University of Groningen

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Published in:
International Journal of Law and Psychiatry

DOI:
[10.1016/j.ijlp.2018.05.005](https://doi.org/10.1016/j.ijlp.2018.05.005)

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Publisher's PDF, also known as Version of record

Publication date:
2018

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Van Os, E. C. C., Zijlstra, A. E., Knorth, E. J., Post, W. J., & Kalverboer, M. E. (2018). Recently arrived refugee children: The quality and outcomes of Best Interests of the Child assessments. *International Journal of Law and Psychiatry*, 59, 20-30. [3]. <https://doi.org/10.1016/j.ijlp.2018.05.005>

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

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ARTICLE INFO

Article history:

Received 26 December 2017

Received in revised form 27 April 2018

Accepted 22 May 2018

Available online xxxx

Keywords:

Best interests of the child

(Un)accompanied refugee children

Assessment

Mental health

Migration law

ABSTRACT

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

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1. Introduction

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

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

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

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

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

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

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

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

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

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

2. Method

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

2.1. Sample

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

2.1.1. Inclusion criteria for the sample

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

2.1.2. Procedure for selecting the sample

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

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

2.1.3. Characteristics of the sample

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

Table 1
Sample characteristics (N = 27).^a

	UAM (n = 16)	Fam. (n = 11)	Total (N = 27)
Gender			
Male	14 (88%)	3 (27%)	17 (63%)
Female	2 (13%)	8 (72%)	10 (37%)
Age (years)	M = 16.7; Mdn = 16.5; SD = 0.8 Range = 15–18	M = 9.6; Mdn = 8.9 SD = 3.8 Range = 4–16	M = 13.8; Mdn = 15.9 SD = 4.3 Range = 4–18
In host country (weeks)	M = 34.3; Mdn = 33.0 SD = 16.6 Range = 12–78	M = 57.2; Mdn = 59.0 SD = 9.0 Range = 42–69	M = 43.6; Mdn = 42.0 SD = 18.0 Range = 12–78
Country of origin			
Afghanistan	9	3	12
Iraq	1	5	6
Iran	0	3	3
Ethiopia	2	0	2
Other ^a	4	0	4

UAM = Unaccompanied asylum seeking minor, Fam. = accompanied (by parents/family) minor asylum seeker.

^a Somalia, Senegal, Morocco, and Benin.

2.2. Measures and instruments

The first research question, regarding the extent to which the BIC assessment provided enough information to determine the best interests of the child, was first answered by establishing whether or not it was possible to collect sufficient information about specific conditions for child development. The BIC-Q (see below) scores conditions for the child's development. If the professional is not able to gather enough information to assess whether a particular condition for development is fulfilled, the score is 'unknown'. Secondly, we analyzed the statements made by the assessors on the evaluation forms. The professionals are asked whether, according to their clinical experience and knowledge, they believe the information gathered on the quality of the child-rearing environment and the child's vulnerability before departure and after return is sufficient to be able to assess whether the child's development was and will be protected in the country of origin.

To answer the second research question, we considered the inter-rater reliability of the BIC-Q (see below) in the retrospective (before departure) and prospective (after return) child-rearing situation.

To answer the third research question, on the outcomes of the BIC assessments, the quality of the child-rearing environment (BIC-Q), stressful life experiences (Stressful Life Events, SLE), trauma-related stress symptoms (Reactions of Adolescents on Traumatic Stress, RATS), and other social-emotional problems (Strengths and Difficulties Questionnaire, SDQ) were assessed. These instruments form part of the whole BIC assessment.

The BIC assessment comprises various procedures and instruments.

2.2.1. File information record

Before a BIC assessment is scheduled, the lawyer or the guardian sends the legal file of the child or the family to the professionals of the Study Centre who will perform the BIC assessment. This file contains the reports of the interviews with the Immigration and Naturalization Service (IND) and, if available, medical or educational reports. For the unaccompanied children, the guardians provide a pedagogical journal with their own notes made after meetings with the child and reports from professionals who work with the child, like mentors in a reception center or teachers. Furthermore, human rights reports about the country of origin from the United Nations, non-governmental organizations, or the Dutch Ministry of Foreign Affairs are extracted for relevant information. The file information is used to prepare the assessors for the diagnostic interview and to collect information needed to complete the BIC-Q.

2.2.2. Diagnostic interview and observation with child and families

Two professionals from the Study Centre conduct a semi-structured interview with the child and with the parents of accompanied children,

based on a topic-list of the 14 conditions for the child's development derived from the Best Interests of the Child (BIC)-Model (Kalverboer & Zijlstra, 2006) (see also BIC-Q). The interview also focuses on the factors that influence the vulnerability and resilience of the child as well as on the child's views regarding the potential consequences of the authorities' decision (Sleijpen, Boeije, Kleber, & Mooren, 2016; Rutter, 1987; UNCRC, 2013, para. 75–76; 89–90; Zijlstra, 2012, pp. 52–53; Zijlstra et al., 2013). The professionals have no connections with the child and his or her family and lawyer. Observations are made regarding the child's behavior, non-verbal communication, and interactions with the other people present at the interview. When parents are present, they too, are observed in the same manner, with a particular focus on their interactions with the child (Zijlstra et al., 2013).

2.2.3. Interviews with professionals

After the diagnostic interview, external professionals who work with the refugee children are interviewed about their observations regarding the child's development and well-being (UNCRC, 2013, para. 92; Van Os et al., 2018, p. 64; Zijlstra et al., 2013). These professionals are usually teachers and, in the case of the unaccompanied children, mentors who work with the children at a reception center and guardians. The information gathered during these interviews is used to complete the BIC-Q and to assess the vulnerability and resilience of the child.

2.2.4. Best Interests of the Child-Questionnaire (BIC-Q)

The BIC-Q evaluates the child-rearing environment. It is based on the BIC-Model (Kalverboer & Zijlstra, 2006; Zijlstra, 2012). The model comprises 14 conditions for the child's development that together represent the child-rearing environment: (1) adequate physical care, (2) safe direct physical environment, (3) affective atmosphere, (4) supportive, flexible child-rearing structure, (5) adequate examples by parents or caretakers, (6) interest, (7) continuity in upbringing conditions, (8) safe wider physical environment, (9) respect, (10) social network, (11) education, (12) contact with peers, (13) adequate examples in society, (14) and stability in life circumstances. The first seven conditions are related to the family context, the last seven to the societal context (Kalverboer & Zijlstra, 2006). The BIC-Q includes 24 questions on those 14 conditions for development. For example, to evaluate condition 1 'adequate physical care' the following question is included: Are the child's necessities of life provided for?² To qualify the fourteen conditions, the following answer categories are used: unsatisfactory (0), moderate (1), satisfactory (2), and good (3). The minimum total score on the BIC-Q is 0 (14 × 0) and the maximum total score is 42 (14 × 3) for each situation that has to be assessed. For recently arrived refugee

² See for a full text version of the BIC-Q for example: Zijlstra (2012, pp. 191–196): https://www.rug.nl/research/portal/files/2448739/Proefschrift_Elianne_Zijlstra_2012.pdf

children the quality of the rearing environment is assessed in the situation before departure and the expected situation after return. The assessor gives a score of 'unknown' if insufficient information is available regarding the extent to which a condition for development is fulfilled. The assessors complete the BIC-Q after studying the written file information and the interviews with the child, parents and external professionals. In previous research on the psychometric properties of the BIC-Q, the construct validity (i.e. the internal scale structure) of the BIC-Q proved to be good (Zevulun, 2017; Zijlstra, 2012). The construct validity was examined by the calculation of correlations among the pedagogical conditions for development and by analyzing whether the conditions satisfy the assumptions of a non-parametric Item Response Theory (IRT) model, the Mokken model (Zevulun, 2017, p. 71; Zijlstra, 2012, p. 62). The BIC-Q can be considered to be a single scale comprising the 14 conditions for the child's development (Mokken scale, $H = .55$; $Rho = .94$ in Zijlstra, 2012, p. 63–64; $H = .73$; $Rho = .96$ in Zevulun, 2017, p. 75). The criterion-oriented validity of the BIC-Q is moderate to good. This was previously tested by calculating the correlations between the conditions for development derived from the BIC-Model and the internalizing and externalizing problems scales of the Social and Pedagogical Situation Questionnaire (Scholte & Douma, 1999). There is a significant correlation between internalizing problems and the conditions for development in the BIC-Model (Zijlstra, 2012, pp. 76–77). In the studies of Zijlstra (2012) and Zevulun (2017), the psychometric properties of the BIC-Q were tested for the assessment of the actual child-rearing environment. In our study, we used the BIC-Q to measure the child-rearing environment before departure from the home country and the expected child-rearing environment upon return. The Cronbach's alpha coefficient of the BIC-Q in our study was 0.78, which indicates that the internal consistency of the scale is sufficient. The inter- and intra-rater reliability of the BIC-Q are fair to good ($kappa = 0.65$ and 0.75 , respectively) (Zijlstra, Kalverboer, Post, Knorth, & Ten Brummelaar, 2012, p. 63). The BIC-Q has been evaluated as a culturally sensitive measure (Zevulun, 2017, p. 55; Zevulun, Kalverboer, Zijlstra, Post, & Knorth, 2015).

2.2.5. Mental health

To assess the child's mental health the SDQ, SLE and RATS were part of the BIC assessment. These instruments were chosen based on the following criteria: 1) having sufficient psychometric properties; 2) addressing problems that are commonly observed among recently arrived refugee children (Van Os et al., 2016); 3) suitability for use in a refugee population; 4) availability of translations in the main languages spoken by refugees; 5) availability of self-report versions; and 6) relatively short and screening character. For our sample we used the following languages: Arabic, Dari, Farsi and Somali. For two Ethiopian children, one child from Senegal and one child from Benin included in the sample no adequate written translation was available. For those children, an interpreter translated the questions during the interview. This was also done in cases where the child's or parent's reading skills were not sufficient to complete the SDQ, SLE and RATS.

2.2.6. Strengths and Difficulties Questionnaire (SDQ)

The SDQ is a behavioral screening questionnaire with 25 questions that provides an indication of the child's strengths and problems. The SDQ is divided into the following scales: total problems, emotional problems, conduct problems, hyperactivity, peer problems and prosocial behavior. The answer categories of the questions are: 'not true' (0), 'somewhat true' (1), and 'certainly true' (2). The maximum total score is 40, the sum of the four problem subscales. The outcomes of the SDQ scales are presented in four categories: 'average', 'slightly raised', 'high', and 'very high', with cut-off points based on research with UK children (Mullick & Goodman, 2001). The reliability and validity of the SDQ is satisfactory (Achenbach et al., 2008; Goodman, 1997; Goodman, Ford, Simmons, Gatward, & Meltzer, 2003). The SDQ was used in research with refugee children in various cultural settings

(Cartwright, El-Khani, Subryan, & Calam, 2015; Dalgaard, Todd, Daniel, & Montgomery, 2016; Zwi et al., 2017). The self-report version of the SDQ for 12- to 17-year-old children was used. Parents of accompanied children and guardians of unaccompanied children completed the parent version of the SDQ for children between 4 and 12 years old. The SDQ is available in over 80 languages, including most of the languages the children in the sample speak.

2.2.7. Stressful Life Events (SLE)

The SLE is a checklist of 12 dichotomous (yes/no) questions about whether the refugee has experienced certain stressful life events, e.g., separations and losses within the family, experiencing or witnessing violence, and experiencing war or natural disasters and one open option for stressful life events that are not mentioned in the list. The maximum score is 13, summing the events that the child has experienced. The average number of stressful life events unaccompanied refugee children report is 6.5 (Bean, Eurelings-Bontekoe, Derluyn, & Spinhoven, 2004a).

2.2.8. Reactions of Adolescent on Traumatic Stress (RATS)

The RATS is a self-report questionnaire that includes 22 items on a 4-point scale ranging from 'not at all' (1) to 'very much' (4). The items are arranged along a total scale and three sub scales that reflect criteria for Post-Traumatic Stress Disorder (PTSD): intrusion, avoiding and hyper-arousal. The minimum RATS total score is 22, the maximum is 88 (Bean, Eurelings-Bontekoe, Derluyn, & Spinhoven, 2004b).

The SLE and RATS are short self-report instruments for children above the age of 12 with good validity and reliability (Bean et al., 2004a, 2004b). For accompanied children below the age of 12, the professionals filled in the SLE based on the diagnostic interview with the parents. The instruments are culturally sensitive and available in the main languages of refugees. Together, the SLE and RATS give an indication of the level of traumatic stress refugee children have experienced (Bean, 2006, p. 110).

2.3. Procedures

2.3.1. Procedure of the BIC assessments

The diagnostic interview was held at a place and time chosen by the child or the family to provide them with as much agency as possible in deciding the logistic details of the assessment. For the same reason, the unaccompanied children were offered the possibility to bring a person they trusted to the interview if they thought this would support them. Providing agency is known to be supportive in facilitating refugee children's disclosure of their life stories (Adams, 2009; Chase, 2010; Van Os et al., 2018). Children and parents were interviewed together as well as separately. The interviews took three to four hours, including breaks. An interpreter was present. If the child or family thought it was necessary, a follow-up interview was arranged. The interview was audiotaped if the child or parents gave consent. For interviews that were recorded, a transcript was made. If no recording was made, notes were taken during the interview.

2.3.2. Procedure to assess the inter-rater reliability

Two professionals trained in the BIC assessment each completed a BIC-Q (see paragraph 2.3.4.) independently for 18 cases in the sample. These cases were chosen based on two criteria: (1) the availability of a transcript of the diagnostic interview, i.e., children or parents who gave permission to audiotape the interview and (2) the equal representation of unaccompanied ($n = 9$) and accompanied children ($n = 9$). The extent to which the sample represented the total sample was checked. The subsample was found to be representative in respect of the characteristics 'country of origin', 'age' and 'gender'.

The professionals were not involved in the BIC assessments of the children in the sample, nor did they ever see the children or their families. The professionals received a copy of the files, which contained the

legal and pedagogical information that was sent before the assessment took place, the transcript of the interview, a report on the observations of the assessors and reports from interviews with external professionals held by the assessors. The professionals were asked to keep notes on the difficulties they faced during the scoring.

2.4. Data analysis

The gaps in the information that could be gathered (BIC-Q) and the outcomes of the evaluation form concerning the extent to which enough information could be gathered to determine the best interests of the child were presented with the use of descriptive statistics (research question 1).

Regarding the inter-rater reliability (research question 2), the BIC-Q total score was subjected to a Bland-Altman plot analysis between two assessors (Bland & Altman, 1986, 2010). For each case, the mean (M) of the two assessors' total scores on the BIC-Q was plotted in relation to the difference of the two total scores between the assessors. This was done for two situations: before the child left the country of origin and in case the child would return to the country of origin. The agreement is sufficient when the differences are smaller than the mean plus or minus two standard deviations ($M \pm 2SD$) (Bland & Altman, 1986, 2010). The notes of the assessors were consulted in cases where the difference between the total scores was large.

Descriptive statistics were further used to present the evaluation of the quality of the child-rearing environment (BIC-Q), stressful life events experienced by the children (SLE), and mental health outcomes (RATS and SDQ) (research question 3). For the total score of the BIC-Q, the scores on the 14 conditions for development were summed together. In order to compare the BIC-Q for different outcomes for all persons we imputed missing scores with the mean score of the other conditions, thereby assuming that the scores on other items of a person were representative for the missing values of that person. Paired t -tests were used to compare the BIC scores before and after return. The t -test for unequal variances was used to compare the means of the total scores of the BIC-Q and the SLE between unaccompanied and accompanied children, with a 95% confidence interval. The normal distribution of the BIC-Q and SLE scores was visually inspected by plots.

2.5. Informed consent and ethical approval

At the information meeting prior to the BIC assessment, the research goal and procedures were explained. A consent form was signed by the child and the guardian or parent(s) on sending the legal and pedagogical file to the researchers. At the beginning of the assessment, the research goal and procedure were explained again and the minor and guardian or parents were asked for their consent to participate. They signed a consent form affirming their agreement to the following: (1) participation in the BIC assessment and the sending of the report to their lawyer; (2) audiotaping the interview; (3) processing of the data of the BIC assessment anonymously in the research database; and

(4) allowing external professionals to be interviewed by the assessors. The children and their guardians or parents were assured they could withdraw from the assessment at any time. An assessment in a psycho-legal context requires extra efforts to establish the informed consent of the child because of the potential impact on important decisions (Kuehnle, Sparta, Kirkpatrick, & Epstein, 2013). The Ethics Committee of Pedagogical and Educational Sciences of the University of Groningen approved the research design and procedure.

3. Results

3.1. Information provided by the BIC assessments

The results show that more often information was lacking in situations where the child has to return (21% 'unknown') than in the situation prior to the departure from the country of origin (1% 'unknown'). Except for continuity (condition 7), the conditions for development within the family (conditions 1–6) of unaccompanied children in expected situations after return were most frequently not possible to assess – on average, half of the cases (44–56%).

The 'unknown' scores on the BIC-Q are reflected in the statements on the evaluation forms (filled in after the assessment) about whether the assessors could gather enough information to determine the best interests of the child. For unaccompanied children, the assessors experienced more difficulties in determining the best interests of the child as compared with accompanied children in both situations: before departure from, and return to, the country of origin. In just over half of the cases (56%), the assessors thought sufficient information was gathered to provide advice on the best interests of the unaccompanied child as to whether the child's development would be protected in the family context after return. The information on the conditions for development within society prior to departure, as well as the current vulnerability of the child, was considered to be sufficient for all children except for one unaccompanied child (Table 2).

3.2. Reliability of the retrospective and prospective assessment (BIC-Q)

The inter-rater reliability for the assessment with the BIC-Q of the situation before departure (retrospective) as well as the expected future situation (prospective) can be considered as 'fairly good'. The average difference of total scores on the BIC-Q between the two independent assessors was 2.3 in the situation before departure and 1.2 in the expected situation after return. For both situations, the differences between the total scores on the BIC-Q were randomly spread between two standard deviations above and two below the mean difference ($2 \times SD = 9$ before departure, and $2 \times SD = 11.2$ after return). Only one case in the situation after return lies outside these limits of agreement (Fig. 1).

From the notes of the two assessors in cases with high disagreement, it appears they focused on different aspects of the situation they were assessing. For example, in one case, one assessor found the abuse of a child by one parent to be a leading factor in the overall assessment of

Table 2
The number of cases in which sufficient information was gathered to determine the best interests of the child ($N = 27$) for unaccompanied children ($n = 16$) and accompanied children ($n = 11$).

	Before departure			After return		
	UAM $n = 16$	Fam. $n = 11$	Total $N = 27$	UAM $n = 16$	Fam. $n = 11$	Total $N = 27$
Sufficient info. on the family conditions (BIC-Q, conditions 1–7)	14 (88%)	11 (100%)	25 (93%)	9 (56%)	11 (100%)	20 (94%)
Sufficient info. on the societal conditions (BIC-Q, conditions 8–14)	15 (94%)	11 (100%)	26 (96%)	12 (75%)	10 (91%)	22 (82%)
Current situation						
Sufficient info. on the child's vulnerability	15 (94%)	11 (100%)	26 (96%)			

UAM = Unaccompanied asylum seeking minor, Fam. = accompanied (by parents/family) minor asylum seeker.

Fig. 1. Agreement between two professionals on the retrospective assessment of the child-rearing environment before departure (left) and the prospective assessment of the child-rearing environment in the situation after return (right).

the conditions for development within the family before departure. However, the other assessor found the abuse by one parent was compensated for by the other parent's ability to protect the child's development. In another case, one assessor took the violent social circumstances in the days before departure to be a leading factor in the assessment, while the other assessor looked at the situation before the violence started. In the expected situation after return, the main differences in scores concerned a different assumption of the expected family composition the child would return to.

3.3. Outcomes of the BIC assessments

3.3.1. Quality of the child-rearing environment

The results show that the child-rearing environment was assessed on average as insufficiently fulfilling the child's conditions for development in both situations: before departure and after return. The total scores on the BIC-Q indicate that the quality of the child-rearing environment for the total sample in the situation before departure ($M = 15.5$, $SD = 5.8$) was significantly higher (M difference = 7.5, $t(26) = 7.9$, $p < .0001$, 95% CI [5.6, 9.5]) than in the expected situation should the child return to the country of origin ($M = 8.0$, $SD = 5.3$) (Table 3).

The quality of the child-rearing environment before migration for accompanied children ($M = 18.4$, $SD = 4.4$) was significantly higher (M difference = -4.9, $t(25) = -2.4$, $p = .03$, 95% CI [-9.2, -0.56]) than for unaccompanied children ($M = 13.5$, $SD = 5.9$). The same significant difference could be seen in the situation after return (M difference = -5.1, $t(22.6) = -3.1$, $p = .005$, 95% CI [-8.5, -1.7]). Accompanied

children were expected to return to a higher-quality rearing environment ($M = 11.0$, $SD = 2.7$) than unaccompanied children ($M = 5.9$, $SD = 5.8$) (Table 3).

3.3.2. Single conditions for child development

Within the family (condition 7) and within the society (condition 14) continuity was the condition least often satisfactorily or well fulfilled. The conditions for development within the family (conditions 1–7) were, for unaccompanied children in both situations, less often fulfilled satisfactorily or well than for accompanied children. The child's conditions for development within the society (conditions 8–14) were on the whole assessed lower than the quality of the child-rearing environment in the family (conditions 1–7) for both groups (Table 4).

3.3.3. Mental health

Unaccompanied children ($M = 7.1$, $SD = 2.0$) reported significantly more stressful life events on the SLE (M difference = 3.0, $t(25) = 4.3$, $p < .0001$, 95% CI [1.6, 4.5]) than accompanied children ($M = 4.1$, $SD = 1.4$). The stressful events most often reported by the children were: a drastic change in the family situation (82%); experiencing (82%) or witnessing (70%) any 'other' life threatening event (82%); experiencing (56%) or witnessing (63%) physical abuse; experiencing war or armed conflict (63%); and the death of a person the child loved (56%) (Table 5).

On the SDQ 70% of the parents or guardians gave the children a high or very high rating on the emotional problems sub-scale, as did 74% of the adolescents. High or very high ratings on other SDQ sub-scales

Table 3

Outcomes on the quality of the child-rearing environment before departure and expected situation after return ($N = 27$) for unaccompanied children ($n = 16$) and accompanied children ($n = 11$).

BIC-Q total score	Before departure				After return				Diff. Before-After
	UAM ($n = 16$)	Fam. ($n = 11$)	Diff UAM-Fam.	Total ($N = 27$)	UAM ($n = 16$)	Fam. ($n = 11$)	Diff UAM-Fam.	Total ($N = 27$)	
Mean	13.5	18.4	-4.9*	15.5	5.9	11.0	-5.1*	8.0	7.5*
Median	14.0	18.0		15.0	4.1	10.7		9.0	
Range ^a	3–23	12–24		3–24	0–19	8–16		0–19	
Standard deviation	5.9	4.4	2.0	5.8	5.8	2.7	1.7	5.3	4.9
95% Confidence interval	10.4, 16.6	15.4, 21.3	-9.2, -0.56	13.3, 17.7	2.8, 9.0	9.2, 12.8	-8.5, -1.7	5.8, 10.1	5.6, 9.5

UAM = Unaccompanied asylum seeking minor, Fam. = accompanied (by parents/family) minor asylum seeker.

* $p < .05$.

^a The minimum-maximum BIC-Q total score = 0–42. A minimum BIC-Q total score of 28 indicates that the quality of the child-rearing environment is considered as satisfactory on average.

Table 4
Outcomes on the 14 conditions for the child's development (BIC-Q) before departure and in the expected situation after return ($N = 27$) for unaccompanied children ($n = 16$) and accompanied children ($n = 11$).

Child-rearing environment	Before departure			After return		
	UAM ($n = 16$)	Fam. ($n = 11$)	Total ($N = 27$)	UAM ($n = 16$)	Fam. ($n = 11$)	Total ($N = 27$)
	Number 'satisfactory' or 'good' (%)		Mean (n)	Number 'satisfactory' or 'good' (%)		Mean (n)
1. Adequate physical care	10 (63%)	11 (100%)	2.3 ($n = 27$)	5 (31%)	5 (46%)	1.5 ($n = 19$)
2. Safe direct physical environment	8 (50%)	8 (73%)	1.6 ($n = 27$)	3 (19%)	7 (64%)	1.4 ($n = 18$)
3. Affective atmosphere	11 (69%)	10 (91%)	2.1 ($n = 27$)	4 (25%)	4 (36%)	1.4 ($n = 18$)
4. Supportive, flexible child-rearing structure	5 (31%)	9 (82%)	1.7 ($n = 27$)	1 (6%)	2 (18%)	0.9 ($n = 18$)
5. Adequate example by Parents	9 (56%)	8 (73%)	1.8 ($n = 26$)	3 (19%)	1 (9%)	1.1 ($n = 18$)
6. Interest	5 (31%)	9 (82%)	1.6 ($n = 26$)	1 (6%)	0 (0%)	0.9 ($n = 17$)
7. Continuity in upbringing conditions	1 (6%)	1 (9%)	0.2 ($n = 27$)	0 (0%)	1 (9%)	0.1 ($n = 26$)
8. Safe wider physical environment	2 (13%)	0 (0%)	0.3 ($n = 27$)	2 (13%)	0 (0%)	0.3 ($n = 25$)
9. Respect	1 (6%)	1 (9%)	0.5 ($n = 27$)	1 (6%)	0 (0%)	0.5 ($n = 27$)
10. Social network	1 (6%)	7 (64%)	1.0 ($n = 26$)	0 (0%)	2 (18%)	0.5 ($n = 24$)
11. Education	4 (25%)	6 (55%)	0.9 ($n = 27$)	0 (0%)	3 (27%)	0.3 ($n = 22$)
12. Contact with peers	6 (38%)	3 (27%)	1.1 ($n = 27$)	1 (6%)	1 (9%)	0.6 ($n = 19$)
13. Adequate examples in Society	1 (6%)	0 (0%)	0.3 ($n = 27$)	1 (6%)	0 (0%)	0.2 ($n = 24$)
14. Stability in life circumstances	1 (6%)	0 (0%)	0.1 ($n = 26$)	0 (0%)	0 (0%)	0.0 ($n = 27$)

UAM = Unaccompanied asylum seeking minor, Fam. = accompanied (by parents/family) minor asylum seeker.

Number 'satisfactory' (score 2) or 'good' (score 3) = the number of cases in which the condition for development was scored as such. The minimum-maximum score for single conditions = 0–3.

were all below 30%, indicating far fewer hyperactivity, peer and behavioral problems (Table 6).

The children in the sample who completed the RATS ($n = 19$) showed trauma-related stress reactions on a high level ($M = 56.4$, $SD = 9.5$). About two thirds (68%) of children reported trauma-related stress complaints on the RATS. This means that the recently arrived refugee children often experienced intrusions, numbing or avoidance, and hyper-arousal (Table 6).

In the subsample of accompanied children there were only three children above twelve years old. The self-report instruments (SDQ and RATS) could only be used for children above the age of twelve. Therefore, a comparison of the outcomes on mental health between accompanied and unaccompanied children was not meaningful. We could not compare the parent's version on the SDQ between accompanied and unaccompanied children because the positions of the parents and guardians in the lives of the refugee children were too divergent.

4. Discussion

To the best of our knowledge, this is the first behavioral scientific study on how the best interests of recently arrived refugee children can

be assessed following the guidelines of the UN Committee on the Rights of the Child (UNCRC, 2013) for the purpose of decision-making in asylum procedures. This study provides insight into the previous and future child-rearing situations and mental health of refugee children; an example of information that can be gathered with the BIC assessments. The results of this study are promising because the BIC assessment seemed to provide sufficient and relevant information. The inter-rater agreement of the BIC-Q, the instrument that is used to evaluate the child-rearing environment, is fairly good. The BIC-Q is able to address challenges in assessing the previous and future situation – issues which are known from other forensic mental health assessments (Bala & Duvall-Antonacopoulos, 2006, p. 241; Caudill, 2006; Kuehnle et al., 2013).

However, the assessment of the expected quality of the child-rearing environment within the family of unaccompanied children should they return to their country of origin proved to be a major point of concern. In general, it is often unsure whether the child's family is still available to take care of the child in the country of origin due to, for example, security problems in war zones that forced the family to flee. There could also be specific problems within the family explaining why the child left in the first place, for example, a potential danger of being subjected to honor killing. This is a serious point of concern because, according to

Table 5
Number of unaccompanied children ($n = 16$) and accompanied children ($n = 11$) reporting experienced events on the Stressful Life Events (SLE) ($N = 27$).^a

Stressful life events	UAM n (%)	Fam. n (%)	Total N (%)
Drastic change in family situation	16 (100%)	6 (55%)	22 (82%)
Unwanted separation from the family	9 (56%)	1 (9%)	10 (37%)
Death of a loved one	13 (81%)	2 (18%)	15 (56%)
Life-threatening medical problem	5 (31%)	2 (18%)	7 (26%)
Involved in heavy accident	4 (25%)	1 (9%)	5 (19%)
Experienced natural disaster	2 (13%)	0 (0%)	2 (7%)
Experienced war of armed conflict	12 (75%)	5 (46%)	17 (63%)
Experienced physical abuse	11 (69%)	4 (36%)	15 (56%)
Witnessed physical abuse other person	13 (81%)	4 (36%)	17 (63%)
Experienced sexual abuse	5 (31%)	2 (18%)	7 (26%)
Experienced other life threatening event	12 (75%)	10 (91%)	22 (82%)
Witnessed other life threatening event	11 (69%)	8 (73%)	19 (70%)
Total score SLE (range) ^a	4–11	2–7	2–11
	$M = 7.1$; $Mdn = 7$	$M = 4.1$; $Mdn = 4$	$M = 5.9$; $Mdn = 5$
	$SD = 2.0$	$SD = 1.4$	$SD = 2.3$
			$M\ difference = 3.0$
			$p \leq .0005$
			95% CI [1.7, 4.4]

UAM = Unaccompanied asylum seeking minor, Fam. = accompanied (by parents/family) minor asylum seeker.

^a Minimum and maximum total score on the SLE (0–13).

Table 6

Outcomes on mental health problems (Strengths and Difficulties Questionnaire, SDQ) and trauma related stress (Reactions of Adolescents on Traumatic Stress, RATS) ($N = 27$) of unaccompanied children ($n = 16$) and accompanied children ($n = 11$).

	UAM Mean (SD) minimum-maximum	Fam. Mean (SD) minimum-maximum	Total Mean (SD) minimum-maximum	Total % score 'high' or 'very high'
SDQ Total problem score self-report ^a parent/guardian	16.9 (7.0) 6–30 12.4 (6.1) 5–25	8.0 (5.0) 3–13 16.2 (6.0) 7–25	15.5 (7.4) 3–30 14.0 (6.2) 5–25	28% 37%
Emotional problems self-report ^a parent/guardian	7.6 (2.1) 4–10 6.0 (1.9) 3–9	4.3 (3.5) 1–8 5.4 (2.3) 2–8	7.1 (2.5) 1–10 5.7 (2.0) 2–9	74% 70%
Hyperactivity self-report ^a parent/guardian	4.6 (2.8) 0–9 3.0 (2.6) 0–9	1.0 (1.0) 0–2 4.6 (2.9) 0–9	4.1 (2.9) 0–9 3.6 (2.8) 0–9	26% 11%
Peer problems self-report ^a parent/guardian	2.9 (2.6) 0–8 2.5 (1.9) 0–6	1.3 (0.6) 1–2 3.5 (2.1) 0–6	2.7 (2.5) 0–8 2.9 (2.0) 0–6	26% 11%
Behavioral problems self-report ^a parent/guardian	1.7 (2.1) 0–7 0.9 (1.1) 0–3	1.3 (1.5) 0–3 3.1 (2.3) 0–6	1.6 (1.6) 0–7 1.8 (2.0) 0–6	5% 15%
RATS ^a				
Traumatic stress total score	57.3 (9.0) 43–73	51.3 (12.9) 42–66	56.4 (9.5) 42–73	68%
Intrusion	17.1 (3.2) 11–22	16.0 (5.2) 13–22	16.6 (3.4) 11–22	84%
Avoiding	23.7 (4.3) 16–33	19.7 (2.1) 18–22	23.1 (4.2) 16–33	79%
Hyperarousal	17.1 (4.7) 8–24	15.7 (6.0) 10–22	16.9 (4.7) 8–24	68%

UAM = Unaccompanied asylum seeking minor, Fam. = accompanied (by parents/family) minor asylum seeker.

The minimum-maximum SDQ total score = 0–40. For the total problems, a score of 18–19 is 'high', and a score > 19 is 'very high'. For emotional problems, a score > 5 is 'high', and a score > 6 is 'very high'. For conduct problems, a score of 5 is 'high', and a score > 5 is 'very high'. For hyperactivity, a score of 7 is 'high', and a score > 7 is 'very high'. For peer problems, a score of 4 is 'high', and a score > 5 is 'very high' (Goodman, 1997).

The minimum-maximum RATS total score = 22–88. A total score ≥ 38 is high, and ≥ 45 very high; an intrusion score of ≥ 12 is high, and ≥ 12 very high; an avoiding score ≥ 15 is high and ≥ 18 very high; a hyperarousal score ≥ 14 is considered as high and ≥ 16 very high. With an unaccompanied minors reference group the classifications are: a total score ≥ 50 is high, and ≥ 52 very high; an intrusion score ≥ 14 is high, and ≥ 15.6 very high; an avoiding score ≥ 20 is high and ≥ 21.4 very high; a hyperarousal score ≥ 15 is high and ≥ 16 very high (Bean et al., 2004b).

^a The self-report version of the SDQ and the RATS was only used for children above the age of 12. Sixteen unaccompanied children (100%) and only three accompanied children (27%) in the sample were above twelve; the total sample for the self-report version of the SLE and the RATS was 19. For this reason mean differences were not statistically tested. The parent/guardian version of the SDQ was filled out for the full sample ($N = 27$).

the UN Committee on the Rights of the Child, information on whether family members are able to provide a child with safety, (emotional) care, and protection cannot be missed in an assessment of the best interests of the child (2013, para. 71–74). Furthermore, without a proper assessment of the availability and quality of the family environment it is not possible to guarantee a sustainable return for unaccompanied children who are not eligible for refugee protection (Kanics, 2018, pp. 53–54). Many unaccompanied children have concerns about their parents' ability to take care of them (Wright, 2014). In a study on the situation of forcibly returned Afghan unaccompanied children, the disappearance and weakening of family and other social networks proved to have a major impact on the well-being of the minors (Bowerman, 2017). For a sustainable return, the commitment of both the child and the (extended) family is necessary (Schippers, 2017, pp. 95–96). UNHCR describes various elements that constitute a sustainable return, for example: the provision of information and counseling on return options and circumstances in the countries of origin; the granting of reintegration assistance through support for vocational training and income-generating activities; and post-return monitoring (UNHCR, 2016, pp. 229, 235). In forensic mental health assessments in the context of child protection law, it is common practice for parents to be interviewed about their ability to provide adequate care, protection, and guidance for their children (Bala & Duvall-Antonacopoulos, 2006, p. 222). In asylum hearings with refugee children, this information is not gathered because these hearings are focused on the grounds for refugee protection (UN, 1951). It might be questioned how

this difference in family assessments between refugee and other children at risk is justified (Derluyn & Broekaert, 2008).

The results of this study seem to imply that the quality of the rearing environment of recently arrived refugee was a point of grave concern in the situation before the child left the country of origin as well as in the expected situation after return. The conditions for development within the family were more often fulfilled for the refugee children in this sample than the conditions for development within society, both in the situation before departure and the expected situation upon return. This difference was expected because of the fact that the children come from countries where violence and human rights violations are predominantly present (Amnesty International, 2017).

Continuity and stability in the family, as well as in society, seemed to be the most worrisome conditions in this sample of recently arrived refugee children. That is not surprising considering the fact that the children had to leave their familiar environment. Children who have been residing in the Netherlands for a long time and still face deportation also miss stability and continuity (Kalverboer, Zijlstra, & Knorth, 2009; Zijlstra, 2012, p. 65). Experiencing stability is an important protective factor for the social-emotional well-being of refugee children (Zwi et al., 2017) just as for other vulnerable children, such as those in foster care (Brown & Sen, 2014) or families at risk (Ivanova & Israel, 2006). The results on the BIC-Q are predictive for the child's development, and can therefore support decisions in migration procedures that affect children (Zijlstra et al., 2013; Zijlstra et al., 2012).

The fulfillment of the conditions for development for unaccompanied children in the country of origin was assessed as being less satisfactory than for accompanied children. This result is in line with other studies, which indicate that unaccompanied children are more vulnerable and at greater risk for mental health problems than accompanied refugee children (Barghadouch, Carlsson, & Norredam, 2016; Bean, Derluyn, Eurelings-Bontekoe, Broekaert, & Spinhoven, 2007; Fazel, Reed, Panter-Brick, & Stein, 2012).

The number of stressful life events the refugee children in this study experienced is high and comparable with findings in other studies that used the SLE (Jensen et al., 2013; Vervliet et al., 2014). The number, severity, and duration of the stressful life events are significant risk factors for refugee children's mental health (Almqvist & Brandell-Forsberg, 1997; Jensen et al., 2013; Montgomery, 1998; Rothe et al., 2002; Van Os et al., 2016; Vervliet et al., 2014). Mapping stressful life events can be used to assess the vulnerability of the child. The UNCRC (2013) states in the guidelines for considering vulnerability as part of an assessment of the child's best interests: 'an individualized assessment of each child's history from birth should be carried out' (para. 76). The vast majority of the refugee children in this sample showed traumatic stress-related symptoms or other emotional problems. Assessing mental health should be part of the BIC assessment with refugee children in the context of considering the child's vulnerability (UNCRC, 2013, para. 75). It is also important to take the mental health problems these children face into consideration because they might impede the child's ability to share a valid and reliable account of why they are asking for international protection in a host country (Colucci et al., 2015; Steel, Frommer, & Silove, 2004; UNHCR, 2014, pp. 61–62).

4.1. Strengths and limitations

The study shows how decision-makers in asylum procedures can be provided with sufficiently valid and reliable information to ensure that the best interests of the child are a primary consideration in asylum decisions, as the CRC stipulates (art. 3).

It was not possible to select a random sample from the *national* refugee population. Initially, the Dutch immigration authorities were asked to provide a random sample from the total population that fits the inclusion criteria. They sent approximately 60 letters about the research to guardians of unaccompanied children and parents of accompanied children. The response was close to zero. Working with the two intermediary organizations thereafter, we used the same inclusion criteria, which were applied to their full caseload or client database. By involving those intermediary organizations, we did not achieve a nation-wide coverage of reception centers housing refugee children. However, we do not believe this created a biased sample because asylum seekers are randomly assigned to the reception centers.

Although the sample size is rather small, we were able to find statistically significant and practically relevant differences between unaccompanied and accompanied children with regard to the quality of the child-rearing environment. However, these differences should be interpreted with some caution because we imputed the scores 'unknown' with the mean score of the child on other conditions. We assumed that the scores on other outcomes are representative of the missing values. The outcomes on the SDQ should also be interpreted with caution because there are questions regarding the psychometric equivalence of SDQs translated into languages spoken by refugee children (Stolk, Kaplan, & Szwarc, 2017). A larger study would give more information about different subgroups of children, for example, based on age, gender, family composition, or country of origin.

4.2. Implications for research and practice

Follow up research on the situation of recently arrived refugee children would benefit from using a larger sample to provide knowledge on

multiple factors that might have an impact on the quality of the child-rearing environment, vulnerability, resilience, and mental health of this group of children. This knowledge is important for a better understanding and fair consideration of the best interests of refugee children in migration procedures on the one hand and for adequate reception and health care for those children during the procedure on the other (Derluyn & Broekaert, 2008).

The expected quality of the child-rearing environment in the country of origin should the refugee child return has been assessed *prospectively* in this study. In line with the research of Zevulun et al. (2015); Zevulun, Post, Zijlstra, Kalverboer, and Knorth (2017), assessments in the *actual* return situation of children that participated in this study and whose refugee claim has been rejected would provide information on the accuracy of the initial prospective assessments of the quality of the child-rearing environment. Moreover, in general, further research on the situation of returned children is necessary in order to facilitate durable solutions for these children (Zevulun, 2017, pp. 171–172).

Currently, the BIC assessments have only been performed in Dutch migration law cases (Beltman, Kalverboer, Zijlstra, van Os, & Zevulun, 2016; Kalverboer et al., 2009; Kalverboer et al., 2017; Van Os et al., 2018; Zijlstra, 2012; Zijlstra et al., 2012). However, in the international context as well as in the national Dutch context the child's best interests are not commonly taken into account in the decision-making process (Arnold, Goeman, & Fournier, 2014; Kanics, 2018, pp. 43–44, 54–55; Ottosson & Lundberg, 2013). To support migration authorities in considering the best interests of asylum seeking children it seems to be necessary to include the best interests of the child as a legal ground for protection in national aliens acts. This could then be applied to asylum seeking children who ask for and are in need of international protection but do not fulfill the requirements for being admitted as refugees (Drywood, 2011; McAdam, 2006; Pobjoy, 2015, 2017). It would be interesting to elaborate this research to include other EU countries in order to find out whether it is feasible to provide the Common European Asylum System (CEAS) with a universal method for implementing the best interests of the child principle in their migration procedures. If so, the BIC assessment could be offered to migration authorities who have the 'possibility to seek advice, whenever necessary, from experts on particular issues, such as medical, cultural, religious, *child-related* or gender issues' based on the EU directive on common procedures for granting and withdrawing international protection (EU, 2013b, Art. 10, section 3, sub d). Although performing assessments of the child's best interests might be time and money consuming, we believe that these assessments will lead to better-informed asylum decisions. This could be beneficial for all parties involved. The call for scientific input to enhance children's rights in migration procedures has grown louder lately (Arnold et al., 2014; Bhabha, 2014; Drywood, 2011; Pobjoy, 2015, 2017; Yanghee, 2013). The momentum to implement the best interests of refugee children in migration law is mounting.

Acknowledgments

The authors would like to thank Grytsje Bonhage-Talsma, Alina Brugman-Elverdink, Yvonne de Boer, Jeanine Keijser, Marijke Menninga, Yasmeen Tawafra, and Ellen ter Braak, for their contribution to the data collection of this study.

Declaration of competing interests

No competing interests to declare.

Funding

This research was funded by a grant no. 8393310 from the Foundation for Children's Welfare Stamps Netherlands.

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