

# Experiment Perspectief Aanpak Voormalig Alleenstaande Minderjarige Vreemdelingen

Analyse van de Resultaten

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## Summary

### *Background of the research project: the Perspective Experiment*

In response to the Spekman motion, which was accepted by the Dutch parliament on July 3, 2008 (TK 2007-08, 19637 No. 1211) 20 municipalities together with the Association of Dutch Municipalities, the VNG, cooperated to initiate the Perspective Experiment on 1 October 2009. This experiment aims to prevent former unaccompanied minors of other nationalities (ex-AMV's aged 18 years or older) from resorting to unlawful residency and comprises 20 support centers distributed nationally (in Alkmaar, Almelo, Amsterdam, Arnhem, Den Haag, Deventer, Drachten, Eindhoven, Enschede, Groningen, Haarlem, Hengelo, Leeuwarden, Maastricht, Nijmegen, Rotterdam, Tilburg, Utrecht, Zaandam en Zwolle).

For all support centers the primary goal is to provide a realistic perspective on the future, in which the main trajectories are either a procedure for a residency permit for the Netherlands or assisted repatriation. Many support centers offer low threshold living room projects in which ex-AMV's have access to, for example, internet, reading material from their home countries and music. For most support centers the living room forms the core of the counseling process. The experiment ran from 1 October 2009 to 1 April 2011. The following analysis of results of the experiment provides insights in the organization, work methods and achievements of the 20 support centers involved in the experiment. Using these results the Director Immigration Policy (DMB) will establish whether the Perspective approach is more successful in preventing illegal immigration than the regular approach policies. This goal can be achieved by the actual return of ex-AMV's to their country of origin or by being granted a residency permit for the Netherlands.

### *Research questions*

What are the characteristics of the organizations and work methods of the Perspective support centers? Who are the participants and what are the results achieved by the support centers? Which relationships can be established between the results and the variations in methods and organization used?

### *Research format and methods*

Aim of this research project is to compare the results of the 20 support centers involved in the experiment on a number of distinguishing characteristics of organization format and work methods. In the study the following possible results are defined: (i) (assisted) return to the country of origin; (ii) receiving a (temporary) residency permit; (iii) departure with unknown destination (MOB); (iv) on-going project participation; (v) transit migration.

The research project had a duration of 7 months and included (i) a pilot reconnaissance phase, (ii) a subsequent phase in which support center staff and municipality policy makers were interviewed and relevant documents and registrations were collected and (iii) analysis and reporting. Table S1 provides an overview of the research questions.

### *Mixed methods design*

In order to answer these research questions the following data sources and research methods were applied:

- Semi-open interviews with representatives of all Perspective support centers (n=20) and local municipality policy makers (n=19)
- National and local registries of the participants in the experiment (n=733)
- Interviews with other stakeholders (n=7)
- Document analysis

**Tabel S1: Research questions**

#### *Organizational*

1. Which staff members are involved in the Perspective support centers and what are their respective roles?
2. How is the communication and co-operation between the support center and the Immigration police, IOM, IND, DT&V organized?
3. What are the similarities and differences in the organization of the 20 support centers?

#### *Inventory of participants*

4. What are the demographic characteristics of the participating ex-AMV's?
5. What (refugee) backgrounds do the participants have relevant to their residency in the Netherlands?
6. To what extent and in which ways have participants previously been encouraged to return to their country of origin?

#### *Support center work methods*

7. In which ways and on whose initiative are the ex-AMV's approached by the Perspective support centers?
8. How long and how intensively are/were ex-AMV's guided by the support centers?
9. What is the role of the personal counselor of the ex-AMV in the counseling process?
10. In which ways and to what extent do the support centers gain the trust of the ex-AMV's?
11. At which point and by which criteria is the decision made for repatriation, residency procedures or otherwise?
12. What are the similarities and differences in the work methods used by the 20 local support centers?

#### *Results*

13. In how many cases (N and %) do the support centers / ex-AMV's succeed in obtaining a residency permit? What are the criteria for granting the permits (relatively late in the overall procedure) in these cases?
14. In how many cases (N and %) do the support centers / ex-AMV's succeed in voluntary repatriation? Which nations and which forms of repatriation are involved here?
15. How many cases (N and %) result in departure with unknown destination or other outcomes, such as transit migration?
16. How many cases (N and %) lead to cessation of the Perspective trajectory for an individual ex-AMV? Who makes this decision, what are the situations and criteria involved here?
17. How long after entry into the Perspective program do ex-AMV's have final clarity concerning residency or repatriation?

#### *Evaluation*

18. Are there bottlenecks or friction in the co-operation between the support centers and Immigration police, IOM, IND, and DT&V? If so, which?
19. In which ways and to what extent are the results of the Perspective project related to differences in organization format and/or work methods of the support centers?
20. In which ways and to what extent are the results of the Perspective project related to differences in the characteristics of participating ex-AMV's?
21. Which (parts or elements) of the organization and work methods of the support centers contribute most and least to the results (for a subgroup of clients)?

### *Analysis*

The characteristics of the support centers (work method and organization) have been systematically

ordered, based on the interviews. Qualitative analysis was first used to define similarities and differences in organization format and work methods for the 20 support centers. This qualitative analysis was then used to generate a number of independent variables for a multi-level analysis, in which connections between results and specific characteristics of the 20 support centers were explored. Ultimately two quantitative data bases were generated, one on the level of individual AMV data and one at the level of data from the 20 support centers. In all, there are registration data from the support centers available for 733 ex-AMV's. For 715 ex-AMV's additional data concerning their refugee background is available (from the DMB).

### *Statistical analysis*

Descriptive statistics (percentages/crosstabs/averages) were used to answer the research questions regarding the characteristics of organization formats and work methods of the support centers, the characteristics of the ex-AMV's and the support centers' results. CHAID analyses were conducted to determine and investigate the relationships between the characteristics and results of the support centers. Subsequently the question was whether the relationships uncovered were of a causal nature. Therefore the characteristics of the participants of the support centers were entered into the CHAID analyses as potentially intervening factors (possibly providing alternative explanations for the results).<sup>1</sup>

In the following we summarize the research results.

### *The Perspective approach: organizational spectrum*

Chapter 3 describes the similarities and differences in the organization of the local support centers, the staffing and involvement of other organizations, and the co-operation with the main process partners and the bottlenecks encountered there.

The aims of the support centers and the municipalities may be summarized as prevention of illegal immigration and offering a perspective, of repatriation or legal residency. In this context, practical solutions for immediate problems and issues obstructing a future-focused approach are looked for. Six support centers were newly established for the Perspective experiment, while fourteen were already operative.

### *Staff and their role in the support center*

The number of paid staff members varies from zero to eight. Except Utrecht all support centers make use of volunteers and/or interns. Support center Maastricht is totally volunteer-operated. All but three support centers have internal legal advisors. Thirteen centers are (partly) run by a regional department of VluchtelingenWerk Nederland, an refugee council. The council is also involved in three other support centers. Organizations for social welfare are involved in the work of some of the support centers. The local experiments were launched in close co-operation with the municipal authorities. These municipalities are the commissioners and co-financers of all support centers and bear responsibility for living expenses and care budgets. Seventeen municipalities maintain regular contact with the support centers. In the remaining municipalities this is often relegated to a neighboring municipality co-operating in the experiment. Local authorities facilitate the centers, for example with financial expertise.

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<sup>1</sup> for details concerning the statistical analysis, see chapter 2.4

Six municipalities co-operate on case-level with the support centers. In most cases the co-operation and communication is viewed as (very) good by both parties.

#### *Co-operation with external partners*

All support centers have (incidental) contact with the IND, Immigration and Naturalization service, mainly concerning requests for information about clients and procedures. 18 centers work with DT&V, the Repatriation and Departure Service: 12 centers on case-level, the others mainly for information. All support centers have (incidental) contact with the immigration police to register participants or have them released when put into custody by mistake. 18 of the 20 support centers work with the IOM, but mainly incidentally. Existing co-operation is focused on assistance with repatriation or on medical and social assistance in the Netherlands.

#### *Bottlenecks in the co-operation with external partners*

The support centers rate communication with the IND as reasonable to good, but often dependent on who answers the phone. Fifteen centers experience bottlenecks with the IND, such as slow reactions to requests and time-consuming procedures. The majority of centers rate the communication with the DT&V as good, but 16 centers experience bottlenecks in the co-operation. As with the IND, differences between DT&V staff members with whom one works are noted. Nearly all centers have incidental contacts with the immigration police and rate the communication as good. Eight centers mention problems with the police departments mainly concerning clients that have been wrongly arrested. All centers who work with the IOM, International Organization for Migration, see the communication as good to very good. Eight centers mention problems with the IOM, such as accessibility and follow-up on agreements made.

Communication with other partners, including Nidos, Bureau Child Welfare, Social Work, the Municipal Public Health Service, Defense for Children, Stichting Maatwerk bij Terugkeer (Tailored Repatriation Foundation), Beyond Borders, Red Cross, Salvation Army, Stichting Wereldwijd (Worldwide Foundation), is generally seen positively.

Recapitulating we see that support centers differ in a number of organizational aspects, such as having a living room or not, or whether using such a space is voluntary or compulsory. One clear difference is the level of involvement of the VluchtelingenWerk Nederland, and there are rather clear differences in the staffing and use of volunteers. The role of, and the communication with, the municipalities varies in the support centers. Some centers have better co-operation with the IND and DT&V than others.

#### *Demographic characteristics and refugee background of participants*

In chapter 4 the demographic characteristics and refugee backgrounds of the ex-AMV's participating in the support centers is discussed.

#### *Demographic characteristics*

26% of the participants are women. The average age at entry to the support center is 22,4 years.

Women are on average slightly younger (21,9 years) than men (22,6 years). Angola, Sierra Leone, Guinea

and China are the main countries of origin, 56% of the ex-AMV's come from these four countries. Almost 80% of the ex-AMV's come from Africa, and 20% from Asia. 55% of the women and 12% of the men have children in the Netherlands. 19% of the ex-AMV's receive medical treatment for physical problems. 25% of the ex-AMV's have received a psychiatric diagnosis. The number of Angolan ex-AMV's varies per center from 15% to 31%. The number of ex-AMV's from Sierra Leone varies from 12% to 34%. The support centers show a variation in psychiatric problems from 3% to 44% and in somatic problems from 5% to 45% of the participants.

### *Refugee background of participants and procedures*

Sixty percent of the Perspective participants were first registered in the Netherlands in 2001 or 2002. On average the ex-AMV's were in the Netherlands almost seven years when they first sought help at a support center. The average age at which the ex-AMV's who participated in Perspective were first registered in the Netherlands is 15,6 years.

70% have applied for refugee status once, 30% of ex-AMV's have done this two to five times. 94% of participants have at some point filed an appeal AR, 63% has done that twice or more often. Thirteen percent of the ex-AMV's has filed an appeal AC procedure, including 3% more than once. Ten percent (n=72) has at some point filed an appeal at the Immigration Board (Vreemdelingenkamer). On average participants have filed 2,5 appeals against earlier refugee court decisions. 96% have filed for a regular residency permit in addition to their refugee status application. Most ex-AMV's have deposited more requests, on average 2,6 times. For 10% (n=73) of the ex-AMV's a so-called 'no-blame' application has at some point been filed, because the ex-AMV through no fault of their own cannot return to their country of origin. Twelve of the 73 'no blame procedures' (16%) were declared valid and granted. 37% of the ex-AMV's have experienced freedom restrictive measures (VBM) applied, 15% twice or more often. The total duration of these VBMs is on average 145 days. Data concerning earlier attempts by authorities to repatriate participants could not be provided by the DMB.

### *The Perspective approach: a methodological rainbow*

Chapter 5 describes the similarities and differences in approach and work methods as these were encountered in the support centers.

### *Application and registration as a client at a support center*

When we review how and on whose initiative the ex-AMV's are reached by the centers, we see that the majority of clients participating in the Perspective experiment were already in counseling at the specific support center or applied personally. The centers all use the nationally formulated participation criteria (De Jong, ND). In addition, most centers apply regional application criteria, which may vary locally. Eleven of the twenty centers work with an age limit. Seventeen centers apply a test on the basis of their entry criteria before a client is accepted.

### *Counseling of ex-AMV's*

All support centers offer individual counseling tailored to the client and the ex-AMV's generally have a personal coach, who develops a personal contact with the client and knows his file. Social and legal

assistance are the most common forms of support. Where applicable support centers assist with practical issues and contacts with lawyers and legal institutions, schools, community organizations, addiction centers or psychiatric help; if necessary clients are referred further.

One third of the participants completed (or discontinued attending) the counseling project before the end of the experiment, two thirds were still in counseling when the experiment closed. For the participants who have already left the experiment, the average duration of their stay in the project was 17 months. The participants still in counseling at closure stayed an average of 19 months. There are significant differences between the support centers regarding the duration of counseling and large differences between the ex-AMV's in the intensity of counseling. The average number of client contact moments for the ex-AMV's is 35; that is approximately 2,3 contacts between client and counselor per month.

#### *The role of the living room*

Sixteen of the twenty centers have a living room, of which the opening hours vary from four or eight hours per week to every working day. In eleven centers use of the living room is voluntary, in five it is compulsory. The 'open door' and meeting place aspects of the living room as the place where clients informally meet and make contact with each other and counselors are seen as the most important functions. The majority of support centers view the role of the living room in the daily life of the ex-AMV's as (very) important. The living room facilitates informal and casual trust building and provides clients with opportunities for mutual support and networking with other ex-AV's.

#### *Study, internships and other activities*

The facilities for study and internships for participants in all support centers are very limited. The primary obstacle is that ex-AMV's lack residency status. Fourteen support centers organize activities such as (language) classes, computer courses, informative and social gatherings.

#### *Allowance for daily expenses*

In all the centers, allowances for daily expenses are only available for clients without legal residency status. In each support center additional requirements are demanded, such as active participation in projects or regular presence at the support center. Eight centers distribute allowances themselves, nine others do so via external organizations and three centers transfer the funds directly to clients' bank accounts.

#### *The role of counselors and gaining trust*

In five support centers the counselors have decision-making authority concerning the client's file but in most (11) centers the team decides or the team leader or coordinator has final responsibility. Gaining the personal trust of the ex-AMV's is regarded without exception as very important and even as essential. The centers generally indicate that they achieve this (reasonably) well. Entering conversation, genuinely listening, involvement, honesty, following up on agreements made and promises are named as fundamental to the gaining of trust. The living room has a prominent role in this. By meeting and discussing in 'normal and relaxed' settings counselors hear other stories than they would in an office setting, according to the support centers.

### *Working on repatriation or residency: trajectory plans and contracts*

The support centers monitor the clients' progress by maintaining dossiers and/or regular case evaluations. Half of the support centers record the counseling process in a written trajectory plan, the other centers do not. Nine support centers state that they ask participants to sign a contract or similar document. The most frequently followed trajectories in the centers are starting a legal procedure aimed at a residency permit for the Netherlands and working on repatriation. Sixteen of the twenty centers indicate in varying terminology that the trajectory for the ex-AMV is primarily determined on the basis of the legal perspective. The point in time at which a trajectory is initiated varies, dependent on the individual situation and can change during the counseling process. Nine support centers indicate that no deadline is set for completion of the trajectory. For 60% of the participants the actual trajectory is aimed at receiving a residency permit (including 1% no blame cases). 29% of participants follow a trajectory aimed at repatriation, and 4% follow a two-track trajectory.

### *Termination of the Perspective trajectory*

In 260 cases the counseling process of the ex-AMV was terminated. Many trajectories were terminated by the support center (35%) or the municipality (3%). In 29% of the cases this occurred by mutual consent, in 10% of the cases by the client. For the remaining 25% of the terminated cases it is not known who took the initiative to discontinue.

At seven support centers the counseling process is most often (52%) stopped in a mutual agreement between client and center. At six centers the process is most often (62%) stopped by the support center. In the remaining seven centers a relatively large number of processes (60%) are stopped without clarity as to who initiated the termination.

### *No-solution dossiers*

In four support centers 22% of the dossiers were rated as "stuck." At three centers 5% of dossiers were rated stuck. At the remaining thirteen support centers there were no stuck files. No significant differences on gender, country of origin or refugee background between stuck and other dossiers were found.

### *Similarities and differences in support center work methods*

The work methods of support centers are not readily divided into for example a 'cyclical' and 'linear' line. Daily practice is more complex, suggesting a 'rainbow of methods', in which the distinctions between methods are not absolute but rather the outcome of overlapping, locally appreciated, methodology derived from social work and youth work, local decision-making processes and individual approaches of the counselors. On the basis of interviews we developed the categories in Table S2, but we emphasize that there are a number of support centers which fit several of the categories we define here.



Table S2 Support center work methods		
Work method	Characteristics	Support centers
Cyclical/presence	low threshold, listening, client driven, equality, voluntary, accessible, involved, trust, presence-approach.	Alkmaar, Arnhem, Deventer, Eindhoven en Zaandam
Individually Tailored/integral	integral approach, broad, individually tailored, individual approach, personal	Den Haag, Drachten, Groningen, Leeuwarden en Tilburg
Linear/planwise	making appointments, keeping appointments, defining goals, non-voluntary character, sanctions, disciplined, orderly, planned, compulsory	Hengelo, Enschede, Zwolle
Confrontation/realism	honest, clarity, confrontational, realistic, focus on personal responsibility	Amsterdam en Maastricht
Combination Cyclical Approach and Individually Tailored Combination		Haarlem, Rotterdam en Utrecht
Individually Tailored and Linear/planwise		Almelo en Nijmegen

### *The Perspective Approach: Results*

Looking at actual results achieved we see that 65% (n=473) of the ex-AMV's who are registered at the support centers, are still in counseling at the centers at the time of measurement. That means no results have been achieved as yet in terms of repatriation or a residency permit, but also that these ex-AMV's have not departed MOB, with unknown destination. A total of 85 (18%) of the ex-AMV's who are still in counseling are waiting for a decision on a residency permit application.

A total of 260 ex-AMV's (35%) have seen their counseling trajectories being terminated during the experiment period, for various reasons. 107 ex-AMV's (15%) have received a residency permit during the experiment period. 21 ex-AMV's (3%) have returned to their country of origin. 87 ex-AMV's (12%) have departed with unknown destination (MOB). 10 ex-AMV's (1%) have migrated onwards to other countries. In addition, 35 ex-AMV's (5%) have left the program for reasons beyond the scope of these categories.

### *Evaluation: more similarities than differences*

The results of the Perspective projects are related to differences in organization format and work methods of the support centers. We see that the specific counseling trajectory chosen is most strongly related to the percentage of ex-AMV's who receive a residency permit and with the percentage of ex-AMV's that returns to their country of origin. In those cases where the counseling trajectory was aimed at receiving a residency permit we see that 23% have received that residency permit (on average that is 15%). In those cases where the counseling trajectory was aimed at repatriation we see that 8% has returned (average 3%).

The duration of counseling at the Perspective projects shows the strongest relationship with both the percentage of ex-AMV's departed with unknown destination, as with the percentage of ex-AMV's still in counseling. The data show that this is not a linear relation. In other words, a longer duration of counseling doesn't always lead to a larger number of terminated trajectories. A relatively large percentage (29%) of the ex-AMV's who have departed with unknown destination were in counseling for

less than half a year. 37% of the ex-AMV's who departed with unknown destination did so only after 1½ years of counseling at the support center. Ex-AMV's are least likely to depart when they are in counseling between ½ and 1½ years. This shows that results such as repatriation or a residency permit or departure with unknown destination are either achieved very quickly (within a half year) or only after a longer period (after 1½ years).

The results of the Perspective projects are also seen to be related to characteristics of the participating ex-AMV's. For example, obtaining a residency permit is strongly related to the number of regular applications for a residency permit. The more often a regular residency permit has been applied for, the more often such a permit has been granted. Return to country of origin and departure with unknown destination are strongly related to psychiatric characteristics. Ex-AMV's with a psychiatric diagnosis do *as a rule* not return to their country of origin but also do not depart with unknown destination.

Due to the above reasons – and in view of the research design – it is not possible to determine which aspects or elements of organization format and work method contribute most or least strongly to the results. We do see relations but the question remains whether these are of a causal nature. Characteristics of the ex-AMV's can usually offer an alternative explanation for the revealed relations between the results and aspects or elements of organization or work methods of the support centers.