who require extra care they may also refer children to the public health service (GGD), youth health services (JGZ) or other specialised help if it is needed. A report published in 2014 by the Working Group on Children in Asylum Seekers' Centres shared the observation that such referrals for (specialised) medical care in the family centres was not always

35 <http://www.beschermjassen.nl/over-ons/over-model-beschermjassen/> [07-11-2016]

36 <http://jadezorggroep.nl/opvang-vreemdelingen-asielzoekers/beschermde-opvang> [07-11-2016]

37 *Maatwerk bij Terugkeer. HOME. Practical guidelines for a dignified safe and sustainable return of victims of human trafficking* (Utrecht 2014)

38 Source: https://www.defenceforchildren.nl/p/21/1791/mo89-mc21/mo8-cg%7ctxt=*ecsr* [29-11-2016]

problem-free.³⁹ A staff member at Defence for Children also mentioned that the medical centre is not always accessible.⁴⁰ Several interviewees however did note that the COA is paying increasing attention to underlying issues such as trafficking, domestic violence, neglect and child abuse.

In general there are special schools for children in the AZCs and family centres, sometimes this is an international bridging class to prepare children for study in the Netherlands. Their primary task is to provide education and to offer structure and a sense of safety for the children. As stated by a counsellor working at the school in Katwijk:

“We don’t get involved therapeutically and refrain from giving advice. Of course when a new student arrives we try to find out more about their background, their progress in school and if there are other agencies involved with the child. During the intake you don’t really learn much: the parents usually say that there is nothing going on and that everything is fine. Sometimes language is also a problem because the parents do not (yet) speak Dutch very well and we do not have free access to telephone interpretation. Sometimes we also see signs of trauma with children. It is possible to bring in specialised help if necessary; this is done through the medical centre in the AZC or Family Centre.”

The AZC in Katwijk also has a youth council that meets regularly to discuss matters concerning them and they do raise issues affecting youth to the COA. *“It’s a good way to keep in touch with this particular group and helps to raise consciousness among young people,”* according to the site manager.

The Repatriation and Departure Service (DT&V) has recently begun working with the Mandated Social Work (*Werken in Gedwongen Kader*⁴¹) methodology, which originally comes from the Organisation for Social Rehabilitation (Reclassering). The methodology has been adapted to reflect the situation within DT&V. *Anke Wijbenga*, specialized staff member in Friesland, recognises much of the *Safe Future* approach in this new methodology:

“It is largely about trying to encourage people to take action and to let them take responsibility for themselves. The most important thing for the specialized staff members is building connection with the individual concerned, making a plan of action and showing an interest in the person sitting before you.” The situation of children is not mentioned in this methodology.

De Vrolijkheid and the Nest model

The National Foundation for the Promotion of Happiness (De Vrolijkheid), starts from the child’s individual strengths and provides them with the opportunity to relax and express themselves through dance, theatre, music and art. De Vrolijkheid was established in 1999 to bring more attention to what they describe as *“a forgotten group in asylum policy and the reception of asylum seekers: the children.”*⁴² De Vrolijkheid is active in (almost) all the AZCs and family centres and primarily works with volunteers with only a few paid staff.

In 2014 the *Nest Model* was introduced in the AZC and family centre in Katwijk on the initiative of the International Child Development Initiatives organisation (ICDI) and Stichting Kinderpostzegels. De Vrolijkheid took on the responsibility for implementation. The *Nest Model* was originally developed for children in post-war Bosnia-Herzegovina and offers a form of after-school care with special attention given to children who could benefit from extra support.

The *Nest Model* is composed of two layers: an outer layer with after-school care that is available each day for all children living in an AZC or family centre and an inner layer for children who need extra attention and counselling. Determining which children most need extra counselling is done with the help of the school and COA advocacy. Next to providing a quiet place to relax and creative activities, homework support is also offered as well as psychological support if needed. There is a lot of emphasis on creating an atmosphere of safety, and strengthening the resilience of children. Given that many of these children also have attachment issues it is crucial that each child has a confidential advisor with whom they are able to build a solid bond. The parents are involved as much as possible in the counselling, especially parents with children in the inner layer.

39 Werkgroep Kind in AZC. *Het is hier in één woord gewoon... stom!* (UNICEF Nederland, Defence for Children, Vluchtelingenwerk Nederland, Stichting Kinderpostzegels Nederland, Kerk in Actie, zp. Oktober 2014), 11-12

40 From a telephone conversation with a staff member of Defence for Children on 25 november 2016

41 Dienst Terugkeer en Vertrek, Ministerie van Veiligheid en Justitie. *Methodische handleiding DTE&V. Werken in gedwongen kader* (Publicatie-nr. 88168, Den Haag, oktober 2015)

42 <http://www.vrolijkheid.nl/wat.ons.bewoog.en.wat.ons.nog.steeds.drijft.65.html> [07-11-2016]

2.4 What problems have been identified in counselling?

There are a number of recurring themes coming out of discussions with social workers and other experts, interviews with clients and through a review of the literature, concerning problems around counselling children with an uncertain residency status:

- Differences in parenting styles: go 'Dutch' or maintain one's own parenting style?
- Attachment issues and the importance of good (enough) parenting
- Lack of language and cultural knowledge about the country of origin
- Parentification and the parent's undermined authority
- Traumas and parent(s) and children's anxiety over return
- Legal status of the parent(s) and children
- Children in the country of origin
- Parents with a mild intellectual disability
- Risk of (re-)victimisation

Differences in parenting styles: go 'Dutch' or maintain one's own parenting style?

It is noticeable among the children that many parents' child-rearing styles are influenced by their cultural background and that this often differs from what is common practice in the Netherlands. This is discussed by both social workers in the homeless and women's shelters and counsellors in the AZCs and family centres. In the Netherlands and other western countries the child's autonomy and open communication with parents is more common than in some other cultures that favour hierarchy and obedience in parent child relationships. A social worker from a women's shelter:

"In particular, African clients are quick to be a little more hard-handed with their children than the social workers might prefer, for example by raising their voice and giving orders instead of talking with the child. Sometimes they also slap the child. This doesn't necessarily have anything to do with their uncertain residency status, although the mother may be experiencing a high degree of stress and this can have negative consequences for her relationship with her child. We also sometimes see young children simply left alone when their mother just needs to pop into town. If this happens, then as a social worker I go and talk to the mother and assess the safety of the child. It is a delicate balance: on the one hand you want to connect with the culture of the client, particularly if it is unclear if the client will be able to stay in the Netherlands; on the other hand, the client is now in the Netherlands and she also needs to adapt to Dutch culture."

Sometimes the differences between the country of origin and the Netherlands, around child-rearing styles and cultural norms, are given as the reason for not wanting to return; especially if they have daughters and fear there is a risk of female circumcision.

All the interviewees mentioned that what most parents really want is the best for their child so they can develop well. This basic desire is then an important starting point in counselling to be able to emphasise the importance of openness and good communication in child-rearing. A cultural mismatch often develops between the parenting style in the Netherlands and that of the country of origin and this can result in a dilemma around which culture should take precedence in child-rearing if residency is uncertain. It can be very difficult for a child who has 'gone Dutch' (read: articulate, used to giving their opinion and asking questions) if they must reintegrate into an authoritarian culture. For this reason Fanga Musow emphasises how important it is to implement an intercultural approach in providing assistance to be able to connect better to the differences in the cultural background of clients and how this may impact on fulfilling one's parenting role.

Other social workers also mention how very important it is to consider what is culturally determined. What is the expected behaviour in the country of origin for a child and how can you address this without adversely affecting the child? Completely uprooting the child must be avoided: unable to remain in the Netherlands, but also not sufficiently rooted in the language and (child-rearing) culture of the country of origin to be able to successfully (re)integrate.

Whether it is sensible to encourage the mother to care for and raise the child according to Dutch norms is a question familiar to many counsellors, especially if the family may have to repatriate and the child must (again) adapt to the way of life in the country of origin. In general, social workers try to support the child-rearing culture of the client. There is however a clear boundary concerning physical punishment and neglect and in such cases staff intervene or contact Veilig Thuis (Safe Home) in extreme cases.

Daniëlle Zevulun from the University of Groningen is conducting doctoral research and has published her initial findings⁴³ on the living circumstances and welfare of (forced and voluntarily) repatriated asylum seeker families from Kosovo and Albania. In her research she talks about differences between a 'collectivist' and 'individualist' child-rearing culture, where the interest of community (Kosovo, Albania) or the individual (the Netherlands and other Western European countries) is central. The 'extended family' is also very important for the welfare of the child in Kosovo and Albania. Not only parents, but also grandparents, uncles and aunts can play a large role in the child's education and support, for example. A social network is crucially important in order to survive without much government intervention. *Zevulun* concludes that it is important to take into account what is locally considered good (enough) parenting and a proper upbringing and development, without taking the Western European standard as the reference point⁴⁴. Different from the Netherlands for example, in Kosovo and Albania the child-rearing style is seen as 'authoritarian', where (next to loving attention) obedience and respect is expected and children are also sometimes physically punished.

One interesting aspect in *Zevulun's* initial findings is that the different parenting norms in the land of origin can have a big impact on returnee children. After returning parents sometimes revert to common parenting styles and norms there. *Zevulun* cites the example of a family where the father sometimes hit his children after returning. When asked about this he said: "*This is not allowed in the host country, but it's okay here,*" adding that he did not hit his children in the host country, where they had lived for an extended period, because he was afraid that 'they would be taken from him' if he did. For a number of returnee children it made a big impression that schools in the country of origin sometimes used corporal punishment.⁴⁵

Zevulun's research also shows that children who are forced to repatriate from an affluent country in Western Europe had difficulty (re-)adapting in the country of their parents. Not only because of the way things were done in the new school (for example, corporal punishment), but also because of their memories of what was available to them regarding schooling in the country they were forced to leave. This was particularly true for children who had resided longer and were more integrated in the host country and for children who had no real memories of the country of origin of their parents. This also touches on an ethical question as to what should weigh the most in establishing the interest of the child. Is this the cultural perspective and associated local customs of the country of origin of the child's or the parent's, or is it the perspective of the host country where the child lived, where they have perhaps significantly adapted and which is now the basis for the dreams they have of the future? This is something that needs to be considered in each individual case.⁴⁶

Attachment issues and the importance of good (enough) parenting

All the interviewees agree that it is essential to invest in parenting so parents feel empowered and better able to fulfil their parenting role. A healthy and secure bond between parent(s) and child is crucial. And this is where it often goes wrong, a staff member from an AZC noted:

"Often parents are busy with themselves and pay little attention to their children or neglect to supervise them. The residential counsellors regularly speak to parents about getting up in time to feed and ready their children and see that they get to school on time. With families often having to share living space with others tensions can run high."

Interestingly, most older children do their very best at school. According to de Vrolijkheid and others, school is a very important anchor for these children and it is also of great importance to parents, especially the cognitive skills of the children. Still, social workers notice that most of the children are very clingy, sometimes too clingy, such that they often seek attention from staff that they really should be getting from their parents. A staff member of a family centre observed:

43 Daniëlle Zevulun e.a., 'Returned migrant children in Kosovo and Albania: Assessing the quality of child-rearing from a non-Western perspective', *Cross-Cultural Research* 1-33 (2015)

44 Zevulun, 'Returned migrant children', 13-15, 17-18

45 Ibidem, 22-23

46 Ibidem, 22, 28

“In comparison to Dutch children of the same age, these children are generally often too old for their age and sometimes act too happy, as if nothing can hurt them. Often what they are really feeling stays hidden,”

These children also manifest a lot of busy behaviour and concentration problems. A specialized staff member from the DT&V adds:

“The parents are under a lot of stress and this has an impact on the children. Parents adamantly do not want to return and because of their stressful situation they are not at their best for their children. Children experience and see too much.”

One social worker from the women’s shelter talked about how most of the children who stay in the shelter are often very young and were born in the Netherlands. Most often they don’t share their fears with their mother because she is busy dealing with her own problems. Mothers often compensate for their lack of genuine attention for the children and their own guilty feelings by being overindulgent (never saying no, spoiling with candy and presents). There is also a noticeable difference between children who experienced fleeing to the shelter with their mother and those children who did not. For the former, (development) issues often manifest for both mother and child; for the latter there is mainly a need to support the mother actively in her parenting role.

In contrast to parents who sometimes have too little concern for their children the opposite also happens, with the parent and child completely focussed on each other. In some cases the parent/child roles blur, such as when single mothers discuss their problems with their children because there is no adult partner. While the relationship between the child and the mother is usually very close this can also stand in the way of the child’s healthy development. Social workers in the women’s shelters see how mother and child cling to each other because that is the only thing that makes them feel safe. This can lead to a lot of distress in children, which may manifest in stomach ailments, headaches and poor sleep. Often the children are very watchful of their mother and sometimes there is evidence of parentification. Children who are somewhat older are often expected to take on the role of discussion partner and/or interpreter. It is not unusual to see eating disorders in these children.

Children with attachment problems also often experience speech and language and relational developmental delays and this frequently results in parenting problems.

There is also a separate issue regarding children living in asylum seekers’ centres with other relatives than their biological parents; as described by a counsellor in the AZC in Den Helder:

“More than in the past we see children coming here with someone other than their own parents, maybe an uncle or aunt or other family member. For us this is a new development. Sometimes the family relationship isn’t clear or there is no family relationship. Sometimes the parents are dead or it is not clear what has happened to them. There is a lot of concern around these children because they are at risk of falling through the cracks.”

A very sensitive theme is that of children born as a result of rape during the flight to the Netherlands or children that have been fathered by traffickers or clients of victims of trafficking. A specialized staff member from DT&V in Drenthe who has worked with many minor-aged victims of trafficking, has this to say:

“The young women in my case load mostly had very young children that were either born in the Netherlands or came to the Netherlands at such a young age without any real memory of the country of origin. Often the father is someone involved with the trafficking network, whether as a client or trafficker. Sometimes the women establish relationships in the shelter and then get pregnant.”

The fact that the father is a client or trafficker can sometimes lead to attachment problems between mother and child. It is also possible that these children will face discrimination in the country of origin. A social worker explains:

“If the child looks different from the mother because the father is Western European, then it’s even worse, because it is very obvious that the father is not from the same country. Possibly leading to ostracisation and danger to the safety of the child after repatriating. They are sometimes seen as inferior (‘devil children’ or child ‘witches’). There are cases known where such children have been killed.”

At Centrum '45 they also work with clients who have children as a result of sexual violence. On an annual basis social worker *Adriana Jasperse* has approximately five mothers in individual counselling with this experience, mainly victims of trafficking. Her estimate is that this number must be much higher given that there is such a taboo around talking about this and that women in prostitution are often forced to have unsafe sex. What further complicates things is when there is still (or was) a relationship with the father, either at the time of pregnancy or afterwards. Women are ashamed of this and/or experience a conflict of loyalties. These clients often find it difficult to assess the trustworthiness of a new contact, which according to Centrum '45 can increase the chance of re-exploitation.

In these cases it is often necessary to provide extra counselling to support healthy attachment. If a woman really does not want to keep the child she can give it up, but most mothers do want to keep their child. There was one example provided of a client from Africa who wanted to give her child up for adoption if she was going to be repatriated. The child didn't look like her and if they returned the mother expected a lot of problems.

Lack of language and cultural knowledge about the country of origin

There is another aspect that many interviewees raised. Often a language barrier develops between mother and child when the child partially loses or doesn't keep up with the language of the country of origin and the mother's Dutch is often lacking. This can result in attachment issues and other parenting problems. They conclude that the best solution would be to pay much more attention to language acquisition and retention of both languages, particularly because it is not yet clear what the future holds. Learning about the language and culture of the parent(s) is widely supported as important for the general (language) development and identity formation of the child. A child who doesn't learn their parent's mother tongue while simultaneously learning Dutch from parent(s) whose language proficiency is lacking, is at risk of a double disadvantage in their development.

But this also raises an ethical dilemma. In some immigration cases the fact that the child has 'westernised' and has insufficient knowledge about the country of origin and cannot speak the language is used precisely as a justification for a permanent residence permit. On the other hand this can lead to a dangerous game of 'Russian roulette' since in many cases the probability of a residence permit is low or at the very least long-term uncertainty remains.

A care-coordinator for victims of human trafficking from Moviera explains:

"It is indeed a major dilemma; a child establishing roots in the Netherlands versus uprooting them because they have to return. If a child returns, you have to prepare them for leaving the Netherlands behind to live in a country that they completely have no knowledge of (any more) and sometimes don't know the language very well either. Should you focus on (re) learning the language of the country of origin or Dutch, in the hope that they will eventually be granted a residence permit (and knowing that the degree to which a child is integrated, for example, they speak Dutch, is taken into consideration for the Children's Pardon)? Still, it is important to keep both paths open, remain here and return."

Client interviewees often have a very strong opinion about the language that they want to speak with their child. *Aicha*⁴⁷ from Senegal, who has been living in the Netherlands for years without papers has this to say:

"I mostly speak Dutch with my children. They have never been to my country, were born here and they barely speak my language. They also always speak Dutch with their father. They have Dutch nationality, so why should they learn my language?"

Dora, a client from Hungary, agrees:

"I speak English and Dutch with my child, almost never Hungarian because that language is of no use to me, I am not going back and neither is my child. My daughter has only once been to Hungary when we went to visit my family."

Incidentally, this client spoke anything but fluent English and her Dutch was also limited, speaking a mishmash of English and Dutch with her child. Supplementary information from the social workers indicated that this client had a mild intellectual disability.

⁴⁷ The names and identities of all clients described in this publication have been changed to protect their anonymity.

In contrast, *Adilene* from the Congo feels strongly that it is important that her children learn about her language and culture:

“I generally speak French with my children because that is an important language in the Congo. I also speak three other local languages and I am busy learning Dutch. I think it’s important for my children to learn everything about their heritage and to learn the language. But at the moment they also have to learn Dutch, so next to this they can only learn one other language.”

Bian from Vietnam also speaks mainly in her mother tongue with her children:

“I don’t speak Dutch very well yet and it is important that my children learn Vietnamese. I often also watch Vietnamese children’s films on the computer with them. And I teach them children’s songs that I learned myself and tell them Vietnamese fairy tales. Although I don’t tell them so much about Vietnam, they are still too young for that.”

A social worker from Jade spoke about an eight year-old girl that is in counselling with them:

“We have an eight year old girl here who is the younger sister of two minor-aged victims of trafficking who are staying with us in the shelter. In contrast to her older sisters, she almost only speaks Dutch and she is quickly losing the language from their country of origin. Her Dutch is also much better than that of her sisters and therefore she can cope better in Dutch society. In fact she is forging ahead of her sisters, even while her sisters take on a parenting role. Since she does not speak her mother tongue very well (any more) misunderstandings and tension are a regular occurrence in their mutual relationship. We have set up an individual action plan for this girl and she has her own counsellor. She also attends a regular school outside of the shelter, so she is integrating even faster.”

Parentification and the parent’s undermined authority

Several social workers and counsellors observe parentification in the children of their clients, or children who (partly) take over the parental role. For example, they see parents who rely on their children as interpreters at school or at the doctors but also sometimes in meetings with the counsellors, even though this is absolutely not the intention of the professional involved. They also see children who don’t want to ‘bother’ their parents with their own worries, thinking that their parents already have enough to worry about. Defence For Children describes an example of children who warn each other when an eviction happens in the family centre. This and other dynamics can be seen in the film ‘*Vergeet mij niet*’ (Forget Me Not), which follows children from the elementary school ‘De Verrekijker’ in an AZC/family centre in Katwijk as they talk about evictions and how they deal with this.⁴⁸ In general, this places too much responsibility on children’s shoulders and this is not beneficial for the child.

The dilemma of using children as interpreters is also recognised in the family centres, according to a staff member:

“In principle there is an agreement in this location to keep children far from adult problems, so we do not use them as interpreters. In principle children are not welcome at these meetings because then they are still confronted with the story. In practice this is sometimes unavoidable [that children are present at a meeting] so there is a general rule to keep the discussion superficial or to set an appointment with an interpreter. Even with this, it is sometimes difficult to keep everyone out of the meeting room; this has to do with concern for these children. If they have no other place to go then the mother/father/parents can’t leave the child alone. To protect the child, they will also never be questioned when there are suspicions of abuse. In such cases we can call in social workers who specialise in working with children.”

A specialized staff member from DT&V in Friesland adds:

“What you see is that the children quickly pick up Dutch and are often used as interpreters by their parents, which is not a desirable situation. I won’t speak with children about repatriation unless they actively approach me themselves. For example, a 14 year-old boy who wanted to know what was going on. I don’t find it appropriate to talk about this subject with younger children.”

48 Ikon, Kinderpostzegels. Documentaire ‘Vergeet mij niet’, Nederland 2016, 55 min., productie CTM Docs/Thankeve Productions, <http://www.forgetmenot.nl> [05-12-2016]

At de Vrolijkheid in Katwijk they also sometimes see children sitting in on discussions that are not appropriate for them:

“At the Nest Centre we do not speak with children about the possibility of repatriation. These discussions take place through the COA and/or DT&V. Sometimes children are present if the parents are using them as interpreters or parents have conversations without taking into consideration that there are children within earshot. During discussions attention is rarely given to the situation of the children, it is about the adults almost all the time. It would be good to talk more about this with parents and to emphasise how important it is that they realise that their children hear and know a lot more than they think. Parents should also be aware of the huge impact this has on their children.”

In addition to parentification –and sometimes also as a result of it– you also hear of parents in homeless and women’s shelters and AZCs and family centres losing their authority in the family. A family counsellor in the women’s shelter in Utrecht:

“The authority of the mother is frequently undermined. She has been yelled at and beaten by the father in front of the children, seeding the belief that this woman is inferior. Furthermore, the mother sought comfort from her children. This means mother has to re-establish her position with her children and the children have to learn that she is trustworthy and capable of providing structure and safety for the family.”

Often it is the fathers who lose authority during their time at the AZCs and family centres. There are quite a few problems identified in families, especially at the family centres. According to interviewees, men often lose their position as head of the family and breadwinner, losing their sense of identity. Often the men also strongly hold on to their beliefs and traditions while their wives become more independent (and vocal) than in the country of origin. The women remain active. They take care of the children, bring them to school, cook and in general have more contact with the outside world. Along with their traumatic experiences of fleeing this can lead to an accumulation of problems in the family which may escalate to domestic violence and child abuse, among other things. Sometimes the relationship between parents and children evolves, especially if the children quickly learn the language and integrate into Dutch society while their parents lag behind. A staff member describes:

“There is a lot of stress, especially also for men. Women take on the tasks that they often already did in the country of origin, but for men this is different. They cannot work, and they feel that they can’t provide adequately for their family.”

A local manager from DT&V in Drenthe mentions that he is regularly enlisted by the COA to talk with fathers:

“I explain to the men how things work in the Netherlands and that certain behaviours, for example, hitting your wife and/or children, is not tolerated. I also talk to them about their parental responsibility. I see a lot of men who have lost their way, while their wives do much better and integrate faster. Through the children and school their wives meet other people easier and in fact take on the responsibility for the whole family.”

Traumas and parent(s) and children’s anxiety over return

In many of the focus groups the topic of traumatised parent(s) and children came up. A social worker from Utrecht:

“Children have fled with their parent(s) to the shelter and often the anxieties and traumas of the parent are passed on to the children. Often the children don’t feel safe (enough) and their environment (the stay in the shelter) is not really stable enough to be able to start treating the child’s trauma. Before this can happen there needs to be more stability in the family situation and possibly also with residency.” Other social workers have a different opinion about this and feel that there are benefits to beginning treatment in the shelter, for the parents, but also to minimise the risk of secondary traumatisation of their children.

During discussions with social workers in homeless and women’s shelters in Amsterdam they mentioned that clients are often traumatised and because of this they do not assess their child’s needs very well. Often the child isn’t heard. Many clients have multiple issues and/or post-traumatic stress symptoms. Sometimes the trauma already happened in the country of origin.

“We have had two cases involving families from Liberia and Afghanistan. The parents of both families were severely traumatised and were incapable of caring for their children. On top of this, there was a fear that the other parent would leave with the children. In such cases it is very difficult to request specialised support from the Mental Health Services (GGZ), because they will often tell you they can only provide support to people once there is certainty about the residence permit. This can be for financial reasons (who pays for the treatment?) or substantive reasons (there has to be calm first before the client can deal with traumas). Youth Services also says that they are only able to offer help in extreme cases, in other words when the situation has seriously escalated, if there is a real threat and/or the risk of honour-related violence. Fortunately, a number of agencies, such as Equator and Centrum ‘45, do offer early psychological intervention support while people are in the shelter, precisely in order to avoid escalation.”

It was also emphasised that at the same time there are also parents who are doing very well, despite what they have experienced. A point was made that as a social worker it’s important to examine your personal preconceptions and those of other agencies, in order to avoid over dramatising and the care becoming too interfering.

A staff member from the AZC in Den Helder added that children are often pretty closed off in their interactions with COA staff. She is often called ‘COA! COA!’ instead of her first name, even though most of the children do know it, certainly those who have been there for a while. She says:

“It is really difficult to establish a trust relationship, you do represent the agency that can make decisions about their future,” she says.

She also sees children sometimes exhibiting quite serious behaviour, such as bullying.

A staff member from de Vrolijkheid in Katwijk explains:

“What we see is that children who stay for a long time in the AZC increasingly express ‘coping mechanisms’ such as shutting down, becoming more verbally abusive and becoming harder on themselves and others. Children really become ‘streetwise’. This isn’t the case for all children, there are also children who are very good at managing the pressure.”

Centrum ‘45 also has a lot of experience counselling traumatised children and their parent(s) and do not see many specific differences between the problems children of asylum seekers face or those of victims of trafficking.

“Some children are (also) traumatised, sometimes they experienced it themselves, sometimes it’s the experience of their parents, mostly the mother that gets passed on, and often it manifests in posttraumatic stress symptoms (PTSS). Children who are indirectly traumatised by something that happened to their parents, sometimes even during the pregnancy because the mother was extremely anxious, can sometimes display hyperactive behaviour that could be identified as ADHD or autism. It is really difficult to get a proper diagnosis because the behaviour could also be related to the parent-child relationship or the mother and child’s (escape)history. Furthermore, many of the children are too young to diagnose, they are often younger than five.”

A psychologist from GGZ organisation Equator talked about the anxiety many mothers have about the risk of female circumcision:

“What we regularly see are parents, mainly mothers, who are afraid that their daughters will be circumcised if they return. This is why Veilig Thuis is sometimes called in for a family that might be forced to repatriate to their country of origin. The problem is that while Veilig Thuis is very concerned about the risk of female circumcision in specific cases, the Immigration and Naturalisation Service (IND) see this as something that parents can refuse. This is a very confusing message for mothers.”

According to interviewees, in addition to the impact of parent’s psychological traumas on the children, many parents also pass on their anxieties about repatriation. A social worker from Utrecht:

“Children often take on the anxieties that their parents express about the country of origin and returning. It is important to talk about this in counselling and to make parents aware of this. If the parent is in a position to also talk about positive aspects this can make an enormous difference for the children. At the same time many clients in the Netherlands really do not have a nice life and are very isolated. Often they have trouble settling in the Netherlands, don’t speak the language well and only have contact with others from their own country.”

A staff member at de Vrolijkheid in Katwijk had this to add:

“It really makes a difference if the threat in the country they fled is still high or if whether there is a genuine prospect of creating a life there again if they must return. The parents really do pass on their own feelings to their child. [...] It would be good if there were information sessions for parents in the ACZ to drive home how their situation and their reactions impact on the children, what they can do as parents to better guide their children and what help is available to support them in this. What we now see is that many parents have very little knowledge about child psychology and about the impact prolonged stress can have on children.”

Pharos concludes with this remark:

“How the child thinks about the parent’s country of origin is tremendously influenced by how the parents talk about it. Children have an enormous sense of loyalty to the parents and take what the parents have to say as ‘the truth’, especially young children. A parent who talks negatively about the country of origin or displays a lot of tension and/or anxiety when talking about this will definitely pass this on to the child. In providing assistance a lot of attention needs to be paid to what the parent will and will not discuss with the child and what consequences this can have for the child.”

Legal status of the parent(s) and children

The stress around legal status affects all clients and their children, whether they are living in a homeless or women’s shelter on a temporary residence permit or in a family centre because their application for asylum has been rejected. Centrum ‘45 explains:

“Uncertainty about residency is often a serious (and extra) source of stress for the parent. This can have an adverse influence on the parent child relationship because of diminished availability. An elevated stress level can also result in a parent’s increased irritability, which definitely impacts on the child. It puts the parent child relationship under a lot of pressure.” There are also tensions between residents who finally get a residence permit and those who do not and this tension is also transmitted to the children.

Staff from Fanga Musow explain:

“Life for most of the clients is very much day to day so looking to the future is very difficult because their residence status is so uncertain. This is exacerbated further by the severe (psychological and medical) problems the women often face.”

There is a lot of confusion and uncertainty about residence status, among social workers and other counsellors as well as among clients. Social workers from the COSM’s in Amsterdam and Rotterdam mentioned that some women become pregnant because they think if their children are born in the Netherlands this will get them a residence permit. It is not true that being born in the Netherlands automatically grants Dutch nationality to the child, yet this remains a persistent belief among some clients. For example, for some time there were many Nigerian clients coming into the shelter who were pregnant. There is really a serious need for good legal information, for both social workers and clients. This is discussed further in Section 2.8 and Appendix 2.

Another misconception that some clients have, is that they cannot be repatriated until after their youngest child reaches eighteen. A staff member of DT&V in Friesland explains how this sometimes works:

“Sometimes a family has another baby when their other children are older because they think they can stay longer in the shelter and remain in the Netherlands. What parents don’t appreciate is what this may mean for the older children. There is not only a big age difference between the children but the older children often end up in a situation where they can’t attend school anymore (because they are older than 18), cannot work and just like their parents generally have very little perspective.”

Actually, families with children younger than eighteen can be evicted from the family centres if repatriation is legally sanctioned and practically possible. In this case families –if they do not leave voluntarily– are transferred to a family detention centre in Zeist under the condition that the family repatriates within two weeks. However, a staff member of Defence for Children mentions that in practice families sometimes stay longer than two weeks in Zeist.⁴⁹

Rian Ederveen from Stichting LOS adds that it is clear from experience that it is often difficult, if not impossible, to get travel documents for many countries, in particular for African countries.

Ederveen adds that children who are placed under supervision in the Netherlands, and thus have a family guardian, are in a special situation because this supervision order is not transferable to the country of origin. Case law shows that the child cannot be evicted and therefore also not the parent.⁵⁰ Children may be placed under supervision because of serious behavioural problems or other psychological issues, often in combination with parenting and other (multiple) problems in a family. The supervision order is often issued because parents are not capable of taking care of their children and/or refuse assistance, and the child's development is at risk. Supervision orders are issued only in serious cases through social services and Child Protection and after intensive intervention by Child Protection services.

Another legal theme that many social workers struggle with is what happens if the child has a different nationality than one or both parents. For example, some children have a Dutch father (or a father with a Dutch residence permit), while the mother has no (longer) legal status in the Netherlands. These dilemmas are very complicated with the mother possibly having to return, leaving her child behind with the father. Many social workers struggle with these complex issues and say that it would be good for them to have an overview of the most frequently occurring situations and how these can be dealt with. Such an overview can be found in Appendix 2.

Something else that is frequently raised in the interviews with social workers, counsellors and other experts is how many clients believe the uncertain residency status does not really impact on their children. Interviewees seriously doubt this, as explained by a social worker from Utrecht: “*The longer children are in the Netherlands, the older they are and more rooted they become, the more they are aware of the situation and the more difficult it is to leave.*” She adds that it is also very important to remain alert about your role as the social worker. Your role is not to do everything possible to obtain a residence permit for the client, but to work together with her to map out all the options so the client can make an informed choice. A shelter such as Fanga Musow says otherwise, doing everything possible to see that the client and her children get a residence permit is precisely the aim and this is why it is so important to have a solid basic knowledge of the law.

Kadera (women's shelter) also mentions how children really keep an eye on what's happening:

“At the moment we are assisting a mother and her nine year-old daughter who are having difficulties around residency. The girl complains about headaches, ‘because mama has no papers’. The child senses the threat without actually grasping it. This family is really under a lot of pressure and there is a sense of helplessness, anxiety and anger. The mother is busily focussed on trying to get a residence permit and therefore has little time for her daughter. What we try to do is to speak as openly as possible about this. With younger children our talks are always together with the mother. In working with young children we also make a lot of use of role playing and drawing.”

Children in the country of origin

In the field research⁵¹ linked to the original *Safe Future Methodology*, the possibility of being reunited with children in the country of origin played a significant role in making the decision to return. 38% of the returnees in the study indicated that they made the decision to return because of, among other things, the children they had left behind. The current experiences of social workers from COSM Rotterdam are very different. The majority of their clients want to remain in the Netherlands, also those with children in the country of origin. They want to remain in the Netherlands for the future of the children born here (or those they brought with them from the country of origin).

49 Related in a telephone conversation with a staff member at Defence for Children on 25 November 2016

50 See for example the following cases: Rb Den Bosch, 16/20692 (11-10-2016); Hof Arnhem (Family Court), 200.184.461/01 (07-04-2016); Rb Amsterdam, 13-611/539597 (18-12-2013). For the last case see also: <http://jure.nl/ECLI:NL:RBAMS:2013:9771> [04-12-2016]

51 T. Kootstra. Safe Return and Reintegration for Victims of Trafficking and Victims of Domestic Violence Facing Residency Problems. Overview of the results of the Safe Return project 2013 – 2014 and field research on the data collected from all the cases involved, with focus on the decision making process of the victims to stay in the Netherlands or return to the country of origin and the factors influencing this decision (Federatie Opgang, Amersfoort 2014), 36–37

During the intake process, clients are always asked whether there are still children in the country of origin but this often results in very little information. And while social workers do counsel parents to keep in touch with children in the country of origin, their experience is that clients don't do this much. The reasons why are not always clear. Possibly because it is too painful for the client, if there is contact then there is too much pressure from the country of origin or, particularly for African clients, it is more common to leave children in the care of other family members in order to seek a better future for themselves and the child. Social workers sometimes find out that the clients don't always know where the child actually is and with whom, making contact even more difficult. Many clients also do not make use of the offer to possibly locate the child through the Red Cross, according to social workers, nor is there much use made of the possibility to bring the child to the Netherlands under the B8 immigration regulations for victims of trafficking. When asked, some clients say that the child is better off with family in the country of origin. Many clients do regularly send money home to help pay for the care, upbringing and education of the child.

Social workers from Rotterdam give two examples regarding repatriation, a client from Sierra Leone who returned because of twins she had left behind in the country of origin and an Indonesian woman who returned for her young son.

Other social workers from the homeless and women's shelters and counsellors from the AZCs and family centres are familiar with this picture, adding that in general parents from Eastern Europe and Asia have more frequent contact with their children in the country of origin. Clients from Eastern Europe are more inclined to bring their children to join them in the Netherlands, possibly because it is less expensive to do so than for clients from African countries. However, it can sometimes be difficult for clients to bring children here from Eastern Europe because often there are no formal agreements regarding custody or travel documents for them. Furthermore, if the father is also still residing in the country of origin in most cases he must give his consent for the child to leave the country.

Dora, a client from Hungary, would really like to bring her young son to the Netherlands:

"My son now lives with my mother, but his father is trying to take him away. He has not acknowledged him but he comes from a rich family with a lot of power. His just wants to get in my way and has refused to give his consent for the child to come to the Netherlands. My Hungarian lawyer says that the only possibility is if I pay a lot of money and I don't have that."

In this case, the social workers say that there is a further complication because the child is under supervisory care in Hungary because of the grandmother's problematic living situation and *Dora's* absence. It is likely that this is hindering family reunification more than the father's opposition, as he has no rights unless he acknowledges the child.

Despite not always having regular contact with children left behind in the country of origin, parents routinely mention their concern for them. The children 'left behind' also often do not know what has happened to their parents in the Netherlands. They often have no idea what life looks like in the Netherlands for the parent –and possible brothers and sisters– and sporadic contact can lead to increasing parent child alienation. Furthermore, parents also often have (much) less influence on how the child in the country of origin is raised and what is happening with the child. When there is contact this is often hasty and via telephone or Skype and more often about less pleasant things, such as the parent asking if the child is doing their best in school and telling them to listen to the adults around them. It is very difficult to assess whether it is wise for the parent to (partly) inform the child about what happened in the Netherlands (or during their journey here) or not. Sometimes the parent has been radically changed or even traumatised by the events and in fact, the child left behind may get a different parent back; they may even blame themselves for this thinking it is their fault. *Aicha* from Senegal explains:

"My oldest son, who is 15, still lives in Senegal. He has a different father than my other children. He used to live with my grandmother but after her death a friend of my grandmother started looking after him. I don't have any contact with my parents any more. I send money home for his schooling and living expenses and speak with him now and then using Skype. I have been in the Netherlands for so long and he is almost an adult. We barely know each other any more. That makes me very sad, but I can't bring him here because I have no papers. I also have to think of my other children."

Parents with a mild intellectual disability

Social workers at HVO-Querido and Blijf Groep say that they are counselling an increasing number of clients with a mild intellectual disability (subnormal IQ or “LVB-problematiek” in Dutch). This is frequently difficult to properly assess because often a woman hasn't mastered the language and also has limited knowledge about the Netherlands. In cases like this they mainly keep an eye on how a woman conducts herself in the shelter and utilise observations and tests where possible. These days tests which take language issues into consideration are available and employed within shelters in close cooperation with MEE, an organisation that supports people with disabilities. Sometimes advice is sought from the interpreter about a woman's ability to adequately express herself in her own language in terms of vocabulary, comprehension and concentration.

Equator Foundation adds that a client's intellectual disability can be obscured by psychiatric problems. Attention is mainly given to dealing with the trauma and it is only later that a mild intellectual disability is uncovered. But the opposite also happens when trauma and/or post-traumatic stress syndrome (PTSS) diminishes a client's functioning capabilities. If a client is tested for a mild intellectual disability, they are re-tested after a period in order to confirm the diagnosis or see if there is indeed something else going on.

Not only parents with a mild intellectual disability but also their children are more vulnerable. Their parents are often less capable of properly caring for them than parents of average intellect. This group and their children definitely represent an additional source of concern for social workers, especially considering the other problems that most clients have. Below are three case studies from the social services field and interviews with three clients; two mothers with a mild intellectual disability and the 15 year old daughter of a mother who is intellectually disabled.

The interviewer did not know in advance that the clients had a mild intellectual disability and this wasn't immediately apparent from the interview. She did notice a couple of things, for example, Dora from Hungary seemed to take everything asked of her quite literally and was also quite uninhibited during the conversation. Her one-and-a-half-year-old daughter raced around at breakneck speed, climbing the stairs and the windows without mother making much of a fuss about it. Dora was also caught shoplifting while her daughter was with her. When that happened she spent a night in jail while her daughter was placed with an emergency foster family. Dora said that she stole because her daughter was hungry. Her social worker was very clear that she had a roof over her head and enough food at the shelter so there was no reason to go hungry. Shelter staff are very concerned whether this client is capable of living independently, while Dora thinks that she will be fine. Furthermore, because she is an EU national she can stay in the Netherlands as long as she can keep her head above water financially. Shelter staff are very worried that she will end up in trouble again because she is very trusting. She recently she got involved with a new boyfriend and she would prefer to move in together as soon as possible. She can't tell you much about him, only that he is very sweet to her and her daughter who he already sees as his own child. There are serious doubts about the security of this relationship for both mother and child.

The other client, Cristina from Romania, was a very assertive woman who at first glance gives the impression of someone who is intelligent, cheerful and energetic. She was really proud of her daughter who was almost three-years-old, but also indicated that raising her was sometimes difficult because the child didn't listen very well. The girl demanded a lot of attention during the interview, constantly moving and climbed all over the place oblivious of her mother. Cristina didn't bother to stop her at all, only repeatedly telling her to 'stop that!' Sometimes the child would look up but then would gleefully continue. This client also has EU nationality and she wants to stay in the Netherlands with her child because she doesn't consider it safe in her country. Cristina shared that she was going 'crazy' in the shelter where she had been living for two years and she did not understand why she was not allowed to live independently. It was striking how honest she was about the difficulty sometimes of being a parent. She has also requested support from the children's health clinic and social services, because, as she says: "It is important for my child to have a strong mother as well as security, friends, school, love and attention." Social services are now focussed on sheltered housing with extra therapeutic counselling for her child, who is suspected of having ADHD.

Another interview was held with Vlora, a young 15 year-old girl from Vietnam. Vlora has an average intelligence but her mother is mildly intellectually disabled. Mother and daughter have been living for more than a year in the women's shelter because mother was abused by her partner, Vlora's stepfather. There are suspicions that he sexually abused Vlora. Vlora manages a lot for her mother and the social workers are concerned that the child really is taking over the parenting role. Since Vlora's mother has been a long-term resident in the Netherlands with her partner, she and Vlora are both eligible for residency.

They would both really like to naturalise but so far the mother's limited mental capacity has prevented her from meeting the citizenship requirements. Social services are now trying to arrange for a trusteeship so that Flora and her mother can finally move into their own flat. It will be necessary to continue to provide support for both Flora and her mother.

Risk of (re-)victimisation

Many children often have no idea about what their parents experienced. Parents protect their children from this, although many interviewees say that the children are aware of much more than the parents think. A family counsellor from Moviera (women's shelter) had this to say:

“Older children [older than four] especially find it difficult that they live with a secret. There are many things that they can't talk about with their mother or are forbidden from talking about, such as the mother's experiences, but also what they have seen or experienced themselves.”

A social worker from the Kwintes women's shelter mentioned that a safety plan is initiated during intake, also taking into account what the mother has told the child and how they can best deal with this; what they can or cannot talk about. She points out that the majority of mothers want to protect their children by not telling them too much. Sometimes the mothers also deny what has happened, which often has a negative effect on the children because they take in much more than the mothers are aware of and it puts even more pressure on them. One consequence can be that the children start to blame themselves for their parent(s) problems.

In the end, lack of knowledge can increase the vulnerability of children because then they are less alert to possible danger, whether this is in the Netherlands or the country of origin if they return. Social workers and counsellors suggest that providing children with empowerment training before they return would be good, as would talking with parents about what can or cannot be shared with the children.

Moviera uses teaching aids to help raise awareness among mothers about how keeping silent about the 'big secret' can negatively impact on children. For young children, one of the aids they use is *Words & Pictures*⁵², an illustrated storyline to help them understand events that are difficult for their parent(s) to talk about.

In 2016, the office of the National Rapporteur on Trafficking in Human Beings and Sexual Violence conducted an exploratory study on children's vulnerability for trafficking. The study defined seven categories of children who are possibly extra vulnerable of being (re-)exploited. Of these seven categories two are relevant for the *Safe Future Methodology Concerning Children*: undocumented children staying in the Netherlands and Syrian child-brides. The undocumented children are particularly vulnerable if they are staying with families who force them to work. This is not always their own family, but could be an uncle or aunt's family and sometimes there is no familial relationship at all. This is also something to keep an eye on with the children who came to the Netherlands seeking asylum with non-immediate family members and who could be at risk of exploitation. Syrian child-brides are most often young girls who have been married off by parents out of the fear that otherwise they would not be able to protect them against sexual violence during their escape or in the shelter. The National Rapporteur mentions that it is important to identify this early on and prevent such child marriages.⁵³

52 <http://samenwerkenwijaanveiligheid.nl/training-signs-of-safety/signs-of-wellbeing/words-and-pictures/> [10-11-2016]

53 Nationaal Rapporteur Mensenhandel en Seksueel Geweld tegen Kinderen, C.E. Dettmeijer, L.B. Esser en F. Notenboom, *Zicht op kwetsbaarheid. Een verkennend onderzoek naar de kwetsbaarheid van kinderen voor mensenhandel* (Den Haag 2016), 87-88, 102, 104-105

2.5 Talking about the future with children and their parents, including the option for safe return and reintegration: is it possible and if so, how?

Is this the parent's responsibility or the counsellor's?

Many interviewees mention that most parents do not speak to their children about the future. Some adding that a lot of parents don't talk much with their children in general, whether because they are not used to this from their cultural experience of child-rearing or because they want to protect their children from any unpleasantness. An in-house counsellor from the asylum seekers school in Katwijk explains:

“What we mainly see is that parents talk about very little with their children, whether that is about possibly returning or other things. A lot of families live in a more authoritarian climate regarding child-rearing than what we are used to here in the Netherlands.”

Often social workers, counsellors and also parents simply consider the children much too young for a discussion. For example, *Dora* from Hungary says:

“My daughter is just one-and-a-half-years-old, so much too young, and my son, who is five and still lives in Hungary with my mother, doesn't know what has happened. I don't want him to know either. In any case, I don't want to talk about the past, not with the children and not with others. I want to focus on my future which is here in the Netherlands.”

Bian from Vietnam, who is staying with her three children in a categorical shelter for victims of trafficking, adds:

“My children don't know anything about my past and I don't want to talk about it with them. They are too young for this and also what happened is too violent. I have told my children that whether we can stay in the Netherlands it is being looked into. This made my oldest son, who is six, cry because he his friends are here and he wants to stay. The other two are just four and six months old, they don't understand it at all.”

Another client, *Aicha* from Senegal, who is living in a women's shelter, is very worried about herself and her children:

“I am very worried about the children and what is going to happen if my final application for residency is rejected. Especially my oldest daughter, who is ten, absorbs a lot of what's happening and understands the risks. I try to keep her and the little ones out of it as much as possible but that does not always work. I try to talk about the future as little as possible. I don't even know myself what will happen, so what should I say to them?”

Nadejda, a victim of labour exploitation from Bulgaria who is staying in a shelter with her entire family does speak with her children about the future:

“The children know very well what happened because they also have become victims themselves. We were all forced to work without payment. The children were 13 and 16 then. What has happened is still often on their mind, my son especially has had it rough for a while, he was very angry. Luckily it's going well now at school and they are busy thinking about their future again. My husband and I have talked to them extensively and we have decided together as a family that we want to stay in the Netherlands since the future in Bulgaria is very uncertain.”

Vlora, the 15 year-old girl from Vietnam who is staying in a women's shelter together with her intellectually disabled mother, has had a number of sessions with a psychologist to help her work through her experiences and turn her sights to the future. She has also recently reconnected with her father who is now living in Thailand. With her mother *Vlora* mainly talks about daily practical things because her mother does not speak Dutch very well and *Vlora's* Vietnamese is “not good enough for difficult discussions”.

In principle, say counsellors within the AZCs and family centres that – by virtue of their function – they only speak with parents about repatriation and not with the children, unless it is older children specifically asking about this. A specialized staff member from DT&V in Friesland adds:

“When children are 14 to 16 years-old they often increasingly start asking questions and this is also an age where you are able to talk to them about this and that. Parents are always present if the subject of repatriation is going to be raised in a session with younger children. Most parents also often do not want their children to be involved. Sometimes parents want me to explain why the family is still here. I explicitly refuse to do this but instead point out to the parents about their own responsibility regarding their decision to stay here.”

And from a staff member from the AZC/family centre in Katwijk:

“We feel that it is the parent’s responsibility to talk about this with their children and to prepare for the possibility of a safe return. Our primary responsibility is to offer them a safe environment here. Few residents return by choice, almost everyone tries to stay as long as possible. This is also because the residents of this particular family centre have already been in the Netherlands for a long time. Often there is also shame around returning, people really have the idea that they are returning with empty hands.

The parents who live here are convinced that it is better for the safety of their children to stay in the Netherlands, while you might wonder if living for years in an AZC is good for the children. They are in an unnatural environment and are affected by their parent’s stress, which they can do very little about. On top of this, parents pass on their fears about returning and about their country of origin to their children.”

De Vrolijkheid in Katwijk also mentioned that in general at the Nest Centre they do not talk directly with the children about the possibility of repatriation. These discussions take place through the COA and/or DT&V and then only with the parents, not with the children. The staff of the Vrolijkheid does answer the children’s questions, because, as was mentioned earlier, children catch on to a lot and know much more than parents think. If a family is forced to leave in the morning, the children want to express themselves in the afternoon at the Vrolijkheid and this brings up their own fears. According to the Vrolijkheid, it would be good to provide more counselling to parents about this, so they become more aware of how important it is to realise everything that children go through and the impact this has on them.

Social workers within homeless and women’s shelters focus on providing counselling to both the parent (most often this is the mother) and the child and this has consequences for discussing the future. Many social workers indicate that talking about the possibility of repatriation with the parent is not that simple and this is doubly true for raising the subject with children. At the same time, talking about the future with children is considered crucial and something both parents and social workers should do. The discussion partners from Pharos put it in this way:

“Communication between parents and children is essential. Sometimes the reasons why the parents fled their country and what has happened to them is a big secret in the family. It’s not discussed with the children but they sense it anyway. Also, there is a big taboo around (discussing) repatriation for parents, which then also becomes taboo for the children. Children can even become ill over this.”

It was also pointed out that many mothers find themselves very isolated and lonely in Dutch society. There is a lot of shame and pride, as well as difficulty fully understanding Dutch society. At the same time, clients usually don’t want to return, because despite everything they believe that they can build a better future for themselves and their children in the Netherlands.

HVO–Querido, one of the original *Safe Return* partners who work with the *Safe Future Methodology*, say there needs to be greater attention paid with parents, when working through the *Discussing the Future* section in the methodology, to what the child’s future might look like:

“It is very important for a parent to prepare the child for repatriation and the parent’s mindset is pivotal. If the parent is able to approach this from a positive angle this will mitigate a lot of the child’s fears and make things easier for them. For example, we had a case of a Turkish woman with two children. Initially the older child was left behind in Turkey but came later to the Netherlands where it really had to adjust not only to the country but also the mother’s new way of doing things. The relationship between the mother and child eventually improved. At first the mother was prepared to talk about the possibility of repatriation, but not after becoming involved in a new relationship. That relationship eventually also broke up and

she fled her new boyfriend's house but at the time she didn't want to return to the shelter. She just quickly left then taking her children with her back to Turkey without any opportunity to prepare for leaving. What makes it even more distressing is that there are indications in this case that the mother has a mild intellectual disability."

HVO-Querido adds that parents must also realise that returning, or refusing to return, has consequences for their children both in the Netherlands and in the country of origin. They also need to be aware that they can pass on their anxieties and negativity about the country of origin to their children even if they don't talk directly about this with them:

"Often parents want to protect their children, but a child that is uninformed will create their own fantasies and make the situation far worse in their minds. It would be good if tools could be developed to help talk with parents and raise their awareness."

A care coordinator for victims of trafficking at Moviera elaborates:

"The impact on children of living as undocumented migrants has to be discussed with the parents so they become aware of this. In the end, the mother (or father) makes the decision. As a social worker, you risk stirring up unrealistic expectations if you ask the child what they want but can't make good on it. It's important to keep this in mind."

Several interviewees from homeless and women's shelters and the AZCs and family centres mentioned that parents sometimes 'use' their children as an argument to be able to stay. A social worker in a homeless shelter:

"Repatriation is a difficult topic to raise with the client. Often the client uses her child to argue why she can't return; returning would threaten the safety of the child, without being able to verify this. With older children you often see attachment issues. Prior to coming to the shelter the child has often been left behind with others when she went to work (sometimes women were involved in street prostitution). For social workers this makes it even more difficult to talk about such a sensitive topic as repatriation."

A social worker from Rotterdam remarked that most clients are usually inclined to put themselves first, or as one mother once put it: *"Where I go, my children go with me."* Because of their own, sometimes traumatic, experiences many clients are generally preoccupied with dealing with their own problems before they can clearly focus on the child's situation.

A social worker at Kadera women's shelter summarises the need to talk with children about the future as follows:

"Children often know that repatriation is on the table before anyone tells them. They just sense the tension. It's important to inform them as quickly and carefully as possible, precisely to avoid damaging the mother-child trust relationship. If she lies about something that is very important the child could get the feeling that the mother isn't trustworthy any more."

Finally, the staff at Pharos point out an ethical issue:

"To what extent does the child's voice and position count in decisions about return? If possibilities are actively discussed with the child then this can also lead to false hope, for example, believing that their wish to stay actually can happen. Adults can usually assess the chances better. This then raises the question whether the child really should be involved in the decision-making process, or if it is perhaps better to involve them only when preparing for the departure. However, if nothing is discussed with the child it's presented as a fait accompli. The age, emotional maturity and the degree to which the child is integrated into Dutch society all play a role in this difficult choice, as does the desire and capacity of the parents to actually talk about this with their children."

Entering into discussion: how and where to begin?

Kadera uses a systems approach to social work intervention. If social workers at Kadera women's shelter discuss things with the children (most of whom are younger than 12), whether it is about the future or other topics, in principle the mother always present. Social workers also mention that it is important to talk about the future with children, because if you don't they will come to their own conclusions and this could lead to increased anxiety. Furthermore, if it has never been discussed then suddenly being confronted with having to return can be too much of a shock for children. The social workers try to convince mothers that their children take in more than they think and that the entire situation, with everything that goes on, has a big impact on the child. They also try to be as open as possible with the children. Social workers try to support mothers around how they can best talk about this with their children while also explaining how children think, for example, that they will create fantasies about what they don't know that often seem worse.

Kwintes women's shelter sees value in using the resilience-based (*Veerkracht*) approach with older children, where the child has an individual action-plan. This approach deals with things such as: what do you think is important, how do you see the future, what are your dreams? The option of repatriation can also be raised during these discussions. It should be stressed that it is essential to build a trust relationship with the child first.

Fanga Musow states that the ability to talk about the future with children depends on a number of factors, including the child's age. Play is mostly used to talk about things with younger children. You can talk about the past, evoke memories about the country of origin and take a look to the future, but this calls for a cautious approach, especially if the child is traumatised.

Social workers from *Safe Return* partner Het Kopland elaborate:

“Children rarely have a clear image of their mother's country of origin, because they are often either born in the Netherlands or have come here at a very young age. Some questions that could be discussed with the child are: what do you know about the country, what is it like there, do you know people there, what language do they speak, etc. How to approach this really depends on the age and the child's level of maturity. It would also help if the social workers would know more about the mother and child's cultural background. In the beginning questions can be general while focussing more closely on the future later. Incidentally, it is only after the mother has chosen for repatriation that we are there to talk to the children about this. At that point it is important to prepare the child for what return involves.”

According to Moviera, children are often inclined to give socially acceptable answers and have a keen sense about what the parent or social worker expect from them. Using play scenarios is the best way to get them to loosen up their thinking a bit and through play they show what they would really like. Fanga Musow uses a play exercise called *The Fairy and The Sorcerer*, which encourages the child to fantasise around ‘*What if I could do magic...?*’ Then the child draws a picture of their wishes (from the magic wand) but also their concerns (gut feelings). This makes it easier to begin talking about the future. Kwintes adds that informal situations such as going for a walk or cooking together, are a good way to make it possible to discuss things, certainly with older children. A social worker from Het Kopland provides the example of a child who had good memories about the cake their grandmother always made in the country of origin. Together with her mother they figured out the recipe and then the social worker, mother and child baked and they were able to talk about positive memories. Especially in women's shelters, a lot of use is also made of creative therapy to try to reach (young) children.

Social workers from homeless and women's shelters say that you have to make a distinction between the different ages of children in deciding what approach to use. As the child becomes older it becomes possible to talk with them directly, but contact with younger children really happens through the parent(s) in most cases. Under Dutch law parents are completely responsible for all decisions regarding children under 12. The opinion of a child who is between 12 and 16 must be taken into consideration and a child who is 16 and older must give consent (for example, in social care). This age-related system is based on levels of average development.

It is also important to keep in mind that the parents are ultimately responsible for the choices they make for the family and not the children. It is important to speak about the future with children, but they shouldn't get the impression that they share responsibility for a decision to repatriate, or the decision to want to stay here at all costs, because this places an enormous burden on their shoulders. If the child is almost an adult (older than 16), they can be included in the decision-making process, but even then the parent has ultimate responsibility. Together with parents, social workers and counsellors need to assess what they can tell the children and if, how and when they involve the child in the process.

The communication guideline ‘How, what and when to talk with children’ is developed out of the above considerations and practical experiences gathered from social workers and counsellors. In Chapter 3 you will find a step-by-step description on counselling parents and children in making a decision about their future (Step 5, *Discussing the Future*), and also in Appendix 3.

A safe environment for difficult discussions

A very important consideration is creating a safe environment where discussions can take place with parents and children about the future, including possibly repatriating to the country of origin. This involves both the physical space and the atmosphere during the discussion. In Chapter 3, Step 5 (*Discussing the Future*) tips are provided by several social workers, counsellors and other experts from the field.

2.6 What is necessary for safe return and reintegration of children?

Basic conditions

The *Safe Future Methodology Concerning Children* aims to increase the awareness of both social workers and parents about the need to prioritise the child's interests from the onset and taking them into account when making a decision about the future. It begins with the child's optimal upbringing and development, whether that is in the Netherlands or in the country of origin. Parents need to be supported in this from the beginning of the counselling process and at each stage, social workers and counsellors must ask themselves what the child needs.

A number of recurring themes emerged around safe return and reintegration from the discussions with social workers and other experts, the literature⁵⁴ and client interviews. The first to be mentioned is safety. The other most important aspects for the safe return and reintegration of children and their parent(s) are a reliable social network, income for the parent(s), education and if necessary extra (psychological and/or medical) care for the children. Finally, knowledge of the language and culture of the country of origin, strengthening the resilience of parents and children, supporting parents in the parental role and strengthening the parent child bond are also considered to be very important. The following is a few of the many responses from focus group sessions held with social workers from homeless and women's shelters in Utrecht, Amsterdam, Rotterdam, Groningen and Zwolle and with representatives of specialised organisations such as Equator Foundation and Centrum '45:

“A network that can be relied on. This can be the parents, but also other (single) parents with children with whom the parent and child can find a connection.”

“A healthy and safe upbringing for the child: can they go to school there and does the school complement what was done in the Netherlands, what still needs to be arranged in the Netherlands around this? What is the housing situation, safety, is there adequate income?”

“How will the child be received in the country of origin? Do they belong, are they accepted, is there a language barrier or are there problems with documents? In general, if things are going well for the children in the Netherlands there is greater expectation that it will continue to go well in the country of origin.”

“Specific information about where the parent is from, with photographs, maps, information about important national holidays, food, etc., so the child forms an image of the parent's background and gets to learn about nicer aspects of the country of origin. Also, collecting as much specific information as possible in advance about where the family will be going, including photographs, email, and Skype contacts so the parent and child can already get an idea of what it will be like. If there are people in the country of origin who will play a role after repatriation it is good to make contact with them as early as possible. Involve the child as early and as often as possible, depending on age and level of maturity. Allow the child to express their dreams and concerns, so that what they are wrestling with is out in the open.”

“Mobilise the social network in the country of origin with the child specifically in mind. For example, are there cousins and/or grandparents who can be contacted from the Netherlands? Are there schools the child can attend after returning?”

“Is the child safe with the parent(s)? A good parent child bond is essential. Does the parent have the (child-rearing) capabilities to properly guide the child after returning? Children are resilient, but the parent must be able to support the child. Ensure that parents find stability by supporting them with their own problems (recovering from traumas) and in their parental role. Assertiveness training is a good idea for both children and parents. No matter where the child ends up, they are much more

54 See for example Kootstra, *Safe Return* (2014) 36

resilient if they have a strong bond and a solid foundation. Strengths-based approaches help to support parents and children benefit from resilience training. This can already be worked on in the Netherlands by providing the child support using the resilience-based approach and extra assertiveness training.”

“Is there enough social support for the children after repatriation? A social network is very important, certainly if there are feelings of shame about being a single mother and whether or not this is provided by a local professional organisation. Children under five need to feel safe with the mother. Do older children have a solid foundation in their relationship with the mother? If they do not, then the risk is greater that they will be excluded or bullied by other children.”

“Look carefully at the minimum capabilities the child should have for repatriation to be successful and work on this. It is very important to be able to speak the language. Making contact with significant people in the country of origin, such as grandparents, is also important. Understanding what is culturally determined is also important. What is the accepted behaviour for a child in the country of origin and how can you respond to this without harming the child? What must be avoided is children becoming completely uprooted because they cannot stay in the Netherlands but are also not rooted enough in the language and culture of the country of origin to (re)integrate there.”

“It can be stressed with the Centre for Youth and Family that it is important for the child to learn to properly speak their mother tongue, also as a good foundation for learning another language such as Dutch. When the mother speaks Dutch poorly but the child also can't speak their mother tongue they are doubly disadvantaged. A pre-school program can help to correct some of this, at least regarding Dutch.”

“Medical procedures and treatments must be properly transferable and indeed taken over by a clinician in the country of origin.”

“In terms of feeling safe or unsafe, it is good to point out that it is precisely in the country of origin where a larger social circle can sometimes be created around the child by involving family members in their upbringing, while the family is often very isolated in the Netherlands.”

Pharos adds:

“A lot depends on the family structure of those receiving the children, in the Netherlands and how that might be in the country of origin. Is the repatriation shrouded in stigma and fear, or is better preparation possible because it can be talked about more or less openly? What has the child picked up regarding the parent's residency problems and what has happened to them?”

The context in the country of origin must provide the minimum for the child to be able to thrive, with a support structure including family and/or friends, economic possibilities and education opportunities. The parent's resilience is essential and will be a big influence on what the child can handle.

A difficult issue is to what degree professionals are 'party' in the client's decision-making process. If, for example, they actively provide information which could increase the client's likelihood of remaining here with her children, are they still neutral? You also often see social workers who do make an effort to increase a client's chance of staying but are reluctant to be the bearers of bad news when things don't work out.

It is very important that the parents accept the situation, for example, that having to leave is inevitable. Once parents accept this then it is possible to begin a new phase of active, positive preparations for themselves and their children. This also alleviates their child's fears.

Rian Ederveen from Stichting LOS that supports undocumented migrants states:

“Children often fall far behind in their education when they return to their country of origin. As soon as children start going to elementary school in the Netherlands they quickly integrate into Dutch society because they become aware of the opportunities an education in the Netherlands offers and the future that they can build here. This moment represents a significant break for children with regard to repatriation and this increases the chance that their development will be negatively impacted.

It also makes a big difference to which country the child is returning to and what the living conditions are like there. If the child speaks the language of the country and can also write it, it's easier. It also makes for an easier transition if the child has a good bond with their parents.”

And Fier Fryslân closes very nicely:

“Actually there should be a kind of parenting plan, like there is with divorce, but then instead for repatriation to the country of origin. It contains the most important agreements that must be met about the care and upbringing of the child.”

Mapping the social network and safety in the country of origin

Defence for Children adds that it is important to make an assessment of the social network in the country of origin in connection with possible repatriation as soon as possible after starting individual counselling and not only when the decision on return has been made. This applies to children who came to the Netherlands on their own (so-called ‘separated children’) and for children who live here with family.⁵⁵ UNICEF’s *Child Notices*⁵⁶ are also very important. These reports provide child-centred information on the living conditions and security situation in various countries of origin. *Child Notices* can be used as additional information in the official reports of the Ministry of Foreign Affairs⁵⁷, which are often used to determine whether a country is safe for repatriation.

Defence for Children says that it is important to point out that family tracing may only take place when there is no safety risk for the child and their family in the country of origin.

The Best Interests of the Child Model: the BIC-Q

Many of the basic conditions raised by social workers, counsellors and other experts from the field can also be found in the *Best Interests of the Child Model (BIC-Model)*⁵⁸ developed by *Margrite Kalverboer* and *Elianne Zijlstra* from The University of Groningen (RUG). The *BIC-Model* is a formulation of ‘best interests of the child’ principle (Art. 3 UNCRC) and is based on extensive international academic literature studies.

On the basis of scientific research, *Kalverboer* and *Zijlstra* differentiate 14 environmental conditions in the *BIC-Model* for the child’s optimal development that also link to provisions in the UNCRC.⁵⁹ The first seven conditions relate to the family and the rest to the society the child is raised in. According to *Kalverboer* and *Zijlstra*, these are the most important factors that need to be considered to determine if repatriation is safe for a family:

Nr	Pedagogical environmental condition	Definition
Family: current situation		
1	Adequate physical care	Adequate physical care refers to the care for the child’s health and physical well-being by parents or care-providers. They offer the child a place to live, clothing to wear, enough food to eat and (some) personal belongings. There is a family income to provide for all this. In addition, the parents or care-providers are free of worries about providing for the child’s well-being.
2	Safe direct physical environment	A safe direct physical environment offers the child physical protection. This implies the absence of physical danger in the house or neighbourhood in which the child lives. There are no toxics or other threats in the house or neighbourhood. The child is not threatened by abuse of any kind.

55 Jantine Wálst, Martine Goeman, *Durable solutions for separated children in Europe. National report: The Netherlands*. Defence for Children The Netherlands-ECPAT (Leiden 2015), 36

56 <https://www.unicef.nl/wat-doet-unicef/kinderrechten-in-nl/child-notice/english> [28-11-2016]

57 <https://www.rijksverheid.nl/documenten/circulaires/2010/12/01/vragen-en-antwoorden-ambtsberichten> [28-11-2016]

58 M.E. Kalverboer and A.E. Zijlstra, *Het belang van het kind in het Nederlands recht: Voorwaarden voor ontwikkeling vanuit een pedagogisch perspectief* (Amsterdam 2006)

59 Kalverboer en Zijlstra, *Het belang van het kind in het Nederland recht* (2006); ‘De BIC-Q: een instrument om de kwaliteit van de opvoedingsomgeving van asielzoekerskinderen in beeld te brengen’, *Kind Adolesc* 36 (2015), 23-37; Zijlstra e.a., ‘Tussen hoop en vrees: de opvoedingsomgeving van asielzoekerskinderen’, *Orthopedagogiek: Onderzoek en Praktijk*, 53 (2), 3 (februari 2014), 16-17

Nr	Pedagogical environmental condition	Definition
Care and upbringing		
3	Affective atmosphere	An affective atmosphere implies that the parents or care-providers of the child offer the child emotional protection, support and understanding. There are bonds of attachment between the parents or care-providers and the child. There is a relationship of mutual affection.
4	Supportive, flexible childrearing structure	<p>A supportive, flexible childrearing structure encompasses several aspects like:</p> <ul style="list-style-type: none"> • enough daily routine in the child's life; • encouragement, stimulation and instruction to the child and the requirement of realistic demands; • rules, limits, instructions and insight into the arguments for these rules, limits and instructions; • control of the child's behaviour; • enough space for the child's own wishes and thoughts, enough freedom to experiment and to negotiate over what is important to the child; • no more responsibilities than the child is capable of handling (in this way the child learns the consequences of his behaviour within the limits which the parents or care-providers have set).
5	Adequate examples set by parent	The parents or care-providers offer the child the opportunity to incorporate their behaviour, values and cultural norms that are important, now and in the future.
6	Interest	The parents or care-providers show interest in the activities and interests of the child and in his perception of the world.
Family: future and past		
7	Continuity in upbringing conditions, future perspective	The parents or care-providers care for the child and bring the child up in a way that attachment bonds develop. Basic trust is to be continued by the availability of the parent or care-providers to the child. The child experiences a future perspective.
Society: current situation		
8	Safe wider physical environment	The neighbourhood the child grows up in is safe, as well as the society the child lives in. Criminality, (civil) wars, natural disasters, infectious diseases etc. do not threaten the development of the child.
9	Respect	The needs, wishes, feelings and desires of the child are taken seriously by the child's environment and the society the child lives in. There is no discrimination because of background, race or religion.

Nr	Pedagogical environmental condition	Definition
10	Social network	The child and his family have various sources of support in their environment upon which they can depend.
11	Education	The child receives a suitable education and has the opportunity to develop his personality and talents (e.g. sport or music).
12	Contact with peers	The child has opportunities to have contacts with other children in various situations suitable to his perception of the world and developmental age.
13	Adequate examples in society	The child is in contact with children and adults who are examples for current and future behaviour and who mediate the adaptation of important societal values and norms.
Society: future and past		
14	Stability in life circumstances, future perspective	The environment in which the child is brought up does not change suddenly and unexpectedly. There is continuity in life circumstances. Significant changes are prepared for and made comprehensible for the child. Persons with whom the child can identify and sources of support are constantly available to the child, as well as the possibility of developing relationships by means of a common language. Society offers the child opportunities and a future perspective.

In an interview conducted end-December 2015, *Klaverboer* mentioned the following specifically:

“Parenting skills and the security parents can provide their children weigh very heavily. If there is a good connection and the child has bonded well with the parents they will be much more resilient, significantly increasing the potential for development even if other factors are less favourable. Strong parents are essential for children. Unfortunately, this is something that is often missing. Parents have often gone through a lot and because of this they are unable to offer their children the security that they need.”

The University of Groningen has a Research and Expertise Centre for Children and Immigration Law where the *BIC-Methodology* is used in orthopedagogical reports in immigration law. The questionnaire developed from the *BIC-Model*, the *Best Interests of the Child Questionnaire (BIC-Q)*, maps the quality of the child-rearing environment of vulnerable children in the past, present, and the projected situation for the future. The *BIC-Q* is completed by a professional on the basis of an interview with the parent(s) and child.⁶⁰ This is supplemented by observations of the child-rearing environment, questionnaires assessing psychological welfare, possibly the child's psychological assessment, and consultations with outside sources involved with the child, such as social workers and teachers. There is also a self-reporting version available (*the Best Interests of the Child Self-report; BIC-S*)⁶¹ for young people to express their opinion about the quality of their learning environment.

60 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*. Academic thesis. Groningen: Rijksuniversiteit Groningen; Zijlstra e.a. 'De BIC-Q: een instrument om de kwaliteit van de opvoedingsomgeving van asielzoekerskinderen in beeld te brengen', *Kind Adolesc* 36 (2015), 23-37; Zijlstra e.a., 'Tussen hoop en vrees: de opvoedingsomgeving van asielzoekerskinderen', *Orthopedagogiek: Onderzoek en Praktijk*, 53 (2), 3 (februari 2014), 3-17

61 Ten Brummelaar, M.D.C. e.a. (2014). The Best Interest of the Child Self-report questionnaire (BIC-S): Results of a participatory development process. *Child Indicators Research* 7(3), 569-588.

In this way, it is possible to determine whether the quality of the child-rearing environment, in the country where the child currently lives at the moment and the country of origin, is good. After completing the questionnaire the next step makes recommendations regarding where the child's chances for development are optimal. The recommendations are used, among others, by lawyers in immigration cases involving applications for residency by families with minor children.⁶²

The *BIC-model*, including the *BIC-Q* has been implemented with various target groups and scientifically validated. Additional research shows that the model provides a reliable and valid reflection of the 'quality of the child-rearing environment' concept, both in the Netherlands and in the country of origin.⁶³ It is also a good gauge for determining whether asylum seeker's children have risk factors in their environment that could result in internalised behavioural problems that might impede successful repatriation to the country of origin.

Implementing the BIC-model within the Safe Future Methodology Concerning Children

The *BIC-model* is of crucial importance to the *Safe Future Methodology Concerning Children*. It offers tools to use during counselling to help visualise just what the chances are for the child's optimal development. While in the Netherlands it can be used to augment a child's existing counselling plan, to better pinpoint areas for improvement that will benefit the child's development. If there is no individual counselling plan for a child, the *BIC-Q* can provide a foundation for developing one. When talking about the child's future, including the option of safe return and reintegration, the *BIC-Q* can be used to consider the interests of the child point by point. This is elaborated in Chapter 3, Step 5 (*Discussing the Future*).

Information that is mapped in this way by social workers and counsellors may also be important for legal procedures if a decision is made to apply for a continued stay permit on the grounds of the best interests of the child. It can also serve as the basis for a child's safe return and reintegration. And finally, this way of working fits well with the UNCR. As previously mentioned, Article 3 of this convention (see Section 2.1), states that the best interests of the child are paramount to all measures affecting children. This is an obligation of government, but also applies to social organisations such as shelters and also for parents. Integrating the *BIC-model* into the *Safe Future Methodology Concerning Children* is an attempt to do justice to this obligation.

Making time for a proper goodbye

To conclude this section many discussion partners pointed out that more attention should be paid to saying goodbye properly, should things come to that point. De Vrolijkheid in Katwijk sees how the current manner of removing families can traumatise children, as do the frequent relocations many children experience:

"When a family is being evicted they are picked up very early in the morning and disappear overnight. There is no possibility to say goodbye to the school and friends. This also really affects the other residents, including the children. With moving often, children find it even more difficult to settle into their new environment and make friends. They know that they could be living somewhere else from one day to the next and will have to start over. It is extremely important that children are able to say goodbye to each other if they must relocate or are repatriated."

The specialized staff member from DT&V in Friesland counters this saying that parents are well informed that they will be relocated to detention:

"There are many discussions before the day that people are picked up. If it comes to the point where forced repatriation is the only option, the parents are informed that they can be picked up any time within two or three weeks. So it is not from one day to the next. The DT&V explains forced repatriation during several sessions."

If families go back, counsellors at De Vrolijkheid sometimes try to keep in contact with them but this is very difficult, partly because there is almost no monitoring of returnees. Because of this there is little insight as to how it is going for the children, although this information can be really important for improving policy in the Netherlands.

62 'De BIC-Q: een instrument om de kwaliteit van de opvoedingsomgeving van asielzoekerskinderen in beeld te brengen', *Kind Adolesc* 36 (2015), 23-37; Zijlstra e.a., 'Tussen hoop en vrees: de opvoedingsomgeving van asielzoekerskinderen', *Orthopedagogiek: Onderzoek en Praktijk*, 53 (2), 3 (februari 2014)

63 Margrite Kalverboer en Heinrich Winter, 'Kinderen eerst!', NAV, nr. 1, 19-20 (februari 2009); Elianne Zijlstra, *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* (Groningen, 2012), 210

Ederveen mentioned the special ‘repatriation homes’ in Belgium as a best practice example for preparing for departure and saying goodbye. This is a form of supported housing for families who will be returning. Here they can prepare themselves for repatriation in a homey environment rather than staying in a large central location. Another Belgian initiative is the *City of Gent Voluntary Return* project.⁶⁴ This project uses a very practical and positive approach to voluntary return. Some of this advice is touched on in Chapter 3, Step 12 (*Parting, transfer, departure and monitoring*).

In conclusion it is worth mentioning a touching initiative by the elementary school De Verrekijker at the AZC/family centre in Katwijk. In the film *Forget Me Not*,⁶⁵ mentioned previously, you can see a large bulletin board hanging in the central hall of the school with photographs of all the children who have left. Each time a child leaves, the teachers and the remaining children take some time to remember them. Their photo is added to the board, the child is called by their name and the teacher and the children wish them good travels and a safe future. Children who are leaving know that the others will think about them even if they are no longer there because they have experienced this ritual many times themselves with children who left before them.

2.7 When is it not possible for a child to return?

In discussions with social workers and other experts, as well as from the literature and interviews with clients, a number of recurring themes emerge as to why a child might not be able to return:

- Environmental conditions and the importance of the BIC-Q
- Roots established in the Netherlands
- Specific circumstances of the child
- Specific circumstances of the parent
- Risk of (re-)victimisation

Basic conditions and the importance of the BIC-Q

Basically a child cannot return if repatriation to the country of origin is a serious threat to their development, taking into account the environmental conditions listed in the *BIC-Q*. A child who cannot go to school in the country of origin, who has no place to live or will not get adequate nourishment or that cannot ask for help from a social network in the country of origin, risks serious developmental harm. This is also true if the child’s security is seriously threatened if they return, if parents are incapable of caring for the child or if the child has serious medical or psychological problems and no adequate access to care in the country of origin.

Many other factors also play a special role: the degree of integration in the Netherlands, the specific circumstances of the child or parent and the risk of (re-)victimisation. Also the ethical dilemma as to against which the child’s development is compared, to the circumstances in the Netherlands or in the country of origin. In any case, it is essential to look at each individual situation to determine what is best for the child; staying in the Netherlands or returning to the country of origin? And, if repatriation seems inevitable, how can the child best be supported and protected so harm is limited as much as possible.

Like *Cristina* from Romania, clients regularly say that they cannot go back because of their own and their children’s safety:

“It is not safe for me and my daughter in Romania. I have laid charges against the father of my child because he trafficked me, and also against his family, who were involved. The police in Romania and the Netherlands say this case is serious and that he might be convicted.”

Fatu from Sierra Leone adds:

“My family forced me to marry an older man when I was still very young. My oldest daughter was circumcised and she died because of it. Then I fled with my youngest daughter. If I go back she will be in the same danger. We are not going back, I would rather die!”

64 Katrien Van Gelder (red.). Kinderen en vrijwillige terugkeer. Tips voor begeleiders van gezinnen die vrijwillig terugkeren (Gent December 2014) 6-16; Katrien Van Gelder (red.). Kinderen en vrijwillige terugkeer. Tips voor ouders die vrijwillig terugkeren met minderjarige kinderen (Gent December 2014) 4-8

The lack of monitoring after repatriation is a problematic issue because it is very difficult to find out whether a returned family is doing fine. A social worker from Amsterdam says:

“What is really difficult, is what to do when there are signs that things are not going well with the parent and child after repatriation. Often there is no longer any contact, or it’s really sporadic, but sometimes this does happen and the ability to do something from here in the Netherlands is very limited. It’s possible to ask the IOM (International Organisation for Migration) for help because they have a local office and can also ask staff to travel to the city or village where the family has relocated to.”

Roots established in the Netherlands

Margrite Kalverboer, Elianne Zijlstra and Daniëlle Zevulun from the University of Groningen discuss in the interviews with *Kalverboer* and *Zevulun* and in various articles by *Kalverboer* and *Zijlstra*⁶⁵ that a child begins integrating in the Netherlands once they start school at age four and live life more and more independently from their parents. It also becomes more difficult for the child to ground themselves (again) in the country of origin from this age. Generally, the secondary school-age child is at greater risk of harm from repatriation because they increasingly develop their own social network and develop a perspective of the future that is totally based on remaining permanently in the Netherlands. The harm is greatest if the family is forcibly repatriated, with a number of factors being very important:

Factors that determine the degree of harm if children are repatriated ⁶⁶		
Factor	Explanation	Harm
Length of stay	Longer	>
Age	Older	>
Memories	None or negative	>
Culture switching	More	>
Condition child	Worse	>
Condition parents	Worse	>

Kalverboer and *Zijlstra* state that after remaining in the Netherlands for five years the chance of the above mentioned risk factors accumulating is especially great and conclude that forced repatriation after five years in the Netherlands is always harmful to children’s development. They argue for the right to a residence permit after five years, taking into account the interests of the child. They also point out that the five year mark is not absolute, every situation is different. Some children may be harmed within the five years, while other children are able to make a go of it in the country of origin (of their parents) even after five years in the Netherlands.⁶⁷

The extent of harm can differ per age group. According to the researchers, all children are affected by an uncertain residency status and the longer it goes on the more likely the parents are seen to fall short in their parenting role. There might be the risk of attachment disorders with children younger than five if their parents are incapable of giving their children the attention they need because of their own problems. There may also be neglect, parents passing their anxieties on to the child and developmental issues in this age group. Because of their age these young children do not really have a connection with Dutch society yet and repatriation is acceptable as long as the parents can be supported with child-rearing, the country of origin is safe and there are adequate opportunities for the child’s development.⁶⁸

Older children (6-12 years) establish roots in the Netherlands through school and their parent’s care is increasingly complimented by influences from the outside world. According to *Kalverboer* and *Zijlstra*, these children can also have attachment and developmental problems due to their own and their parent’s situation, and they may also feel like an outsider in their parent’s country. *Kalverboer* and *Zijlstra* say that repatriating this group after living five years in the

65 M.E. Kalverboer en A.E. Zijlstra, ‘De schade die kinderen oplopen als ze na langdurig verblijf in Nederland gedwongen worden uitgezet’, in: Defence for Children International (red.), *Internationale Kinderrechten versus Nederlands immigratiebeleid* (Amsterdam 2006) en M.E. Kalverboer en A.E. Zijlstra, *Astielzoekerskinderen en het recht op ontwikkeling: het belang van het kind in het Vreemdelingenrecht* (Amsterdam 2006)

66 Kalverboer en Zijlstra, ‘De schade die kinderen oplopen’, 7

67 Ibidem, 20

68 Ibidem, 9-10

Netherlands is almost never acceptable because their opportunities for development in the country of origin are very poor in comparison with the Netherlands and their identity has mainly developed in the Dutch context. This is even more so for teenagers, who after five years of living here focus their future prospects completely on the Netherlands.⁶⁹

Note: this study looks at the effects on asylum seeker's children who are forcibly repatriated together with their parents after an extended period in the Netherlands. With voluntary return and re-integration after a shorter stay, where proper preparation is possible, the family's return can be supported and preferably also monitored. Consequently, a more positive outcome can be achieved, as long as the necessary conditions for development established in the BIC-Q can be met.⁷⁰

The findings of Kalverboer and Zijlstra are confirmed to some extent by what social workers deal with in their work, not only with asylum seeker's children but also with the children of foreign victims of domestic violence and/or trafficking. A social worker from Kadera:

"Returning becomes more difficult if the children are born and raised in the Netherlands, if they are older and go to school here and build a network. In fact, then they are really Dutch children and have become more and more rooted in the Netherlands."

At the same time there are other opinions in the social work field. A social worker from HVO-Querido:

"I really think it can actually sometimes be much better to go back: for parents and also their children. Often their life here offers few prospects because the chance of getting a residence permit is slight. Many clients are homesick and they still do have a social network that they can rely on if they return, if that has to happen. With enough support for their return, they are also able to build something there again. I believe that we all have to work to try to change the mindset of parents: if they are able to look positively towards returning then it doesn't have to be so heartbreaking for children at all. Even if they are integrated and if they cannot speak the language of the country of origin. Refugee children of all ages come here and none spoke Dutch yet most of them simply integrate, learn the language et cetera. Why? Because they see their future here. If you don't want to see your future in Nigeria or Albania or wherever then you will only see problems. Parents also have a responsibility here, not just the Dutch government and certainly not only the social workers."

Specific circumstances of the child

Next to the environmental conditions described in the BIC-Model above there may be other serious specific circumstances that may be a reason why a child cannot return. A selection from the responses from the focus groups with social workers from the homeless and women's shelters:

"If the child is severely disabled and there is inadequate care in the country of origin. For example, we had a client from Turkey with a severely disabled child who needed a lot of psychological and medical care. In cooperation with Immigration Services the child and mother were finally granted a residence permit."

"If there is a substantial risk that girls will be circumcised if they return."

"In cases of serious psychiatric problems and/or serious concern regarding parenting, in our opinion it is irresponsible to allow the child and parent to return in the child's first year of life."

"A child can absolutely not go back, if the parent requires intensive counselling/treatment in order to ensure safety and no direct and properly arranged transfer is possible with a helping organisation in the country of origin."

"If parents and/or children have a (chronic) illness for which no adequate support can be offered in the country of origin."

69 Ibidem, 11-13

70 M.E. Kalverboer en A.E. Zijlstra, *Asielzoekerskinderen en het recht op ontwikkeling: het belang van het kind in het Vreemdelingenrecht* (Amsterdam 2006)

Here too a side note was added by some social workers, one who also had a migration background herself:

“I find it quite arrogant to suggest that you only have quality healthcare in the Netherlands. In many countries you do have decent counselling for children with behavioural problems. Furthermore, behavioural problems are a sign that something is not well with the child or family. Returning can actually sometimes help.”

It can be concluded that when it comes to repatriation, it is very important that children can access adequate support if they have medical, psychosocial or psychiatric problems. The living circumstances must be stable enough to promote optimal development and this includes adequate medical and psychiatric care. Individualised care is also essential.

Specific circumstances of the parent

Sometimes the specific circumstances of the parent hinders safe return and reintegration. For example, because of a mild intellectual disability (mild-ID), stigmatisation or exclusion, serious trauma, or a chronic illness when there is no access to adequate care. A social worker from Het Kopland in Groningen:

“It is also questionable whether repatriation is justifiable in cases of mild-ID. We had a young female client from Nigeria, who ended up in prostitution again immediately after returning. Mild-ID clients are often less capable of expressing themselves and because of this they have trouble properly representing their story to Immigration Services, increasing the likelihood that the residence permit will be rejected.”

And a social worker from Stichting Humanitas in Rotterdam:

“Parents who are traumatised and/or extra vulnerable will have more difficulty with repatriation, making it also more difficult for the children. Offering proper support and counselling in the country of origin can help to overcome this. If the mother was a victim of trafficking then it is very important that she does not face stigmatisation upon her return and that she has been able to work through her experiences adequately.”

Fier Fryslân adds that:

“We feel there are specific security risk factors that are often not adequately taken into consideration for the country of origin. For example, in many countries single motherhood is not accepted. Extra attention should be given to this concerning repatriation. What impact does this have on the child’s social status in the country of origin? Can they get an education, et cetera? In many countries a family network is important to a safe upbringing, but what can you do when there isn’t one? This can be a big issue, particularly for children born from sexual violence. In cases of serious psychiatric problems and/or serious concern regarding parenting, we believe that in the child’s first year of life it is irresponsible to allow the child and parent to return. Certainly when there is no support network in the country of origin and it comes to single parenthood.”

Risk of (re-)victimisation

There is a risk of re-victimisation for the parent, but certainly for the children too. Sometimes children have no idea what actually happened to the parent and also they are not prepared to protect themselves from potential risks. Many parents are inclined to shelter their children from their troubles. In fact, it would be better to talk with older children about what happened so they are less vulnerable and more alert to the threat of new problems. Before a family departs it is essential to make a proper risk analysis of the potential safety risks parent(s) and children may face when they return. If the analysis determines that there is a high risk that the parent and/or child will (again) be victims of violence or exploitation this is a serious obstacle to safe return and reintegration. Therefore, it is even more important to establish contact early-on with local organisations that can support the family when they return. Repatriation is not advisable if it is estimated that the risk is unacceptably high and this is supported by concrete evidence, preferably by local sources.

2.8 What happens in the (support) process around return of children with their parents?

Repatriation experiences from the Safe Return pilot-project

Thirty-one clients received counselling related to repatriation to the country of origin over a one-and-a-half-year period during the *Safe Return* pilot project. This support was provided mainly by organisations also interviewed in the framework of *Safe Future Children*. Of these clients 29 cases (22 women and seven men) have been extensively described in the pilot project publication. Two of the women were victims of domestic violence, the remaining 27 clients were victims of trafficking. Fourteen of the returnees had children, nine with children left behind in the country of origin and five with children in the Netherlands. For these clients there were a number of factors that were decisive in deciding to return compared with clients who did not:

1. ability to rely on family and a social network in the country of origin;
2. adequate income;
3. safety that could be assured;
4. the realistic expectations of those who stayed behind regarding the return and
5. reunification with children who stayed behind in the country of origin.

This does not mean that these clients had no concerns about repatriating, those they definitely had, but the positive factors outweighed possible obstacles.⁷¹ One striking aspect was that the majority of these clients (66%) received no further help after returning. Some were very outspoken about this and made it clear before departure that they did not want any further contact. Sometimes from shame, fear of stigmatisation or distrust of local authorities, but sometimes simply because they did not wish to be reminded about the difficult experiences they had in the Netherlands. Other clients said that they were confident that their family and network would be welcoming and that they would be able to cope. A few clients more or less silently slipped out of sight after returning and never contacted the local organisation that was to provide counselling support. Even though clients are free to refuse help around safe return and reintegration, many of the social workers involved were concerned about the lack of monitoring and support, especially given the vulnerability of these clients and their children. In a few cases, separate provisions were made for returning children, but the most common form of support was reunification with family in the country of origin, followed by job-seeking assistance and psychological and medical support.

Nationality of parent(s) and children

In the Netherlands nationality is passed to children through right of blood (one or both parents have nationality, also known as *ius sanguinis*), and not through birthright (*ius soli*) by virtue of being born in the country. Some clients incorrectly believe that their child will have Dutch nationality if they are born here, but this is definitely not the case.

A child can have their father's or mother's nationality, or both. The nationality of the mother is automatically passed to the child at birth. If the parents are married, in a registered partnership or if the father acknowledges the child, then the father's nationality is also passed on. If one of the parents has Dutch nationality or a nationality from another EU country, or if he or she is in possession of a regular residence permit for one of these countries, this also applies to the child. The child may remain with this parent providing they have – if the parent is from another EU country – an adequate income to support the child.

A parent who does not have Dutch nationality or another EU nationality, and has no residence permit for one of these countries, can apply for a residence permit in order to remain with the child in the Netherlands. Whether this is granted depends on a number of factors:

- The parent's ties with the Netherlands
- The child's ties with the Netherlands ('rootedness')

⁷¹ Kootstra, *Safe Return* (2014) 36-37

- The relationship between the child and this parent
- Whether the other parent, who has Dutch or EU nationality or a regular residence permit, is able to care for the child themselves in the absence of the parent who applies for residency
- Whether a future for the whole family is possible in the country of the parent making the application, where the child's development is not unduly disadvantaged in comparison with development opportunities in the Netherlands.

For more information also see Appendix 2.

In practice, social workers frequently struggle with these complicated questions. What most often happens is that the mother has no residence permit but the father can legally reside in the Netherlands. There is now also case law supporting the removal of a parent without his/her child(ren). Nevertheless, there are also cases where the undocumented parent has successfully been granted a residence permit in the Netherlands on the grounds of remaining with the child. Because the individual circumstances are very important in these cases for the court's determination, it is difficult to draw general conclusions here about the chance of success for a residence permit application for remaining in the Netherlands with the child. It is therefore advisable to seek specialist legal advice about this.

The court can, for example, decide that the entire family must go to the country of origin of the parent without legal residency in the Netherlands to continue living there as a family. Or it may decide that the parent without legal residency has to leave the child with the parent with legal residency, if that parent is deemed capable of caring for the child on their own. The irony of this is that it is even more difficult to get a residence permit for a so-called 'intact' family than a 'broken' family with divorced parents. The assumption is that an intact family can also choose to depart together in order to continue living as a family. A 'broken' family cannot be forced to do this and therefore it may be necessary to give the partner without legal residency a permit to be able to maintain a relationship with the child (right of access).

An important recent example is the *Jeunesse case*⁷² from 2014. The children and father had Dutch nationality but the mother did not. At the time the court determined that the mother must return to her country of origin and that the rest of the family should follow to continue living as a family there. In the end, the mother was granted a residence permit for the Netherlands because this was considered in the best interest of the children. Furthermore, the mother was known to authorities the entire time she was staying in the Netherlands without being deported and had in that time establish family life in the Netherlands.

An example from Kadera women's shelter:

"We had a Surinamese family with four children in the shelter, mother, two teenagers and two children under four. The mother and teenagers had Surinamese nationality, the younger children were born in the Netherlands from a new relationship and have Dutch nationality, just as their father. Mother left her Dutch partner because of domestic violence after which there was limited contact between the ex-partner and the youngest children. The family was to be split up, with the mother and the older children forced to return to Suriname and the two younger children remaining in the Netherlands with the father. The options were discussed extensively with the two teenagers. They absolutely did not want to return to Suriname and the oldest child in particular said that they would rather remain here illegally. Since they were older they thought that they would be able to cope independently in the Netherlands. In the end the whole family did get a residence permit and in the meantime there is also regular contact between the father and the youngest children. Both the mother and children have gone (back) to school and now live independently."

A specialized staff member from the DT&V in Drenthe offers another example:

"I once counselled a Bosnian family with ten children for repatriation. This went well and I still have contact with them. Another case that did not go as well was that of a Nigerian woman who divorced her Dutch husband after a domestic violence situation. She really wanted to return to Nigeria, together with her new Nigerian partner, and take her child from her first marriage with her. Her ex-husband blocked her from doing this because he did not want give the child up, even though he did not want to take care of her and barely saw her. My client was completely stuck as a result."

72 source: <https://www.defenceforchildren.nl/p/140/4092/baanbrekende-uitspraak-in-gezinsmigratie-zaak> [29-11-2016]

In the Dutch legal practice there has never yet been a case where a child is placed in foster care and the parent(s) deported. According to experts from Stichting LOS and Defence for Children this is also not legally permitted given the child's right to live with their parents unless this is explicitly not in their interest, for example, if serious abuse requires they be taken into care (Art. 9 UNCRC). However, social workers do sometimes raise the alarm if children are at risk of ending up on the street, at which point the option of placement in foster care is discussed. An example from GGZ organisation Equator Foundation:

“We had a Nigerian client with four children in counselling whose asylum claim was rejected and who refused to relocate to a family centre. Given that there are no social provisions for families without right of residency, there was a risk of physical neglect due to poverty. In the end we reported this case to Veilig Thuis and Youth Services because we had serious concerns about the children. Veilig Thuis and Youth Services indicated that a foster family could be found for the children to prevent them from ending up on the street.”

Het Kopland is also advocating a case of a family in danger of having to sleep on the street:

“At the moment we have a woman with two children in crisis accommodation. The children are 6 and 8 years-old. They were taken in on a weekend after coming to the door of the women's shelter at night asking for shelter. No alternative shelter spot could be found at that moment and the staff member felt it would be irresponsible to allow the children to sleep on the street. After the weekend it came to light that the woman had an Italian residence permit but that she did not feel safe any longer there with her children. She fled to the Netherlands in the hope that she would be safe here and granted asylum. They ended up in Ter Apel where the Central Asylum Seekers' Reception Centre is located. Her application for asylum was rejected so they had to leave the shelter. We began looking for an alternative solution after learning more about her and ascertaining that her situation had nothing to do with domestic or honour-related violence, but no institution was able or willing to take her in. She refuses to go to the family centre and we can't force her. But who can support her in taking responsibility for the safety of her children if they are roaming around and living on the streets? This creates a dilemma for shelters: do we send the woman and her children out of the shelter regardless, without repatriation support for her and the children, or do we offer shelter knowing that the costs will not be covered and take the time to organise the repatriation as well as possible?”

The Child Pardon legislation

Many cases dealt with by the legal helpdesk at Defence for Children have to do with the Child Pardon, which is a regulation for children who have already been in the Netherlands for some time. There is now a definitive policy,⁷³ which sets a number of conditions that must be met to qualify for a regular residence permit:

- The child is younger than 19 years at the time of application for a regular residence permit;
- An asylum request is submitted by the child or the parent(s) at least five years before the child turned 18;
- The child has been living for more than five years in the Netherlands since this original application for asylum;
- The child has been known to government authorities throughout this period, whether by the IND, DT&V, COA or the Aliens Police or Nidos if they were under guardianship (child protection for refugees). In practice the child cannot have been 'out of the picture' for more than three months;
- During this period (the parents of) the child have cooperated in making repatriation to the country of origin possible, but failed through no fault of their own, for example, because they could not get travel documents.

If the residence permit is granted this applies also to the parent(s) and any brothers and sisters, unless the family relationship was severed at the time of application. That the child was born only after the parent(s) original application for asylum has no bearing on this request.

In reality very few regular residence permits are granted under the Child Pardon scheme. Statistics from Defence for Children show for example, that 92-95% of the applications were refused since 2013.⁷⁴ Defence For Children explains that the last condition in particular, 'cooperated with repatriation efforts,' is not so straightforward to prove in practice. In addition, victims of trafficking and/or domestic violence fall outside of this scheme because most have never made an application for asylum.

⁷³ Besluit van de Staatssecretaris van Veiligheid en Justitie van 30 januari 2013, nummer WBV 2013/1, houdende wijziging van de Vreemdelingencirculaire 2000, 1-3

⁷⁴ Source: <https://www.defenceforchildren.nl/images/68/4572.pdf>, 27 [05-12-2016]

Availability of financial support for return: does it make a difference?

In some cases clients who return to their country of origin can make use of a repatriation budget for themselves and their children. The amounts vary by case and depend on a number of things including which country the family is returning to (within or outside of the EU), how many children there are, are there special medical needs requiring extra support, et cetera. There is access to specialised repatriation organisations (see the *Safe Future Methodology* for more on this) where the repatriation budget is agreed on. Sometimes this is paid in-kind, sometimes in cash, or both.

Opinions are mixed around the effectiveness of using a repatriation budget. Most interviewees say that this can be a stimulus but is generally not the decisive factor in making a decision. Starting to discuss the possibility of return early on is considered more important, along with a good social network and a supporting organisation in the country of origin. How the repatriation budget for children can be used is not really specifically examined in counselling returnees; normally it is just added as part of the family budget. Sometimes this money is also used to try to prevent re-victimisation, in particular for victims of trafficking. A social worker from Amsterdam:

“It can’t be shown how much the availability or the amount of a return budget influences the willingness to go back but it can help promote positive reintegration. Sometimes it is also used as incentive: a client receives access to a repatriation budget only if they also accept assistance support from a shelter organisation in the country of origin that will manage the budget. This ensures that counselling and monitoring are possible for longer and can hopefully reduce the risk of re-victimisation. However, there is really no known research about this (yet).”

Marieke van Houte’s PhD thesis at the University of Maastricht (2014)⁷⁵ shows the repatriation budget having a limited or even negative effect on embedding in the country of origin after return. The research focussed on the repatriation of Afghan refugees who returned after a prolonged stay in the Netherlands. Particularly in cases of forced repatriation there was a negative association with receiving financial help for tickets, travel documents, and support for initial expenses after return, because this was directly linked to being forcibly returned. Financial support was better received in cases of voluntary return, especially if this was provided through NGOs where a relationship of trust could be built up. That said, even among voluntary returnees the circumstances surrounding the migration, the motivation to return and being able to rely on a social network were far more important for re-establishing life in Afghanistan than a possible repatriation budget. Strikingly, the thesis research did show that a repatriation budget had a positive influence if it was used to start a small business. This happened mainly because attention was paid not only to entrepreneurship but also coaching participants to strengthen their social skills and social network, to make winning a place in society easier and feel at home once again.

75 Marieke van Houte (2014). *Moving Back or Moving Forward? Return migration after conflict* (Proefschrift Universiteit van Maastricht 2014) 66-67

2.9 Conclusions, recommendations and a preview of the methodology

A number of conclusions and recommendations can be drawn from the interviews held with social workers, clients and other experts from the field and from the modest literature study:

- There is limited insight and insufficient attention given to the situation and interests of children. This is partly due to the lack of funds or severe budget cuts, with many locations having no specialised family counsellors in place. It also has to do with a lack of awareness about how important it is to put the interests of the child first in accordance with the principles of the International Convention on the Rights of the Child.
- Problems described from the field correspond with the research recommendations in the Best Interest of the Child Model and show how important it is to apply the BIC-Model more broadly in counselling children of clients with an uncertain residence status. From the onset attention must be paid to the position and interests of the child. With the help of the BIC-Q questionnaire, or other possible observation tools such as the KIPPPI lists, targeted information can be collected concerning the well-being of the child, influential environmental factors and actions that need to be taken to improve this. This is elaborated in Chapter 3.
- Problems described from the field also show the importance of the private member's bill tabled by Parliamentary Members Voortman and Kuiken, which would add an amendment to existing immigration law explicitly stating that the interests of the child must be central to all measures affecting children.
- It is essential that more attention is given to good (enough) parenting in order to stimulate the child's healthy attachment. A stable family, whether with one or two parents, is the foundation of a safe future for the child, regardless of where ever it finally settles. To foster a good child-rearing environment and the child's optimal development, more attention must also be given to achieving a good financial foundation for the family.
- Family interrelationships are important to remember. A parent whose position is undermined is also weaker in their parenting. This can be a mother who is abused in front of her children or a father who has lost his role as breadwinner and whose language acquisition and embedding in Dutch society is overshadowed by his children and/or partner. Giving attention to this operates preventively to avoid later problems, especially domestic violence and child abuse.
- Children take in much more than their parents realise and fill in missing information in their own way. Therefore, it is important to talk with children about the future and possible repatriation, depending on their age and level of maturity. At the same time, it is vital that they not be made to feel mutually responsible for making the decision. Parents bear the responsibility for this.
- Finally, it is essential that the child learns Dutch and also become familiar with the language and culture of the parent (s) and country of origin. If the child must return this will help support a smooth transition. Becoming acquainted with the language and culture of the parents is also important for the child's general (language) development and identity formation. A child lacking a good grasp of the parent's mother tongue and who learns broken Dutch from parent(s) who have not yet mastered the language, runs the risk of being doubly disadvantaged in their development.

In Chapter 3, the input from Chapter 2 is translated into practical tools for social workers and counsellors who work with families with an uncertain residence status in their daily practice. The format largely follows the original *Safe Future Methodology*, indicating at each step where specific attention needs to be paid in order to prioritise the interests of the child. Social workers and counsellors who will be working with the *Safe Future Methodology Concerning Children* can best do this with the original *Safe Future Methodology* close at hand so they can then see what (extra) is needed for children at each step. The aim is to avoid duplication as much as possible; information that is already available in the original *Safe Future Methodology* is not repeated in this supplement to the methodology. To help make this an easy reference for social workers and counsellors, the reader is directed at several steps to refer back to Chapter 2 for additional information.

Chapter 3 Safe Future Methodology Concerning Children: Practical application

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3.1 Introduction

Several interview partners mentioned that it is important to make a family plan rather an individual plan to (make it possible to) talk about the future, including the possibility of return and reintegration. It is also important to carefully map specific aspects that affect children and add these to the family plan. While these aspects are described in this chapter the actual family plan is not. A family plan can be created in various ways depending on the methods and procedures used within an organisation.

It is essential to consider together with the parent how the child can be involved in this, depending on the child's age and level of maturity. What must be prevented at all times, is parents and children becoming alienated from each other over this topic. Certainly with younger children, the main task will be supporting the parenting role and to encourage parents to take the interests of the children into account at each step. As children get older, more can be discussed with them, however, the responsibility for a definitive decision always lies with the parent(s).

3.2 Assistance in the Netherlands

Step 1 Primary needs and safety

Just as with the parent(s), it is important to determine the child's primary needs and safety as quickly as possible after entering shelter or starting counselling; aspects such as shelter, adequate clothing and food, but also providing reassurance and structure. In addition, it also means assessing the child's safety independent from that of the parent(s). Important areas of concern are:

- Is the child in danger? Is there the possibility that they have been victimised and are they still in fear of a violent perpetrator? What measures are or can be taken to ensure the child's safety?
- Has the child experienced violence that requires urgent medical examination?
- Does the child have a chronic illness that requires medication?
- Does the child have psychological problems that require urgent care, for example, a disorder requiring medication or if they are depressed, or even suicidal?
- Are there agreements with the child regarding contact with friends, family and the other parent, if applicable? If the child has their own mobile phone, it is important to make agreements as soon as possible if and how the child may use the phone

If there are children remaining behind in the country of origin, talk with parents as soon as possible about whether and how the child (and any adult caregivers) will be informed about the parent's new residence.

Step 2 First counselling sessions and information

Counselling can begin once the child has settled down somewhat using whatever methodologies and practices in place at that institution, such as resilience training (*Veerkracht*). Some organisation have separate child or child/parent intakes apart from the general intake. For children of clients with an uncertain residency status it is very important to try to answer a number of legal questions as early as possible in the process, if possible:

- Which nationality does the child have?
- What is the legal status of the child? Do they have identity papers?
- What are the familial relations? Is the child with their own parents, family members or people who have no family connection? How can the family relationship be verified?
- Do the parents have joint custody? If so, what agreements do they have? If not, is there contact with the other parent, or does the other parent have visitation rights?
- Does the child have a birth certificate so that they have a right to services? If not, how can this possibly be obtained?
- What is known about why the child is in the Netherlands (for example, parents have applied for asylum, parent(s) is a victim of trafficking or domestic violence, parents came as labour migrants, children joined their parent(s) under family reunification, et cetera)? Are there related issues that need to be dealt with in the immediate short term?

The schedule in Appendix 2 can be used to help determine the child's nationality.

In addition, it is important to deal with a number of practical concerns:

- Does the child speak Dutch and/or the parent's language?
- Has the child attended school? If so, where and how long (level or class)?
- Is the child immunised? If so, against which illnesses and are their immunisations still up-to-date?
- Which (childhood) illnesses has the child already had?
- Does the child (or their parent(s)) follow a specific religion, and if so, does this have practical implications for the child, for example, regarding nutrition or clothing?

- Does the child have, or want to have, contact with family or friends staying elsewhere in the Netherlands? If so, is it safe to re-establish contact and how quickly can this be organised?
- Does the child have, or want to have, contact with family or friends in the country of origin? If so, is it safe to re-establish contact and how quickly can this be organised?

Step 3 Observation of the child's needs, wishes, strengths and sources of support

(See also background information in Section 2.4)

The availability of specific counselling for children varies widely across organizations, as do the methods used for this. To a large degree this determines whether child observations are possible and to what extent. It is also easier for the one organization to get specialised help for the child than the other when this is necessary. Institutions that work with resilience training (*Veerkracht*) are able to make a comprehensive strengths inventory for the child, while other institutions will be forced to do with less.

Whatever the circumstances, it is essential to map the child's needs, wishes, strengths and sources of support one way or another, based on observation and discussions with the parent(s) and children. What are the child's talents, what do they enjoy doing, how do they relax, what do they need for optimal development and how can the counselling play a role in this? The *KIPPPI* observation lists are also a good tool for doing this.

In addition, it is important to give attention to any possible specific issues such as those described in Section 2.4, '*What problems have been identified in counselling?*' This might involve the following:

- Differences in parenting styles: go 'Dutch' or maintain one's own parenting style: how would you describe the parenting style from observation, what do the parents and children say, are boundaries crossed, such as yelling and hitting? Or does the parent actually combine the best from both cultures? What about parenting is difficult for the parent and what kind of support would they appreciate with this?
- Attachment issues and the importance of good (enough) parenting: does the child seek comfort and affirmation from the parent or not, do they seek contact with the counsellors, does the parent feel confident or insecure as a parent? Does the parent set clear boundaries?
- Lack of language and cultural knowledge about the country of origin: which language does the child speak? Can the parents and children understand each other properly? Can counsellors properly communicate with the child in Dutch? What does the child know about the culture of the country of origin of the parent? How does the parent deal with this?
- Parentification and parent's undermined authority: does the parent often use the child to interpret when arranging practical affairs? Does the child take over the parenting role in order to protect the parent? Does the child stay silent and conceal things from the parent(s)? Is there tension in the family because the children are learning faster than their parents? Do the children show respect for their parents or do talk indifferently about their parent(s), or even with disdain?
- Traumas and parent's and children's anxiety over return: is the child very fearful, does it wet the bed still/again while it is already toilet trained, does the child have behavioural or eating problems that may have to do with anxiety or unresolved traumas? What has the child experienced and what has been passed on by the parents? How do the parents talk about their past and about the country of origin, what do they tell their children or do they hide things? Do they speak negatively, neutrally or positively about the country of origin or certain aspects of it? What does the child say about returning to the country of origin?
- Legal status of the parent(s) and children: What is known about their legal status? How does this influence the parent child relationship? What impact does this have on the child, is the child aware of this?
- Children in the country of origin: is there contact between the parent(s) and children who remained behind? If so, how do they manage this? Is the child who remained behind in the country of origin safe? Do these children know what happened? Do the children who are in the Netherlands know about these brothers and/or sisters? Is it possible that the parent would like to trace the child through the Red Cross?

- Parents with a mild intellectual disability: are there suspicions that this is the case? If so, how does this impact on the capacity to parent and on the child? Is the child aware of the parent's limitations? How do they deal with this, for example, do they take a lot over from the parent? What is the assessment of the child's intelligence?
- Risk of (re-)victimisation of the child: was the child a victim or are they at an elevated risk, for example, because the mother became pregnant through rape and/or by a trafficker? Does the child look different from the mother, because the progenitor is West- European? Are the parents in a very vulnerable situation and is there an elevated risk of re-victimization, increasing the risk for their children as well? Is the child a victim of bullying or are they a bully?

In addition to creating an inventory of the child's strengths and resources, it is also ideal at this stage to map the degree to which the above problems apply and the measures which can be implemented to best support the child and parent(s). In connection with this, is important to have the child examined by a doctor and a mental health professional (GGZ) to determine whether there are medical and/or psychological problems. If necessary, specialist help should be called in.

Step 4 Action-plan for short-term goals

On the basis of the results from the first three steps, an action-plan can be formulated for the child (*and* the parent for the benefit of the child) to work on short-term goals. It should cover practical, medical, psychological and legal concerns. The action-plan is written together with the parent, with the child involved as much as possible, depending on age and level of maturity. It should be as strengths-focused as possible, so the parent – and also the older child where possible – can actively begin working toward the goals in the action-plan. Depending on the method or other processes used within an institution the action-plan could be based on existing counselling plans or created from scratch. Whatever format is used, the aspects that need to be included are:

- Legal: initiating necessary procedures, requesting documents, et cetera
- Medical care: examination of the child and referral to specialist care if necessary
- Psychosocial care: assessment of the child and referral to specialist care if necessary. Can the child participate in courses to bolster their resilience and self-confidence?
- Parenting: can the parent participate in a parenting course or other courses that build parenting skills with a focus on communicating with children? How can this be incorporated into the parent's individual counselling?
- Language enrichment: can the child attend a day-care, pre-school or elementary school in order to learn Dutch and gain experience socialising with other children? Encourage parent(s) to also (keep) speaking with the child in the language of the country of origin
- Social network: establish contact with children left behind in the country of origin, with the other parent if applicable, with family and/or friends elsewhere in the Netherlands or in the country of origin
- Practical: can the parent participate in courses that focus on building life skills, such as finding your way in Dutch society? Are there clubs where the child can participate in activities that they enjoy?

Step 5 Discussing the future

(For more information also see Sections 2.5 and 2.6)

In the *Safe Future Methodology* this section is used to investigate opportunities in the Netherlands and the country of origin together with the client. The intention is to offer the client from the onset of counselling more insight into the various options and to support them in making a well-informed choice. In some cases the client may be able to stay in the Netherlands, in other cases their applications for residency are not successful and then they need to consider any remaining options. Using two overviews from the *Safe Future Methodology*, it is possible to compare the possibilities in the Netherlands against those in the country of origin and see which factors might still be able to be changed. Information previously gathered during the adult client's strengths assessments can be useful for the *Discussing the Future* sessions. There are ten factors that are considered important in weighing the options for either the Netherlands or the country of origin:

1. Safety
2. Protection from violence
3. Children and child-rearing
4. Accommodation
5. Work, income and education
6. Feeling ‘at home’ (fitting in)
7. Family/network
8. Health care
9. Social status
10. Social norms with respect to return

Of the ten focus areas within the *Safe Future Methodology Concerning Children* supplement to the *Safe Future Methodology*, ‘Children and child-rearing’ will be discussed further. However, it is vital to always remain aware of the other focus areas in relation to what needs to be arranged for the child, what the child wants and what would benefit their development. The child’s interests must always be considered first.

As previously explained in Chapter 2, (Section 2.5) it is important to (also) speak with children about the future, depending on their age and level of maturity. Children are aware of much more than adults think and anything they are not told, they’ll fill in themselves (often imagining things that are much worse than they actually are). As a child gets older, it becomes increasingly possible to speak with them directly. Contact with younger children still mainly happens through the parent.

It is also important to keep in mind that the parents, and not the children, are ultimately responsible for the choices they make for the family. Speaking with children about the future is important but they shouldn’t get the idea that they share responsibility for the decision to repatriate or stay despite everything. This puts too great a burden on their shoulders. If the child is reaching adulthood (older than 16), they can be involved in the decision-making process; even then, the ultimate responsibility lies with the parent. Social workers and other counsellors must ascertain what they can tell the children and if, how and when they involve the child in the process, together with the parents.

Communication guideline: how, what, and when to discuss with children?

The following communication guideline is based on the above considerations and the practical experiences of social workers and other counsellors. Please note: in most cases multiple discussion sessions will be necessary:

Age of the child	Amount of direct contact with the child in order to discuss the future
0 - 4	<p>Contact goes entirely through the parent (often the mother), and the focus is on strengthening her parenting skills and the mother/child bond.⁷⁶ Extra attention should also be given to raising the mother's awareness on how her actions can affect the child.</p> <p>Specifically for children: the child can be introduced to beginner game-play and short talks from toddler age.</p>
4 - 8	<p>Contact goes mainly through the mother; in addition the child's vision of the future may be explored through various forms of play (drawing?). The mother is usually present, but the child may be alone for part of the discussion, for example, to make a drawing. In addition, discussions take place with the parent to talk about parenting and to strengthen her in her role as parent.</p> <p>Specifically for children: supervised group play with a child counsellor. Space is also created for them to be able to tell their story.</p>
8 - 12	<p>Simple conversations at a child's level take place with the children to assess the child's vision of the future, what they wish for, dream or are anxious about, and how they can talk about this with their parent(s). Sometimes with the mother present and sometimes with the child alone (this depends on the child's intellectual and socio-emotional level of maturity). It is also possible to only speak with the child, but only with parental consent. The parent always receives feedback afterwards, preferably during a session together with the social worker, child and parent. In addition, discussions take place with the parent to talk about parenting and to strengthen her in her role as parent.</p> <p>Specifically for children: supervised group play with a child counsellor. Space is also created for them to be able to tell their story.</p>
12 - 18	<p>In principle, teenagers can take part independently in discussions with the social worker or counsellor about their vision of the future, what they wish for, dream or are anxious about, and how they can talk about this with their parent(s). The parent must give their consent for this, at least until the child is 16. The parent always receives feedback afterwards for children under 16, preferably during a session together with the social worker, child and parent. Youth between 16 and 18 no longer need parental consent to participate and can decide independently what may or may not be shared with their parent(s).</p> <p>Note: The feedback to parents regarding sessions with teenagers may omit certain information that the child absolutely does not want shared. Such as information about the child's sexual orientation or other information that could create serious problems for the child with their parent(s). Building a trust relationship with the child is very important. The counsellor talks with the child about what must remain confidential and what can be shared. However, it must be made clear that the information cannot be kept confidential if the child runs a risk of danger.</p>

⁷⁶ Where it says 'mother' this can also be read as 'father'. Social workers and counsellors indicate that it is usually mothers who take on the most important childcare tasks and have the most contact with the child.

The Best Interests of the Child (BIC)-Model

At the heart of the conversations with the child or the parent(s) are the basic conditions for the child's healthy development, as described in the *Best Interests of the Child (BIC)-Model*:

1. Adequate physical care
2. Safe physical environment
3. Affective atmosphere
4. Supportive, flexible child-rearing structure
5. Adequate examples by parents
6. Parent's interest in the child
7. Continuity in upbringing and conditions, future perspective
8. Safe wider physical environment
9. Respect
10. Social network
11. Education
12. Contact with peers
13. Adequate examples in society
14. Stability in life, future perspective

These environmental conditions are detailed further in the *BIC-Q* questionnaire in Appendix 4, which is to be filled in by the counsellor and parent(s) and/or the child during discussion and observation sessions. The results from further investigations by other professionals may also be added. This can be used as an aid in the discussions with the adults about the future. The questionnaire provides a picture of the current state of affairs concerning the child's development, and what can be expected with continued residence in the Netherlands or return and reintegration in the country of origin. Some factors may still change over time so there is space provided to make note of 'areas for improvement', to be able to address those conditions that did not score well. The 'areas for improvement' should be described as concrete and strengths-focused as possible, including information stating who does what and when.

As previously mentioned, the *BIC-Model* and the associated *BIC-Q* questionnaire was developed by Kalverboer and Zijlstra in 2006. With the author's permission an additional column has been added: 'Current situation in the Netherlands.' This has been done in order to be able to assess the child's development progress while in shelter or receiving ambulant counselling. Each condition is presented according to how it is defined in the work of Kalverboer and Zijlstra. As well, there is the possibility to note action points to improve on the conditions that did not score well. The reason for giving a particular score can be noted under the heading 'explanation'. The aim of working with the list is to raise awareness among social workers and other counsellors to prioritise the interests of the child in counselling from the earliest moment. This list is in no way intended to replace the extensive legal-orthopedagogical investigation by the Study Centre for Children, Migration and Law of the University of Groningen. However, it can provide input should the need for such an investigation arise.

There is also a questionnaire that can be filled in by older children. This can be obtained from the Study Centre for Children Migration and Law. The children can fill it in themselves on the computer.⁷⁷

It may not always be possible, and not at every institution, to completely fill in the questionnaire. It can also be used as a memory tool when initiating discussion about the future with parent(s). Some questions concern mainly older children, for example, regarding school or getting along with peers, while other questions are for all children. This isn't a problem, what is most important is to get as accurate a picture as possible of the opportunities and obstacles concerning the child's optimal development, in the Netherlands or in the country of origin of the parent(s). The document can also be considered as a working document that can continually be updated as new information becomes available. The goal is to create something that gives the best possible overview of what will best benefit the child's development.

77 <http://www.rug.nl/research/study-centre-for-children-migration-and-law/> [06-12-2016]

A safe environment for difficult discussions

It is also considered very important to create a safe environment for discussions about the future, including possible repatriation to the country of origin, with parents and their children. This refers to both the physical environment and the atmosphere during the session. Here is a sampling of the suggestions offered by various social workers, counsellors and other experts from the field:

- Provide a safe, quiet and pleasant space where you can talk with children
- Be open in the conversation, do not direct
- Be aware that the child is coming from a different cultural background, also in how they are raised, and take this into account (cultural sensitivity). For example, if a child looks down or away, that does not always mean that they do not want to talk with you, but rather that it may have learned that this is polite behaviour with adults.
- Be aware that a child, especially a young child, may take what you say literally or cling to it. Be clear and do not make any promises that you cannot keep
- Especially with older children, connect through their activities. Don't just have formal talks, but instead raise things while you are doing something together. For younger children it is important to connect through play. Try to find forms of play that are non-verbal for very young children or those with limited Dutch
- Build trust with parents and children, take the time to do this
- Work out things together with the client, don't take over
- Take care that the client remains in control of the discussion and also over their final decision
- Ask parents and children what they need and tie-in with their needs and strengths
- Wait for a good moment to raise the option of repatriation, don't start the session with this
- Discuss the parent's childhood in the country of origin. What did they enjoy, what did they maybe miss that they would like to give their child? How can they make this happen, also if they finally do have to return?

Lastly: child-centred information about the country of origin and family tracing

The UN children's rights organisation UNICEF publishes reports called *Child Notices*.⁷⁸ In these reports there is child-centred information about different countries of origin, concerning living conditions and security. *Child Notices* can be used to provide additional information in the official reports of the Ministry of Foreign Affairs⁷⁹ that are often used to determine whether a country is safe to return to.

Family tracing is also possible for trying to locate any of the child's family in the country of origin. This can be done through the Red Cross. It can also be a way of finding out the whereabouts of children who remained behind in the country of origin.⁸⁰ *Family tracing* can only happen if this is safe for the child and also for their family in the country of origin. The family must also give consent for this. It is advisable to discuss this beforehand with the family and any other individuals involved.

Step 6 Adding to the action-plan short-term goals

The action-plan for short-term goals (Step 4), lists concrete goals based on the child's initial needs, observations of the child and discussions with the parent(s) and/or child. In this step the action-plan can be amended to include input from the discussions about the future. The areas for improvement noted in the *BIC-Model* questionnaire must also be explicitly stated. By tackling these action points the aim is to try to actively influence the circumstances in a positive way for the child's optimal development.

Goals can also be noted related to gathering information through local partner organisations and exploring the social network in the country of origin further. An informative meeting can be arranged with the IOM or other repatriation organisations to see what support might be possible for the return. It is also important to pay very close attention to what needs to be arranged for the child regarding possible return and reintegration.

78 <https://www.unicef.nl/wat-doet-unicef/kinderrechten-in-nl/child-notices/english> [28-11-2016]

79 <https://www.rijksverheid.nl/documenten/circulaires/2010/12/01/vragen-en-antwoorden-ambtsberichten> [28-11-2016]

80 <http://www.rodekruis.nl/hulp-wereldwijd/opsparing-en-contactherstel> [06-12-2016]

Step 7 Changes during the process and evaluation

It may be that factors that influence a decision about the future change over time. For example, a decision on the family's residency procedure, which requires taking a fresh look at the future. There may also be changes regarding the action-plan's 'areas of improvement', for example, regarding conditions affecting the child's optimal development. The action-plan is a living document, continually updated and evaluated throughout the time that the family lives in the shelter or is receiving ambulatory counselling.

Step 8 Provisional moment of decision

(See also the background information in Sections 2.6, 2.7 and 2.8)

After an important change or evaluation moment, decisions will always need to be made regarding the family's residency in the Netherlands. It is important to always keep the primary interests of the child in mind. What is most beneficial for the child? As noted in the original *Safe Future Methodology*, the family's access to shelter ends the moment that the family no longer has legal residency in the Netherlands and does not want, or can not return to the country of origin. There is still the possibility of shelter at a family centre or shelter for the undocumented. The counsellor can provide support to the parent(s) to look for alternative shelter while also taking into consideration what is best for the children.

Based on the assessment of the environmental conditions listed in the *BIC-Q*, parents can also try to apply for continued residency if they believe that the child's development is seriously threatened by repatriation to the country of origin. A child risks serious harm in their development if they cannot go to school in the country of origin, have no place to live or no access to adequate nourishment and are completely unable to get support from a social network in the country of origin. This is also true if return would seriously threaten the child's safety, if parents are incapable of taking care of the child or if the child has serious medical or psychological problems and no adequate care can be found in the country of origin. Other aspects also play a special role: the degree to which the child is rooted in the Netherlands or the specific circumstances of a child or parent and the risk of (re-)victimisation, for example. A lawyer can provide support around this and can also possibly request a legal-orthopedagogical investigation by the Study Centre for Children, Migration and Law of the University of Groningen.

Some parents also opt to remain in the Netherlands as undocumented migrants together with their children. Speaking with the parents about this is vital to help them understand how such a decision can affect their children and to point out their responsibility as parent(s). If the social worker believes that the child's safety cannot be guaranteed, for example, if parents do decide to remain as undocumented migrants with their children, then Veilig Thuis can be notified. If necessary, the Council for the Protection of Children can become involved with the family.

If the family is granted a regular residence permit to stay in the Netherlands, the social worker supports the family in order to make the step towards independence. It is also wise in this case to write up a list of each family member's needs. If they wish and if it is possible, the family still receives ambulant counselling after leaving the shelter in order to help with a smooth transition.

If parents choose to return to the country of origin, they can make use of the Personal Action Plan for Return in Step 10 to prepare for a safe return and reintegration. All other families go to Step 9.

Step 9 Revisit action-plan for short-term goals

The social worker or counsellor supports the family as long as shelter or ambulant counselling can be offered and/or a final decision has been made about the future. Concrete short-term goals are formulated for this in the action-plan. The action-plan is as strengths-focussed as possible, in other words the parent and child take on as much as possible themselves. In addition, the counsellor continues to discuss future possibilities and options that remain open to the family with the parent, and where possible, also the child. It is also important to regularly make a new risk analysis in order to ascertain if the child and/or parent(s) are still at risk of danger in the Netherlands or in the country of origin.

3.3 Preparing for return

There will be many things to organise for both the parent(s) and child if a family ultimately decides to return. An action-plan can be drawn up specifically focussing on safe return and reintegration. Steps 10 to 12 describe the repatriation process. Explicit reference is made to the original *Safe Future Methodology* which describes the return process in detail. This publication highlights the specific concerns regarding children.

Step 10 Personal Action-plan for Return

(Also see Section 2.6)

The original *Safe Future Methodology* makes use of a *Personal Action-plan for Return* which can also be used to prepare for children's safe return and reintegration. For the client, the *Action-plan for Return* is an important document which they can take with them to the country of origin. In countries where contact has been established with a partner organisation the client can consent to have the action-plan transferred to a local organisation so that this organisation can continue counselling the client during reintegration and work with them to achieve the goals drawn up in the action-plan.

In the Netherlands, the social worker completes the action-plan together with the parent(s). It is based on principles of action, stimulating social support and 'proactive coping', or thinking about solutions to possible problems in advance. If an entire family wants to return, map the wishes, ideas and worries regarding the future and repatriation for all the family members. Involve the child as much as possible, depending on age and level of maturity. Speak with each family member alone if possible, so that everyone feels free to express their wishes.

To prepare for safe return and reintegration it is important to revisit and check each point in the future plan that are essential to the child's optimal development. In what ways can optimal development be ensured after repatriation? Consider matters such as:

- Will the child be guaranteed shelter, adequate nourishment and clothing and a family income adequate for the child's proper care?
- Is there a repatriation budget that also applies to the child? How will the portion allocated for the child be used to the child's benefit?
- Does the child need special medical or psychological care? Is this available in the country of origin?
- Are the social customs in the Netherlands drastically different from those in the country of origin? Will the child really need to adapt? How can the parent prepare the child for this?
- Do the children speak and write the language of the country of origin well enough? Is it in any way possible to tutor the children now?
- Can the child remain living with the parent(s)? If this is not possible, for example, because the parents have no option after repatriating but to earn their income in another city (or even another country) and must leave the child behind with family or friends, how will the contact with the parent(s) be maintained in such a case?
- What can be done to ensure the child's safety living with their parents or another family member? For example, if living circumstances are poor or there is a risk of abuse or neglect. Are the parent(s) concerned about this and if so how can this be resolved?
- Is the child's broader environment (neighbourhood/city where they will live) safe? What is different there than in the Netherlands? How can the parent prepare the child for this? What can be done in the Netherlands before leaving to strengthen the parent and child's resilience?
- How can the parent child bond be further strengthened after return? Are there family members who can support the parent(s) in their parenting role, or take over part of the care if it is too much? Is there access to parenting support? Is childcare available?
- How will the child be received by family members and others? Can advanced contact be made with grandparents, other family members and/or friends, in preparation for return? Encourage the parent(s) to talk about family and friends in the country of origin, so that the child already gets to know them a little.
- How can the children already be put in contact with peers in the country of origin? Are there brothers and sisters or cousins they can communicate with? Which activities can the children participate in?
- What does the social network of the parent and child's direct family members look like in the country of origin? Are there people the child can turn to for social support?

- What is the access to education like in the country of origin? Which school or schools will the children go to? Are there different subjects than in the Netherlands and can the child prepare themselves for this in advance? Are there different rules at school than in the Netherlands? Confirm this as much as possible together with the parent – and possibly the child – before departure. See if contact can be made with the school of their choice. Let the parent(s) talk about their own experiences of school in the country of origin. How did it differ from the Netherlands, what can the child expect?
- The special points for consideration for the child's safe return and reintegration can be added to the parent's Personal Action-plan for Return. Point 4 in the action plan (under the heading 'Children') has been adapted and can be found in Appendix 5.

Step 11 Update Risk Analysis

If everything has gone well, repatriation is carefully prepared and all the possibilities and risks are discussed in the *Personal Action-plan for Return*. With the help of the *BIC-Q*, the best opportunities for the child's optimal development and the aspects that play a unique role in this have also been examined. However, in practice there is usually little time for proper preparation. Sometimes families placed all their hopes on remaining in the Netherlands for so long that they were barely open to talking about return. When a definitive refusal of continued residence is handed down it is a tremendous shock and often there is not much time any longer for proper preparation. Even then, the social worker or counsellor's role is to do their best to see that the departure goes as smoothly as possible and to try to arrange as much as possible for the parent(s) and child.

In any event, it is essential to make a new risk analysis mapping the possible dangers the parent(s) and child may face before the family departs to the country of origin. Is it safe to make contact with family members who still live there, or with children who remained behind? What is known from the UNICEF country reports mentioned in Step 5 regarding the situation locally for children? Does the local organisation that will soon offer assistance come with good references, have other clients been helped by them before? In the original *Safe Future Methodology* there is a social map of organisations around the world which offer assistance to returnees. These organisations all endorse a vision focusing on the protection of human rights. Many of these organisations specifically focus on victims of domestic violence and/or trafficking, but some offer services to a broader audience or can refer to another trustworthy organisation. In addition, it is important to look at the possible risks concerning (physical and psychological) health and how this can be handled properly. Finally, it is also important to consider contacting police and the courts in the country of origin, if helpful. Are they able to provide protection if it is needed? In the original *Safe Future Methodology* in Step 11 there is an extensive questionnaire that provides more detail into the risk analysis.

When making a new risk analysis focussed on safe return and reintegration, it is of particular importance to consider the following for children:

- Is there a risk that the child will be ostracised, for example, because it is born out-of-wedlock, is in a single-parent family and/or has a different appearance than the mother?
- Is the child at risk of become a victim of violence (again)? For example, parental abuse or by other family members in the country of origin with whom the child will be in contact with? Or because a trafficker is still looking for the mother?
- Is the child safe in the family they will return to? Both physically (no risk of abuse or neglect) and psychological (healthy attachments, good parent/child bond)?
- Does the child have a different sexual orientation that may put them in danger if they return?
- Is there a risk that the female child will be circumcised if they return?

If serious concerns arise from the risk analysis regarding the parent's and/or child's safety, delaying repatriation is advisable, if this is possible. Afterwhich consideration can be given to whether adequate protective measures can be taken to make safe return possible. Consideration can also be given to whether there is indeed sufficient ground to request a review for a regular residence permit, whether or not this is in the child's best interest. If a family does return despite their safety being at substantial risk, the counsellor can try to establish contact with local organisations and/or the po-

lice to receive the family when they arrive. A request can also be made to the International Organisation for Migration (IOM) to monitor the family after return by visiting them where they settle, for example. This can only be done with the family's explicit consent.

Step 12 Parting, transfer, departure, reception and monitoring

(Also see the background information in Sections 2.6 and 2.8)

The process of parting, transfer, departure, reception and monitoring is described extensively in the original *Safe Future Methodology*. The process of preparing children for departure and saying goodbye is once again highlighted in this publication. Below are tips for parents from, among others, the repatriation project in Gent, Belgium⁸¹ mentioned in Section 2.8:

- Maintain as much structure as possible in your children's lives, before, during and after returning. Your children feel safer with a regular daily schedule. Emotions can make children very tired, take care that children get enough sleep.
- Be honest with your children, even if they are still (very young. Don't tell them that you are all going on a trip and will be returning to the Netherlands if that's not true. Not knowing increases the chance of emotional problems after repatriation. Children can cope better with sadness than with the feeling that they have been told a lie.
- Do not give your children the feeling that they are also responsible for the decision to repatriate, this puts tremendous pressure on them. If your child is almost an adult (older than 16), they can be included in the decision-making process, but even then the parent has ultimate responsibility. Together with your counsellor, make an assessment about what you can tell your children and how you can involve them.
- Talk about your country of origin with your children, tell them what daily life is like, and try to emphasise fun things. Don't burden your children with too many negative stories, this can make them scared and insecure.
- Talk several times with your children about returning. Children (and adults) don't always take everything in at once.
- Make returning as concrete as possible. For example, let them know what time you will be departing, how you will travel or where you will eat and sleep. Answer questions such as: who is waiting for us when we return? What will we eat and where will we live?
- You do not have to cut all ties with the Netherlands and abruptly breaking off from life here is not desirable for your child's well-being. Ask your children what they would like to take with them from the Netherlands. A couple of mementos, such as drawings from friends, a soft toy, or photos can help to deal with the departure. For older children especially, collect friends contact information so they can keep in touch through email, Facebook or Skype.
- It is very important that children have the chance to say goodbye to friends and classmates in a relaxed manner. Inform the school and other possible clubs as soon as possible, if this is possible, so that there is still time for saying goodbye. This is not only important for you and your children, but also for those staying behind.
- Try to be there for your children as much as possible. Returning is a big change for you but also for your children. Allow space for them to be angry, sad, frightened and happy, and reassure them. You can also be open about your own feelings so your children don't think they have to be stronger than they are. However, be aware that seeing parents really upset can sometimes make children very anxious.

3.4 Supporting reintegration in country of origin

Ideally the family can access local shelter facilities and counselling for a time after repatriation, whether they are supported with a repatriation budget or not. If this does not seem possible, or if the parents absolutely don't want this, then it is advisable to review how the family will resume life after repatriating as thoroughly as possible before they depart. Contact information for counsellors in the Netherlands and local organisations they can turn to in the country of origin can also be shared. In the following steps the most important issues are revisited and considered from the child's perspective.

81 Katrien Van Gelder (red.). Kinderen en vrijwillige terugkeer. Tips voor begeleiders van gezinnen die vrijwillig terugkeren (Gent December 2014) 6-16; Katrien Van Gelder (red.). Kinderen en vrijwillige terugkeer. Tips voor ouders die vrijwillig terugkeren met minderjarige kinderen (Gent December 2014) 4-8

Step 1 Addressing safety and immediate needs

A clear structure is very important for children, especially young children. Certainly with a big change like returning to the parent's country of origin, they need something to hold onto. Discuss with the parent(s) before departure how structure can be re-established as quickly as possible. Have them also explain to their children what daily life will generally look like so they can prepare themselves for this.

Immediately after returning things will be very hectic for the whole family. Some things need to be organised quickly, mainly around shelter, income and restoring contact with family members and friends. If pre-departure preparations went well then this has already been done from the Netherlands, but things can go differently than expected in practice so it is very important that parent(s) remain flexible. If the child doesn't have an adequate command of the language yet it is important to really spend time on this and to bring the child in contact with adults and other children who can help with this. Certainly younger children pick language up quickly through immersion. Once the child is a bit used to things, it is advisable that they go to school (again) and (re-)establish their own daily rhythm. It is also important for younger children to establish a daily routine, for example by going to (informal) childcare.

If the family is supported by a professional repatriation and reintegration organisation, the organisation can handle a number of matters together with the parent(s) and child, but it is also important that the family gets back on its feet as quickly as possible and finds their own way. If things are still not quite as organised as was thought before departure it is really helpful to be able to draw on such support. During counselling in the Netherlands it is also wise to strongly urge the family to accept reintegration help in the country of origin, precisely because this is also in the interest of the children.

Aside from all the practical concerns for the parents and child that are also already listed in the *Personal Action-plan for Return*, it also is important to reassess the safety situation again after returning. Does the family still have a fear of danger and if so, how can they best be protected?

Step 2 Addressing legal issues

In some cases there will also be legal issues that need to be dealt with relating to repatriation and reintegration. Many of these issues are discussed in the original *Safe Future Methodology*. Specifically for children, it is important to make an accurate assessment of the current situation around custody and visitation rights. Are the rules regarding this different in the country of origin than in the Netherlands? Can the father demand custody without the mother having rights? How can the child be protected so their right to maintain contact with both parents, as stated in the UNCRC (Art. 9), is secured? In addition, it is important to ascertain whether the child will face legal discrimination, for example, because it was born out-of-wedlock.

Step 3 Observation of the child's needs, wishes, strengths and sources of support

Step 4 Setting goals and making action-plans

Step 5 Strengthening personal and social resources

After repatriation it is advisable, if possible, to once again create a clear picture of the child's needs, wishes, strengths and social resources as well as determine goals and strengthen the child in developing personal and social resources. Whether this is practically successful will likely depend on whether the family can still be counselled for a time around safe reintegration into the society of the country of origin. Another important factor is whether the parent(s) gave consent to the transfer of their information from their time in shelter and counselling in the Netherlands to a shelter organisation in the country of origin. The approach is comparable to the steps in counselling offered in the Netherlands, of course taking into account differences in the cultural context of the country of origin. Furthermore, in 2017/2018 an international and intercultural training programme will be developed around the *Safe Future Methodology*, including the specific aspects

relating to children.⁸² Initially this new project will roll out the methodology in the Netherlands, Hungary, Bulgaria and Macedonia, but the expectation is that this will also offer a foundation for using the training material in other countries. It is possible that shelter organisations in other countries can also be trained to work with the strengths-based methodology if they express a need for this.

Step 6 Monitoring

Monitoring is very important for safe return and reintegration and this is definitely true for families that repatriate. With proper monitoring it is possible to keep tabs on the family to see how things go, also over a longer period, and see if extra help might be needed. In addition, it is possible to monitor the child's continuing development. The information regarding monitoring is also really useful for being able to adapt counselling around preparation for return as needed.

In practice things are often anything but simple. Often there is no monitoring at all if there is no further shelter support or counselling for the family after repatriation. But even if the family has received support for a time after returning this does not mean that there is also long-term monitoring. For many reasons, the family sometimes does not want to have any further contact with organisations or people in the country of origin or in the host country where they stayed for an extended period. There might be distrust, shame or fear, but sometimes it is difficult for practical reasons, for example, if the family has moved to another part of the country and the supporting organisation is located in the capital. Sometimes the contact simply fades over time. Professionals in the host country often have very limited ability to keep in contact with returnee families because new clients are demanding their attention. Each situation has to be looked at to see what is possible.

If there is a repatriation budget then there is often monitoring for a time in order to check whether the budget is being used according to the agreements. In this case it is important to also monitor whether money allocated for the children is actually being used for the children.

82 This is referring to the project 'Safe! Safe and Adequate Return, Fair Treatment and Early Identification of Victims of Trafficking' under the coordination of HVO-Querido, with the cooperation of Safe Return partners CoMensha, Stichting Humanitas Rotterdam and Stichting FairWork, La Strada International; the Dutch and Hungarian national police and the National Commission for Combating Trafficking in Human Beings in Bulgarije; IOM in the Netherlands, Hungary and Bulgaria and finally, La Strada Macedonië | Open Gate. The two-year project (1 januari 2017 – 31 december 2018) is funded by the European Union in the framework of the Asylum, Migration and Integration Fund (AMIF), with co-funding from the Dutch Ministry of Security and Justice and the Dutch Ministry of Health, Welfare and Sport .

Appendices Safe Future Methodology Concerning Children

December 2016

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Focus groups and individual interviews

Focus group discussions and individual interviews took place with the following organisations:

- Asielzoekerscentrum en gezinslocatie Katwijk | COA
- Asielzoekerscentrum en gezinslocatie Den Helder | COA
- Blijf Groep
- Centrum '45
- CoMensha
- COA Landelijk
- Defence for Children
- The Repatriation and Departure Service (DT&V)
- Equator Foundation
- Fanga Musow
- Federatie Opvang
- Fier Fryslân
- Het Kopland
- HVO-Querido
- International Child Development Initiatives
- Jade Zorggroep
- Kadera
- Kwintes
- Moviera
- OBS De Verrekijker op AZC/gezinslocatie Katwijk
- Pharos
- Rijksuniversiteit Groningen
- Stichting Humanitas Rotterdam
- Stichting Kinderpostzegels
- Stichting Landelijk Ongedocumenteerden Steunpunt (LOS)
- Tussenvoorziening
- De Nationale Stichting ter Bevordering van Vrolijkheid (De Vrolijkheid) in Katwijk

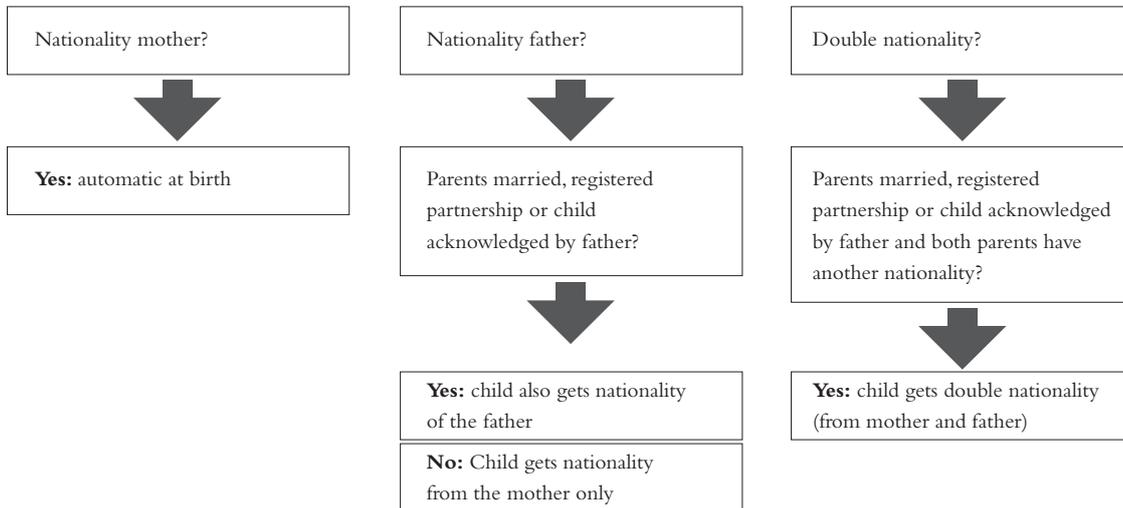
A reading group, drawn from a broad range of key individuals from the above organisations were invited to read draft versions of this publication and provide critical feedback. However, the responsibility for the final publication is that of CoMensha, the coordinator of the project.

Appendix 2 Guideline: legal position of children

See also Section 2.4 (p. 21-30) and Section 2.8 (p. 45-48)

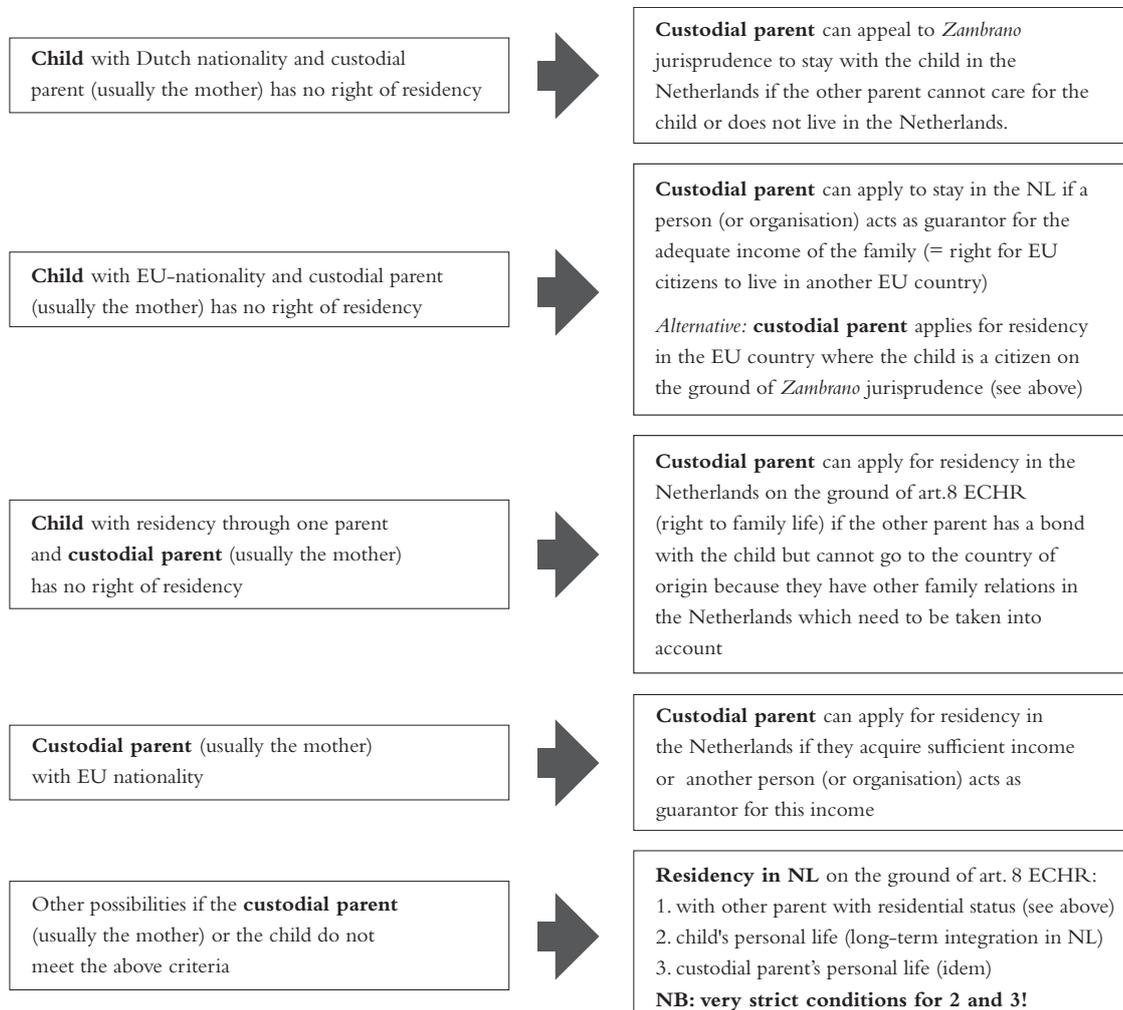
What is the nationality of the child?

General rule: blood-ties determine the nationality of the child and not the country where the child is born:



(Continued) right of residency

Note: this is just a general overview. Seek legal advice for complex questions!



Appendix 3: Communication guideline: how, what, and when to discuss with children?

Age of the child	Amount of direct contact with the child in order to discuss the future
0 - 4	<p>Contact goes entirely through the parent (often the mother), and the focus is on strengthening her parenting skills and the mother/child bond⁸³. Extra attention should also be given to raising the mother's awareness on how her actions can affect the child.</p> <p>Specifically for children: the child can be introduced to beginner game-play and short talks from toddler age.</p>
4 - 8	<p>Contact goes mainly through the mother; in addition the child's vision of the future may be explored through various forms of play (drawing?). The mother is usually present, but the child may be alone for part of the discussion, for example, to make a drawing. In addition, discussions take place with the parent to talk about parenting and to strengthen her in her role as parent.</p> <p>Specifically for children: supervised group play with a child counsellor. Space is also created for them to be able to tell their story.</p>
8 - 12	<p>Simple conversations at a child's level take place with the children to assess the child's vision of the future, what they wish for, dream or are anxious about, and how they can talk about this with their parent(s). Sometimes with the mother present and sometimes with the child alone (this depends on the child's intellectual and socio-emotional level of maturity). It is also possible to only speak with the child, but only with parental consent. The parent always receives feedback afterwards, preferably during a session together with the social worker, child and parent. In addition, discussions take place with the parent to talk about parenting and to strengthen her in her role as parent.</p> <p>Specifically for children: supervised group play with a child counsellor. Space is also created for them to be able to tell their story.</p>
12 - 18	<p>In principle, teenagers can take part independently in discussions with the social worker or counsellor about their vision of the future, what they wish for, dream or are anxious about, and how they can talk about this with their parent(s). The parent must give their consent for this, at least until the child is 16. The parent always receives feedback afterwards for children under 16, preferably during a session together with the social worker, child and parent. Youth between 16 and 18 no longer need parental consent to participate and can decide independently what may or may not be shared with their parent(s).</p> <p>Note: The feedback to parents regarding sessions with teenagers may omit certain information that the child absolutely does not want shared. Such as information about the child's sexual orientation or other information that could create serious problems for the child with their parent(s). Building a trust relationship with the child is very important. The counsellor talks with the child about what must remain confidential and what can be shared. However, it must be made clear that the information cannot be kept confidential if the child runs a risk of danger.</p>

83 Where it says "mother", this can also be read as "father". Social workers and counsellors indicate that it is usually mothers who take on the most important childcare tasks and have the most contact with the child

Appendix 4 Questionnaire Best Interest of the Child and optimal conditions for development (BIC-Q, Kalverboer & Zijlstra, 2006)⁸⁴

- Date this questionnaire was filled in:
- Name of the child:
- Date of birth:
- Place of residence of the child:
- Other members of the family residing with the child:
- Name of social worker/other professional that has filled out the questionnaire together with parent and/or child:
- Phone number:
- E-mail address:

Judgment based on the BIC-Q	Current situation during stay in the Netherlands	Expectation situation X (continued stay in the Netherlands)	Expectation situation Y (return to country of origin (of parents))
Is positive development of the child to be expected?	<input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory	<input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory	<input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory

Overview conditions		Current situation	Expected situation X	Expected situation Y
	CO*= Quality of the condition: good (4); satisfactory (3); moderate (2); unsatisfactory (1)	CO*	CO*	CO*
Familye	1 Adequate physical care			
	2 Safe direct physical environment			
	3 Affective atmosphere			
	4 Supportive, flexible childrearing structure			
	5 Adequate examples set by parent			
	6 Interest			
	7 <i>Continuity in upbringing conditions, future perspective</i>			
Samenvleving	8 Safe wider physical environment			
	9 Respect			
	10 Social network			
	11 Education			
	12 Contact with peers			
	13 Adequate examples in society			
	14 <i>Stability in life circumstances, future perspective</i>			

⁸⁴ Copyright Kalverboer en Zijlstra, 2006. With permission of the authors the questionnaire has been slightly adapted. In particular, the definitions of the conditions have been included in the table and action points have been added to improve the quality of the conditions. Under the heading 'explanation' the reason for the score can be explained. The aim of working with the questionnaire is to raise awareness among social workers and other counsellors to prioritise the interests of the child in counselling from the earliest moment.

Note: This questionnaire is in no way intended to replace the extensive legal-orthopedagogical investigation by the Study Centre for Children, Migration and Law of the University of Groningen. However, it can provide input should the need for such an investigation arise.

FAMILY: CURRENT SITUATION

PHYSICAL WELLBEING

1. Adequate physical care

Adequate physical care refers to the care for the child's health and physical well-being by parents or care-providers. They offer the child a place to live, clothing to wear, enough food to eat and (some) personal belongings. There is a family income to provide for all this. In addition, the parents or care-providers are free of worries about providing for the child's well-being.

	Current situation during stay in the Netherlands	Expectation situation X (continued stay in the Netherlands)	Expectation situation Y (return to country of origin (of parents))
1. Are the child's basic necessities of life provided for?	Yes / No / ?	Yes / No / ?	Yes / No / ?
Quality of the condition Adequate physical care	<input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory	<input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory	<input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory

Clarification why the counsellor has reached this score:

Action points to improve the condition (please describe as SMART as possible, incl. who will do what and when):

Please note: the action points for improvement may relate to both to the current situation in the Netherlands and to the expected situation for continued residence in the Netherlands or to return to the country of origin

2. Safe direct physical environment

A safe direct physical environment offers the child physical protection. This implies the absence of physical danger in the house or neighbourhood in which the child lives. There are no toxics or other threats in the house or neighbourhood. The child is not threatened by abuse of any kind.

	Current situation during stay in the Netherlands	Expectation situation X (continued stay in the Netherlands)	Expectation situation Y (return to country of origin (of parents))
2. Is the child's direct physical environment safe?	Yes/No/???	Yes/No/???	Yes/No/???
Quality of the condition Safe direct physical environment	<input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory	<input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory	<input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory

Clarification why the counsellor has reached this score:

Action points to improve the condition (please describe as SMART as possible, incl. who will do what and when):

Please note: the action points for improvement may relate to both to the current situation in the Netherlands and to the expected situation for continued residence in the Netherlands or to return to the country of origin

FAMILY: CURRENT SITUATION

Care and upbringing

3. Affective atmosphere

An affective atmosphere implies that the parents or care-providers of the child offer the child emotional protection, support and understanding. There are bonds of attachment between the parents or care-providers and the child. There is a relationship of mutual affection.

	Current situation during stay in the Netherlands	Expectation situation X (continued stay in the Netherlands)	Expectation situation Y (return to country of origin (of parents))
3. Is supplied for an affective atmosphere?	Yes / No / ?	Yes / No / ?	Yes / No / ?
Quality of the condition	<input type="radio"/> Good <input type="radio"/> Satisfactory	<input type="radio"/> Good <input type="radio"/> Satisfactory	<input type="radio"/> Good <input type="radio"/> Satisfactory
Affective atmosphere	<input type="radio"/> Moderate <input type="radio"/> Unsatisfactory	<input type="radio"/> Moderate <input type="radio"/> Unsatisfactory	<input type="radio"/> Moderate <input type="radio"/> Unsatisfactory

Clarification why the counsellor has reached this score:

Action points to improve the condition (please describe as SMART as possible, incl. who will do what and when):

Please note: the action points for improvement may relate to both to the current situation in the Netherlands and to the expected situation for continued residence in the Netherlands or to return to the country of origin

4. Supportive, flexible childrearing structure

A supportive, flexible childrearing structure encompasses several aspects like:

- *enough daily routine in the child's life;*
- *encouragement, stimulation and instruction to the child and the requirement of realistic demands;*
- *rules, limits, instructions and insight into the arguments for these rules, limits and instructions;*
- *control of the child's behaviour;*
- *enough space for the child's own wishes and thoughts, enough freedom to experiment and to negotiate over what is important to the child;*
- *no more responsibilities than the child is capable of handling (in this way the child learns the consequences of his behaviour within the limits which the parents or care-providers have set).*

	Current situation during stay in the Netherlands	Expectation situation X (continued stay in the Netherlands)	Expectation situation Y (return to country of origin (of parents))
4. Is there enough daily routine in the child's life?	Yes / No / ?	Yes / No / ?	Yes / No / ?
5. Is there enough control of the child's behaviour by its parents?	Yes / No / ?	Yes / No / ?	Yes / No / ?
6. Is there enough space for the child's wishes and thoughts, enough freedom to experiment and to negotiate over what is important to the child?	Yes / No / ?	Yes / No / ?	Yes / No / ?
Quality of the condition Supportive, flexible childrearing structure	<input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory	<input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory	<input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory

Clarification why the counsellor has reached this score:

Action points to improve the condition (please describe as SMART as possible, incl. who will do what and when):

Please note: the action points for improvement may relate to both to the current situation in the Netherlands and to the expected situation for continued residence in the Netherlands or to return to the country of origin

5. Adequate examples by parents

The parents or care-providers offer the child the opportunity to incorporate their behaviour, values and cultural norms that are important, now and in the future.

	Current situation during stay in the Netherlands	Expectation situation X (continued stay in the Netherlands)	Expectation situation Y (return to country of origin (of parents))
7. Do the parents offer the child opportunity to incorporate their behaviour, values and cultural norms which are important, now and in the future?	Yes / No / ?	Yes / No / ?	Yes / No / ?
Quality of the condition Adequate examples by parents	<input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory	<input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory	<input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory

Clarification why the counsellor has reached this score:

Action points to improve the condition (please describe as SMART as possible, incl. who will do what and when):

Please note: the action points for improvement may relate to both to the current situation in the Netherlands and to the expected situation for continued residence in the Netherlands or to return to the country of origin

6. Interest

The parents or care-providers show interest in the activities and interests of the child and in his perception of the world.

	Current situation during stay in the Netherlands	Expectation situation X (continued stay in the Netherlands)	Expectation situation Y (return to country of origin (of parents))
8. Do the parents show interest in the activities of the child and its perception of the world?	Yes / No / ?	Yes / No / ?	Yes / No / ?
9. Is the child given the opportunity for activities of his/her liking?	Yes / No / ?	Yes / No / ?	Yes / No / ?
Quality of the condition Interest	<input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory	<input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory	<input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory

Clarification why the counsellor has reached this score:

Action points to improve the condition (please describe as SMART as possible, incl. who will do what and when):

Please note: the action points for improvement may relate to both to the current situation in the Netherlands and to the expected situation for continued residence in the Netherlands or to return to the country of origin

FAMILY: FUTURE AND PAST

7. Continuity in upbringing conditions, a future perspective

The parents or care-providers care for the child and bring the child up in a way that attachment bonds develop. Basic trust is to be continued by the availability of the parent or care-providers to the child. The child experiences a future perspective.

	Current situation during stay in the Netherlands	Expectation situation X (continued stay in the Netherlands)	Expectation situation Y (return to country of origin (of parents))
10. Are the child's basic necessities of life provided for?	Yes / No / ?	Yes / No / ?	Yes / No / ?
11. Does the child have contact with significant persons from its past?	Yes / No / ?	Yes / No / ?	Yes / No / ?
Quality of the condition	<input type="radio"/> Good <input type="radio"/> Satisfactory	<input type="radio"/> Good <input type="radio"/> Satisfactory	<input type="radio"/> Good <input type="radio"/> Satisfactory
Continuity in upbringing conditions	<input type="radio"/> Moderate <input type="radio"/> Unsatisfactory	<input type="radio"/> Moderate <input type="radio"/> Unsatisfactory	<input type="radio"/> Moderate <input type="radio"/> Unsatisfactory
Clarification why the counsellor has reached this score:			

Action points to improve the condition (please describe as SMART as possible, incl. who will do what and when):

Please note: the action points for improvement may relate to both to the current situation in the Netherlands and to the expected situation for continued residence in the Netherlands or to return to the country of origin

SOCIETAL CONDITIONS: CURRENT SITUATION

8. Safe wider physical environment

The neighbourhood the child grows up in is safe, as well as the society the child lives in. Criminality, (civil) wars, natural disasters, infectious diseases etc. do not threaten the development of the child.

	Current situation during stay in the Netherlands	Expectation situation X (continued stay in the Netherlands)	Expectation situation Y (return to country of origin (of parents))
12. Is the wider living environment the child is growing up in safe?	Yes/No/???	Yes/No/???	Yes/No/???
Quality of the condition	<input type="radio"/> Good <input type="radio"/> Satisfactory	<input type="radio"/> Good <input type="radio"/> Satisfactory	<input type="radio"/> Good <input type="radio"/> Satisfactory
Safe wider physical environment	<input type="radio"/> Moderate <input type="radio"/> Unsatisfactory	<input type="radio"/> Moderate <input type="radio"/> Unsatisfactory	<input type="radio"/> Moderate <input type="radio"/> Unsatisfactory

Clarification why the counsellor has reached this score:

Action points to improve the condition (please describe as SMART as possible, incl. who will do what and when):

Please note: the action points for improvement may relate to both to the current situation in the Netherlands and to the expected situation for continued residence in the Netherlands or to return to the country of origin

9. Respect

The needs, wishes, feelings and desires of the child are taken seriously by the child's environment and the society the child lives in. There is no discrimination because of background, race or religion.

	Current situation during stay in the Netherlands	Expectation situation X (continued stay in the Netherlands)	Expectation situation Y (return to country of origin (of parents))
13. Is the child treated equally to other children in society?	Yes / No / ?	Yes / No / ?	Yes / No / ?
14. Are the wishes, feelings and desires of the child taken seriously?	Yes / No / ?	Yes / No / ?	Yes / No / ?
15. Is the personal integrity of the child respected?	Yes / No / ?	Yes / No / ?	Yes / No / ?
Quality of the condition Respect	<input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory	<input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory	<input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory

Clarification why the counsellor has reached this score:

Action points to improve the condition (please describe as SMART as possible, incl. who will do what and when):

Please note: the action points for improvement may relate to both to the current situation in the Netherlands and to the expected situation for continued residence in the Netherlands or to return to the country of origin

10. Social network

The child and his family have various sources of support in their environment upon which they can depend.

	Current situation during stay in the Netherlands	Expectation situation X (continued stay in the Netherlands)	Expectation situation Y (return to country of origin (of parents))
16. Does the child (and his family) have a supportive social network he can count on?	Yes / No / ?	Yes / No / ?	Yes / No / ?
Quality of the condition Social network	<input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory	<input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory	<input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory

Clarification why the counsellor has reached this score:

Action points to improve the condition (please describe as SMART as possible, incl. who will do what and when):

Please note: the action points for improvement may relate to both to the current situation in the Netherlands and to the expected situation for continued residence in the Netherlands or to return to the country of origin

11. Education
 The child receives a suitable education and has the opportunity to develop his personality and talents (e.g. sport or music).

	Current situation during stay in the Netherlands	Expectation situation X (continued stay in the Netherlands)	Expectation situation Y (return to country of origin (of parents))
17. Does the child receive a suitable education?	Yes / No / ?	Yes / No / ?	Yes / No / ?
18. Does the child have the opportunity to develop his or her talents?	Yes / No / ?	Yes / No / ?	Yes / No / ?
Quality of the condition Education	<input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory	<input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory	<input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory

Clarification why the counsellor has reached this score:

Action points to improve the condition (please describe as SMART as possible, incl. who will do what and when):

Please note: the action points for improvement may relate to both to the current situation in the Netherlands and to the expected situation for continued residence in the Netherlands or to return to the country of origin

12. Contact with peers
 The child has opportunities to have contacts with other children in various situations suitable to his perception of the world and developmental age.

	Current situation during stay in the Netherlands	Expectation situation X (continued stay in the Netherlands)	Expectation situation Y (return to country of origin (of parents))
19. Does the child have the opportunity to have contact with other children in various situations?	Yes/No/???	Yes/No/???	Yes/No/???
20. If so, do these contacts have a positive influence on the child?	Yes / No / ?	Yes / No / ?	Yes / No / ?
Quality of the condition Contact with peers	<input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory	<input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory	<input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory

Clarification why the counsellor has reached this score:

Action points to improve the condition (please describe as SMART as possible, incl. who will do what and when):

Please note: the action points for improvement may relate to both to the current situation in the Netherlands and to the expected situation for continued residence in the Netherlands or to return to the country of origin

13. Adequate examples in society

The child is in contact with children and adults who are examples for current and future behaviour and who mediate the adaptation of important societal values and norms.

	Current situation during stay in the Netherlands	Expectation situation X (continued stay in the Netherlands)	Expectation situation Y (return to country of origin (of parents))
21. Is the child in contact with children and adults who are role models for current and future behaviour?	Yes / No / ?	Yes / No / ?	Yes / No / ?
Quality of the condition	<input type="radio"/> Good <input type="radio"/> Satisfactory	<input type="radio"/> Good <input type="radio"/> Satisfactory	<input type="radio"/> Good <input type="radio"/> Satisfactory
Adequate examples in society	<input type="radio"/> Moderate <input type="radio"/> Unsatisfactory	<input type="radio"/> Moderate <input type="radio"/> Unsatisfactory	<input type="radio"/> Moderate <input type="radio"/> Unsatisfactory

Clarification why the counsellor has reached this score:

Action points to improve the condition (please describe as SMART as possible, incl. who will do what and when):

Please note: the action points for improvement may relate to both to the current situation in the Netherlands and to the expected situation for continued residence in the Netherlands or to return to the country of origin

SOCIETY: FUTURE AND PAST

14. Stability in life circumstances, future perspective

The environment in which the child is brought up does not change suddenly and unexpectedly. There is continuity in life circumstances. Significant changes are prepared for and made comprehensible for the child. Persons with whom the child can identify and sources of support are constantly available to the child, as well as the possibility of developing relationships by means of a common language. Society offers the child opportunities and a future perspective.

	Current situation during stay in the Netherlands	Expectation situation X (continued stay in the Netherlands)	Expectation situation Y (return to country of origin (of parents))
22. Is there stability and continuity in the life circumstances of the child such as in family life, school, leisure time and social support?	Yes / No / ?	Yes / No / ?	Yes / No / ?
23. Is the child hindered in its functioning by experiences in the past?	Yes / No / ?	Yes / No / ?	Yes / No / ?
24. Is stability and continuity in the child's life to be expected and does the child have a perspective on the future?	Yes / No / ?	Yes / No / ?	Yes / No / ?
Quality of the condition	<input type="radio"/> Good	<input type="radio"/> Good	<input type="radio"/> Good
Stability in life circumstances, future perspectives	<input type="radio"/> Satisfactory	<input type="radio"/> Satisfactory	<input type="radio"/> Satisfactory
	<input type="radio"/> Moderate	<input type="radio"/> Moderate	<input type="radio"/> Moderate
	<input type="radio"/> Unsatisfactory	<input type="radio"/> Unsatisfactory	<input type="radio"/> Unsatisfactory

Clarification why the counsellor has reached this score:

Action points to improve the condition (please describe as SMART as possible, incl. who will do what and when):

Please note: the action points for improvement may relate to both to the current situation in the Netherlands and to the expected situation for continued residence in the Netherlands or to return to the country of origin

Appendix 5 Supplement Personal Action-plan for Children

4 Children School, education, shelter, facilities/provisions, developmental perspective, safety
Will the child be guaranteed shelter, adequate nourishment and clothing and a family income adequate for the child's proper care?
Is there a repatriation budget that also applies to the child? How will the portion allocated for the child be used to the child's benefit?
Does the child need special medical or psychological care? Is this available in the country of origin?
Are the social customs in the Netherlands drastically different from those in the country of origin? Will the child really need to adapt? How can the parent prepare the child for this?
Do the children speak and write the language of the country of origin well enough? Is it in any way possible to tutor the children now?
Can the child remain living with the parent(s)? If this is not possible, for example, because the parents have no option after repatriating but to earn their income in another city (or even another country) and must leave the child behind with family or friends. How will the contact with the parent(s) be maintained in such a case?
What can be done to ensure the child's safety living with their parents or another family member? For example, if living circumstances are poor or there is a risk of abuse or neglect. Are the parent(s) concerned about this and if so how can this be resolved?
Is the child's broader environment (neighbourhood/city where they will live) safe? What is different there than in the Netherlands? How can the parent prepare the child for this? What can be done in the Netherlands before leaving to strengthen the parent and child's resilience?
How can the parent/child bond be further strengthened after return? Are there family members who can support the parent(s) in their parenting role, or take over part of the care if it is too much? Is there access to parenting support? Is childcare available?
How will the child be received by family members and others? Can advanced contact be made with grandparents, other family members and/or friends, in preparation for return? Encourage the parent(s) to talk about family and friends in the country of origin, so that the child already gets to know them a little.
What does the social network of the parent and child's direct family members look like in the country of origin? Are there people the child can turn to for social support?
What is the access to education like in the country of origin? Which school or schools will the children go to? Are there different subjects than in the Netherlands and can the children prepare themselves for this in advance? Are there different rules at school than in the Netherlands? Confirm this as much as possible together with the parent – and possibly the child – before departure. See if contact can be made with the school of their choice. Let the parent(s) talk about their own experiences of school in the country of origin. How did it differ from the Netherlands, what can the child expect?

Appendix 6 Guide to further information, particularly in the field of legal assistance

Defence for Children

Address	Hooglandse Kerkgracht 17 G 2312 HS Leiden Postbus 11103 2301 EC Leiden - NL
Website	www.defenceforchildren.nl
Telephone Child Rights Helpdesk	+ 31 71 516 09 80
E-mail	info@defenceforchildren.nl
General Objectives	<p>Defence for Children is an international organisation that stands up for the rights of children. Defence for Children promotes children's rights in the Netherlands and internationally on the basis of the UN Convention on the Rights of the Child.</p> <p>Defence for Children does this through lobbying, research, providing advice, providing information, education and taking action. At Defence for Children the child is central and the interests of children come first. In this sense Defence for Children's primary role is advocating for children's rights. Children and youth participate in the work of Defence for Children.</p> <p>Defence for Children is part of an international network with 47 national offices and affiliated members.</p>
Specific goals and services of Child Rights Helpdesk (Kinderrechtenhelpdesk)	<p>At the Child Rights Helpdesk lawyers work in various teams covering the areas of youth services, juvenile justice, immigration or sexual exploitation. The staff have specific knowledge in the field of children's rights. They are well informed about law and jurisprudence, regulations and policy concerning children and youth in the Netherlands. Children, parents, lawyers and other care providers contact the Child Rights Helpdesk daily.</p> <p>Services:</p> <ul style="list-style-type: none"> • Information for children, parents, teachers, child welfare workers, child welfare institutions or lawyers about applicable laws and regulations and publishing concise legal advice. • Taking initiative and intervention. Often more support is needed beyond advice. The staff of the Child Rights Helpdesk are in contact with institutions, social workers and lawyers. They can make requests for additional information and discuss possible solutions to the problem. • Composing child rights reports for complaints processes and legal cases or appeals procedures in residence status procedures. The reports are written from a children's rights perspective. The reports are introduced by lawyers in the court case on behalf of the child(ren). We support not only cases appealed to courts in the Netherlands, but sometimes also cases in the European Court of Human Rights. • Providing information to a wide audience. Whenever a number of questions are raised about the same topic, we make sure that this information is available. Either by making contact with the institutions responsible for this, by producing information material or providing trainings.

Stichting Landelijk Ongedocumenteerden Steunpunt (LOS) (National Foundation for Support of Undocumented Migrants)

Address	Hang 16 3011 GG Rotterdam - NL
Website	http://www.stichtinglos.nl
Telephone number	+ 31 10 7470156
E-mail	info@stichtinglos.nl www.ilegalevrouw.nl
General Objectives	Since 2003 Stichting LOS is the knowledge centre for people and organisations providing assistance to migrants without residence permits ('undocumented'). They are committed to fighting for the basic rights of these migrants and their children and their work is founded on the principles of Article 25 of the Universal Declaration of Human Rights, which applies equally to migrants without residence permits and their children. Under this article every person has the right to food, clothing and shelter. Stichting LOS informs organisations, institutions and individuals about the rights of migrants without residence permits.
Specific goals and services	<p>The work of Stichting LOS focuses on the Netherlands</p> <p>Main tasks:</p> <ul style="list-style-type: none"> • Information and service centre • Network and relationship broker • Collective advocacy <p>The core activities within this scope are:</p> <ul style="list-style-type: none"> • Information and advice to primary target audience; namely regular and private aid organisations that support adults and children without a residence permit. Stichting LOS runs a telephone helpdesk for professionals and individual social workers. Information is disseminated through the website www.ilegalevrouw.nl. Every two weeks a digital newsletter is published for Stichting LOS's network. The national newspaper [buiten de]Boot is for a more general public. Stichting LOS also provides information sessions on the basic human rights of migrants without residence permits to mainstream organisations and immigrant self-help organisations • Network development and promoting cooperation between individuals and organisations providing services to migrants without a residence permit, so that they can benefit from each other's qualities and capabilities. Stichting LOS maintains a large network database of social organisations to support this • Increasing knowledge, through research and other activities • Contributing to policy development in regard to undocumented migrants • The target group of Stichting LOS include regular and private aid organisations and migrant self-help organisations, which support adults and children without residence permits.

Study Centre for Children, Migration and Law

Address	University of Groningen Study Centre for Children, Migration and Law Grote Rozenstraat 38 9712 TJ Groningen - NL
Website	http://www.rug.nl/research/study-centre-for-children-migration-and-law
Telephone number	Please use email or the contact form available on the website Submit applications for research via the website: http://www.rug.nl/research/study-centre-for-children-migration-and-law/orthopedagogical-diagnostic-tests/sign-up
Email	kinderenenvreemdelingenrecht@rug.nl
General Objectives	The Study Centre for Children Migration and Law conducts both behavioural and legal research on issues relating to refugee and migrant children. In addition, at the request of a lawyer representative, the Study Centre for Children Migration and Law may conduct a diagnostic orthopedagogical assessment in individual cases. The orthopedagogical report may be used by the lawyer representative in asylum and immigration procedures. The BIC-Q described in the Safe Future Methodology Concerning Children is also used.
Specific goals and services	Lawyers or legal representatives can register a case for a diagnostic orthopedagogical assessment using the questionnaire found at: link http://www.rug.nl/research/study-centre-for-children-migration-and-law/orthopedagogical-diagnostic-tests/sign-up . The Study Centre for Children, Migration and Law can only take your application in consideration if you complete the questionnaire fully and if the child's parents or guardians consent to the registration for assessment. The questionnaire data are necessary for the realisation of the report and will also be used for research purposes. The Study Centre for Children, Migration and Law will treat the data and the submitted information confidentially. Some aspects of the assessment will be carried out by external researchers, in cooperation with the Study Centre for Children, Migration and Law. The external researchers are behavioural scientists and psychologists who are members of the Association of Educationalists in the Netherlands (NVO) or the Dutch Association of Psychologists (NIP).

UNICEF

Address	Bezuidehouthouseweg 74 2594 AW Den Haag Postbus 95375 2509 CJ Den Haag - NL
Website	https://www.unicef.nl https://www.unicef.nl/wat-doet-unicef/kinderrechten-in-nl/child-notice/english https://www.unicef.nl/ons-werk/nederland
Telephone number	+ 31 88 444 96 66
E-mail	info@unicef.nl
General Objectives	On November 20th, 1989 the United Nations member states adopted the Convention on the Rights of the Child. The UN requested that UNICEF ensure that countries meet their obligation to protect children's rights.
Specific goals and services	<p>In the asylum procedure the government makes use of country reports (also called situation reports). UNICEF believes that these situation reports lack specific child-centred information. For this reason the Child Notices project was initiated. With the development and publication of child-centred situation reports, or Child Notices, immigration authorities, asylum lawyers, judges and others are informed about the situation of children in countries of origin. In this way people can make better informed decisions about whether or not a child may remain in the Netherlands. And, if the child must return to the country of origin, about how this can be done in a safe way.</p> <p>These Child Notices should provide immigration authorities, guardians, mentors, advocates, and judges with complete information on the living conditions of children in countries of origin.</p> <p>UNICEF bases the Child Notices on, among other things, the Convention on the Rights of the Child. Subjects that are addressed are:</p> <ul style="list-style-type: none"> • Legal information in relation to children • General principles, such as non-discrimination, the interest of the child and the right to life and development • Citizenship rights and freedoms, such as religious freedom and freedom of expression • Child services and support for families in alternative forms of reception • Protective measures for refugees, child soldiers, unaccompanied minors and also protection against child labour, child trafficking, and female genital mutilation (FGM) • Basic rights such as water, food, health and education • Conditions for repatriation to the country of origin • You can download Child Notices per country (English versions) from https://www.unicef.nl/ons-werk/nederland. As of end-December 2016 country reports were available for Guinea, Afghanistan, Morocco, Albania and South-Sudan

Dutch Ombudsman for Children

Address	De Kinderombudsman Postbus 93122 2509 AC Den Haag - NL
Website	https://www.dekinderombudsman.nl
Telephone number	Monday to Friday from 12:00 to 17:00 at this free number: + 31 800 876 54 32
E-mail	Contact form: https://www.dekinderombudsman.nl/144/contact-formulier/
General Objectives	<p>The Ombudsman for Children monitors whether children's rights are complied with in the Netherlands by the government, but also in education, child welfare and health care.</p> <p>The Ombudsman for Children provides advice to the Parliament and organisations and raises awareness about children's rights in order to improve the position of children and youth in the Netherlands.</p> <p>The Ombudsman for Children advises children and youth about how they can stand up for their rights.</p> <p>The current Ombudsman for Children is Margrite Kalverboer.</p>
Specific goals and services	<p>You can submit a complaint to the Ombudsman for Children if you feel that the rights of one or more children have been violated. To be considered your complaint must meet a number of conditions. The Ombudsman for Children can only consider your complaint if the following points are satisfied.</p> <p>Your complaint:</p> <ul style="list-style-type: none"> • is about children's rights. • has to do with the government, healthcare organisations, youth services (voluntary), childcare or education. • is about an incident that happened when the child was younger than 18. • is about an incident that happened less than one year ago. • is not about a judge's ruling. • you have submitted your complaint to the organisation involved and you have received a reply to your complaint.

Colophon

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- Centrum '45
- Defence for Children
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- Equator Foundation
- Fanga Musow
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KINDERPOSTZEGELS

voor kinderen door kinderen