Residential Treatment for Children & Youth

ISSN: 0886-571X (Print) 1541-0358 (Online) Journal homepage: https://www.tandfonline.com/loi/wrtc20

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To cite this article: Carlijn M. van Es, Marieke Sleijpen, Trudy Mooren, Hans te Brake, Winta Ghebreab & Paul A. Boelen (2019) Eritrean Unaccompanied Refugee Minors in Transition: A Focused Ethnography of Challenges and Needs, Residential Treatment for Children & Youth, 36:2, 157-176, DOI: 10.1080/0886571X.2018.1548917

To link to this article: https://doi.org/10.1080/0886571X.2018.1548917

Published online: 14 Mar 2019.

RESIDENTIAL TREATMENT FOR CHILDREN & YOUTH
2019, VOL. 36, NO. 2, 157–176
https://doi.org/10.1080/0886571X.2018.1548917

Routledge
Taylor & Francis Group

Eritrean Unaccompanied Refugee Minors in Transition: A Focused Ethnography of Challenges and Needs

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ABSTRACT

In the Netherlands, the largest group of unaccompanied refugee minors originates from Eritrea. These minors have been exposed to several distressing events and face psychosocial challenges and drastic changes within their social-ecological environment upon arrival in the Netherlands. The current study explored challenges and needs of Eritrean unaccompanied refugee minors and their caregivers. We conducted a focused ethnography among Eritrean minors ($N = 18$) and their professional caregivers ($N = 15$). A thematic content analysis revealed the following themes to be central in the daily lives of Eritrean unaccompanied refugee minors: (a) relationships, (b) psychological stress, (c) preparation for independent living, (d) spirituality, and (e) leisure activities. Each theme was linked to key challenges, including minors finding their way without their parents, family reunification, and worries about the wellbeing of their relatives. These uncovered themes provide implications for future research and policy to improve the guidance, care, and support for these minors. The current study suggests that to promote their development and functioning, future training and programs should aim to strengthen the relationship of unaccompanied refugee minors and their professional caregivers.

KEYWORDS

Unaccompanied refugee minors; Eritrea; challenges; needs; focused ethnography; relationships; psychological stress; preparation for independent living; spirituality; leisure activities

Introduction

Every year, thousands of unaccompanied refugee minors (URMs)—children and adolescents who have been separated from their parents and relatives—flee their home country (Separated Children in Europe Programme, 2004). In 2016, the largest group of URMs in the Netherlands originated from Eritrea, making up approximately one-third of all 5678 URMs resettled in the Netherlands (Pharos, 2017). The United Nations have documented gross violations of human rights in Eritrea, including an open-ended military service and torture in prisons (United Nations General Assembly, 2016). As a result of the current situation in Eritrea, the majority of the asylum applications of

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Eritrean refugees (96.1%) are granted by the Dutch government (VluchtelingenWerk Nederland, 2017). Several healthcare professionals have expressed their concerns about the societal functioning and health of Eritrean minors (Sleijpen, van Es, te Brake, & Mooren, 2018; Van Beelen, 2016).

Previous to arriving in their host country, most Eritrean URMs have experienced many distressing events that have altered their lives drastically. For example, they often depend on human traffickers during their flight and are prone to sexual violence and torture (Ministry of Foreign Affairs, 2015; Van Beelen, 2016; Van Reisen, 2016). Moreover, URMs are subject to a dramatic change within their social-ecological context, including changes of school, church, and political and cultural environment (Betancourt & Khan, 2008; Bronfenbrenner, 1979). When resettling in a new country, URMs can be faced with several stressors and psychosocial challenges. For example, they are confronted with acculturation hassles, such as problems with communicating in a new language, discrimination, and economic strains (Keles, Friborg, Idsøe, Sirin, & Oppedal, 2018). Additionally, the adverse experiences refugee minors have been exposed to before and during their flight can undermine their trust in other people. Moreover, they face an insecure future, which might result in feelings of powerlessness (Sleijpen, Mooren, Kleber, & Boeije, 2017).

Population-based quantitative studies carried out in Europe suggest that URMs are at an increased risk of developing internalizing problems and traumatic stress reactions (Bean, Derluyn, Eurelings-Bontekoe, Broekaert, & Spinhoven, 2007a; Derluyn, Mels, & Broekaert, 2009). Huemer et al. (2009) concluded, based on a review on mental health issues in URMs, that these minors form a highly vulnerable group with a higher level of posttraumatic stress symptoms than the general population. An explanation for this increased risk is that in addition to having experienced disruptive events, URMs have been separated from their parents and other caretakers and relatives (Derluyn & Broekaert, 2008). There is evidence that an absent or negative parent–child relationship can have a detrimental impact on the wellbeing of children and adolescents exposed to distressing experiences (Bean et al., 2007a; Luthar & Goldstein, 2004; Pine, Costello, & Masten, 2005).

It is important to study needs of URMs as they adjust to their new lives and how support systems and living arrangements can meet these needs (Carlson, Cacciatore, & Klimek, 2012). Studies indicate that the post-immigration living situation of URMs has an impact on the wellbeing of these minors (Derluyn & Broekaert, 2008; Kalverboer et al., 2017).

Although URMs in the Netherlands are subjected to the same asylum procedure as adult refugees, they have additional rights to education and guidance. The Nidos Foundation, a family guardian organization, appoints a guardian to the URMs. These guardians act in loco parentis and seek to ensure that the URMs receive the care, upbringing, and education they need.

In the Netherlands, URMs are often placed in a children's living group. Such groups house approximately 12 URMs, age 14–18. They are supervised 24 hours a day by mentors who support the youths in their activities of daily living such as cooking and going to school. As the living arrangement in which the URMs are placed likely affects their wellbeing, it is of interest to explore how their needs can be met by professional caregivers, such as mentors and guardians.

Many studies on refugees and URMs to date have focused predominantly on mental health problems (e.g., Fazel, Reed., Panter-Brick, & Stein, 2012; Huemer et al., 2009). There is limited knowledge about other aspects of their functioning, such as their societal participation and relationship with others. Several authors promote moving away from mental health problems as the primary focus (Betancourt & Khan, 2008; Huber et al., 2011, 2016; Sleijpen, Ter Heide, Mooren, Boeije, & Kleber, 2013). Accordingly, during this study we aim to follow the direction of the participants by applying the participatory learning and action approach (Kindon, Pain, & Kesby, 2007). In this approach, all participants are regarded as collaborators in research and are allowed to control the direction of the focus groups. Moreover, the questions asked during this study focus on a broader understanding of functioning, based on the domains of positive health defined by Huber et al. (2016). Finally, to obtain a broader and more informative understanding of the lives of URMs, we include multiple informants (Bean et al., 2007a; Bean, Eurelings-Bontekoe, & Spinhoven, 2007b). We interpret the findings in light of the social-ecological context of the URMs (Betancourt & Khan, 2008; Bronfenbrenner, 1979). The social-ecological model allows us to understand the dynamic relations between different factors playing a role in the lives of URMs, including individual factors, relationships with the immediate environment such as their guardians and mentors, family networks outside the Netherlands, and cultural and societal factors.

The current study focused not only on psychopathology but employed a broader perspective on the lives of Eritrean URMs housed in children's living groups as they integrate into Dutch society. The aim of this study was to explore how these youths are best supported to improve their lives in the Netherlands, specifically by (a) identifying key challenges faced by Eritrean URMs living in a children's living group in the Netherlands and (b) exploring their needs to overcome these challenges. This information will increase our knowledge on how to improve the guidance, care, and living conditions for these youths during their transition to adulthood. Moreover, this study emphasizes the need for culturally sensitive approaches to education, and mental health care addressing the highly specialized mental health issues of these URMs.

We present the perspectives of both minors and their caregivers to determine differences and similarities in their concerns. To achieve the study

aims, we held focus groups with URMs and individual interviews with their mentors and guardians.

Methods

Participants

Nidos selected, from throughout the Netherlands, children's living groups with more than five Eritrean URMs. Eritrean URMs between 14 and 18 years of age were included. Exclusion criteria were (a) cognitive impairment preventing the participant from comprehending the procedure and (b) resistance by the URM, as defined by the code of conduct involving minors (Central Committee on Research involving Human Subjects, 2002). Two locations with male minors, and one location with female minors were selected. A total of 18 Eritrean minors between 16 and 17 years old took part in the focus groups. The native language of all Eritrean minors was Tigrinya.

Mentors and guardians who were appointed to the Eritrean minors in the study were asked to participate in individual interviews concerning their experiences with Eritrean URMs. Seven mentors and eight guardians took part in the individual interviews. See Table 1 for the demographic characteristics of the URMs and their mentors and guardians.

Method

To develop a clear understanding of the perspectives of this specific group of minors, guardians, and mentors, researchers carried out a focused ethnography. Focused ethnographies aim to study a subcultural group in a specific context, drawing from intensive methods of data collection, such as

Table 1. Demographic characteristics of URMs and their caregivers.

Variable		
Age in years (range (*M*))	Mentors	24–48 (35.4)
	Guardians	28–37 (32.1)
	Eritrean URMs	16–17*
Sex (% female)	Mentors	57%
	Guardians	75%
	Eritrean URMs	39%
Months of work experience (range (*M*))	Mentors	5–180 (53.6)
	Guardians	3–42 (12.5)
Months of work experience with Eritrean URMs (range (*M*))	Mentors	5–24 (12.4)
	Guardians	3–24 (8.8)
Number of pupils (range (*M*))	Mentors	7–12 (9.2)
	Guardians	17–22 (20.3)

The guardians and mentors worked 24–36 hours a week.

*Although we confirmed that all URMs were 16 or 17 years of age, we did not register the age of each individual.

interviews, focus groups, and observations (Roper & Shapira, 2000; Wall, 2014). The topic guide for the focus groups and the interviews in this study was drawn from the definition of health by Huber et al. (2016), which entails six dimensions: bodily functions, mental functions and perception, spiritual/existential dimension, quality of life, social and societal participation, and daily functioning. Questions for the minors included "Do you have any physical issues or complaints?" and for the caregivers "What role does religion/spirituality play in the lives of these URMs?"

The topic guide was adapted further after a literature search and brainstorm sessions with participating researchers, resulting in the final topic guide. Added questions for the minors included "What challenges do you face?" and "How do you deal with these challenges?" and questions for the caregivers included "What is going well in your work with Eritrean URMs?" and "What helps you in building a trusting relationship with Eritrean URMs?" During the focus groups and individual interviews the researcher allowed participants to control the direction of the discussion while using the topic guide to inquire about issues that had not been raised.

The focus groups with the minors were based on the participatory learning and action approach, which aims to involve refugees who are considered hard to reach in qualitative research (Kindon et al., 2007). The first questions for the minors in the focus group were: "What do you do during a day?" and "What activities do you enjoy doing?" The purpose of these broad, open questions was to allow minors to have control over the direction of the focus groups. Cultural mediators—Eritrean men and women close to the minors in age and experience, and familiar with Dutch as well as Eritrean society and culture—were selected and trained to work with URMs by researchers. They not only aided in translating to and from Tigrinya, but also substantially aided in bridging the cultural gap.

Semi-structured interviews with mentors and guardians were conducted. Firstly, demographic information was collected. Subsequently, the caregivers were asked to describe an average day of work as a guardian or mentor. Similar to the focus groups with the minors, the caregivers controlled the direction of the interview.

Procedure

The interviews, the transcription, and the data analysis took place between May 2016 and January 2017. To assure data integrity and compliance to ethical and juridical aspects, the study protocol was submitted to the accredited Medical Ethics Committee of the University Medical Center Utrecht (protocol number 16-257/C). This committee judged that the study did not fall under the scope of the Medical Research Involving Human Subjects Act

as the current study does not threaten the psychological or physical integrity of the minors.

Managers, guardians, and mentors of three children's living groups were offered written and oral information about the study. All granted permission to approach the URMs. Next, all URMs received written and oral information and were asked to take part in the focus group. It was explained that participation was voluntarily and that all information would be handled anonymously. All of the approached minors consented to take part in the study, and written informed consent was obtained.

In total, nine focus groups—three focus group sessions for each of the three children's living groups—took place in the living room of the minors. An average of five minors took part in each group. Each session lasted approximately three hours. The aim of the first session was to get acquainted with the minors and ask about their daily lives. The second and third sessions were meant to elaborate upon topics that emerged during the first session and to ask the minors about challenges and how they cope with these challenges. During the third session, member-checking was conducted by presenting the themes we uncovered in the focus groups, written on a poster in Tigrinya and Dutch. We presented our conclusions and asked whether the minors agreed on our findings, and whether we had missed anything. For example, one group stated they agreed with our conclusions, however they emphasized the importance of sports. The focus groups were led in Dutch or English by two of the current authors CvE and MS. Consequently, the questions were translated to Tigrinya by a cultural mediator. Minors answered the questions in Tigrinya, which was then translated to Dutch or English by the cultural mediator. A note-taker carefully took minutes and field notes during the focus groups. The focus groups were not audio-recorded to avoid that URMs felt inhibited in speaking freely.

In total, 15 individual interviews were conducted. Seven mentors were asked to take part in individual interviews that took place at the children's living group. Eight guardians participated in interviews over the telephone. Informed consent of the guardians and mentors was obtained. Semi-structured interviews were conducted in Dutch by a researcher and lasted approximately one hour. All interviews were tape-recorded and transcribed.

The focus groups and individual interviews were conducted by European, white researchers with experience working with refugee minors and trained in cross-cultural work. However, the background of the researchers might have caused bias in the formulation of the research questions and the conclusions made based on the gathered data. In order to deal with this potential bias and focus on a Western perspective, we included researchers and cultural mediators from Eritrea in the process of defining the research questions and interpreting the research data.

Data Analysis

Identifiable information in the transcripts, minutes, and field notes, such as names and cities, was substituted for codes. The data were imported into MAXQDA 10 (VERBI). Researchers used thematic content analysis (Burnard, 1991; Burnard, Gill, Stewart, Treasure, & Chadwick, 2008) in this study, beginning simultaneously with the start of the data collection.

First, one of the authors CvE performed open coding. This involved reading the transcripts and minutes thoroughly and coding the data line by line, resulting in a list of codes and memos with ideas and reflections concerning the study. A second coder MS independently open-coded three interviews of the minors, mentors, and guardians. The two researchers CvE and MS discussed the list of codes until they reached consensus on a list of codes.

Second, brainstorm sessions with four researchers CvE, MS, TM and HtB focused on organizing the codes (text fragments). Based on these sessions, different themes were distinguished. Finally, each transcript was worked through, and text fragments were allocated to the themes, resulting in an organized dataset.

After interviewing six guardians, six mentors and conducting focus groups with 11 minors, data saturation was achieved, indicated by key concepts recurring during interviews and focus groups with no new themes emerging.

Results

Based on the focus groups with the URMs and the interviews with the caregivers, five main themes emerged: (a) relationships, (b) psychological stress, (c) preparation for independent living, (d) spirituality, and (e) leisure activities. Following is a discussion of the themes from the perspectives of the URMs and their caregivers. Challenges and needs identified by the URMs and their caregivers are summarized in Table 2.

Relationships

URMs

When asked about building a trusting relationship with their caregivers, the youths identified several challenges: (a) sparse contact moments with their guardians, (b) not feeling heard or helped by their caregivers, (c) uncertainty about whom to turn to with their questions, as they often were referred to another caregiver, (d) the language barrier, and (e) lack of insight into the decision-making process of their caregivers. For example, several URMs explained that they often heard that URMs in other living groups had privileges such as being able to join a sports club.

Table 2. Challenges and needs of Eritrean URMs and their caregivers.

Themes		
Relationship	*Challenges*	Distrust; language barrier; uncertainty about roles of caregivers
	Needs	Continuity in contact; information concerning decision-making; possibility to call in a cultural mediator
Psychological stress	*Challenges*	Experienced distressing events; worries about family and family reunification procedure; financial situation; stress-related complaints; barriers to mental health care
	Needs	Clarity concerning the family reunification procedure; expertise around screening, monitoring, and referring to mental health care
Preparation to independent living	*Challenges*	Little contact with Dutch people; language barrier; cultural inclination toward being shy; tight community; limited time until age 18
	Needs	Expanding of the social network in the Netherlands; care after turning 18
Culture	*Challenges*	Friction between URMs and caregivers concerning religion; spirit possession; cultural gap
	Needs	Healthy balance between religious activities and other activities; knowledge of Eritrean culture; information and education for the minors about Dutch culture and difficult topics (e.g., sexuality and stress) corresponding with their perceptions and culture reference framework
Leisure activities	*Challenges*	Few organized activities; little motivation for partaking in activities and little own initiative; lack of financial resources
	Needs	Attunement concerning activities; tips for motivating the minors to participate in organized activities; knowledge of possibilities to increase the available budget

There is interaction and overlap between the themes.

Most youths added that they also had difficulty trusting other people in general, and they had few or no social contacts outside the Eritrean community. They stated they were shy and not used to make appointments with friends, which complicated engaging in social contact with Dutch peers. Moreover, the youths often had issues trusting interpreters as they thought the interpreters were not translating well.

> A good mentor answers all your questions, or if they do not have the answer, they let you know who they are going to ask the questions to and try to get an answer to your questions in this way. Some mentors give us short answers and try to push away what we ask of them. That is not good. (Eritrean URM)

> We do not trust the interpreters. When a guardian asks about a document and we say we are not able to obtain it, the interpreter will tell us we have to obtain it. If we try to explain to the interpreters that we are not able to obtain the documents, they tell us: Nidos says you should get it, so you should. They do not explain Nidos what we are saying, so the guardian does not hear what we have to say. (Eritrean URM)

Caregivers

Although eight caregivers encountered challenges in establishing a trusting relationship with Eritrean URMs, eight others felt they had developed a trusting relationship with the youths, as the youths increasingly involved them in their lives. Mentors described multiple ways to establish a trusting

relationship, such as doing something for the youths (n = 4) and displaying genuine interest (n = 2). Guardians emphasized the importance of doing what you say and saying what you do (n = 6). Many guardians (n = 6) used Whatsapp to keep in touch with the youths between appointments. Most caregivers (n = 9) stated the language barrier challenged communication with the youths. Some guardians (n = 4) had the impression that interpreters did not translate adequately.

The caregivers addressed their needs, explaining the necessity of knowledge on Eritrean culture, for example through a training focusing on this subject or aided by cultural mediators. Moreover, several caregivers emphasized the necessity of transferring knowledge on important themes, such as sexuality and stress, to the youths.

> If you see your pupil for the first time, I think the only thing you can do is to show you keep to your agreements, so you can build trust, and the practical issues that are important to them at that time, to fix those and to show you can do that. And to keep to your word, then trust comes naturally and if you have trust you can talk about other things. (Guardian)

Psychological Stress

URMs

All youths described several current sources of stress. Family reunification procedure was their biggest source of stress, as they often found the procedure unclear, they had to wait for long periods of time, it was difficult to obtain documents required for the procedure, and they had little time to discuss the procedure with their guardian. Moreover, a lack of financial resources caused distress on many levels. For example, youths were unable to distribute money to loved ones or human traffickers. Youths also expressed their worries about the wellbeing of their family members. They found it difficult to inform their family about the family reunification procedure and added that they were afraid their family members would flee their country upon hearing bad news about the procedure. They explained that they considered the flight from Eritrea as extremely dangerous and distressing.

As a result of these stressors, most youths suffered from mental health complaints, including difficulties with sleeping and emotion-regulation. For example, one youth stated he acted aggressive toward his guardian after hearing negative news concerning the family reunification procedure. Moreover, most youths said that stress caused problems at school, including trouble concentrating. When asked how they dealt with these stressors, most youths cited the following coping strategies: religion and praying, talking to friends they trust, and staying in bed. Some youths said that walking, playing sports, working, and listening to music helped them cope with stress.

I: Don't you have stress about yourself or other things?

P: No, only about our families. Why would we stress about ourselves; we are here and can take care of ourselves. (Eritrean URM)

The school does not really give us stress. But because we have to think about so many things, it is difficult to pay attention and process everything. […] Since I am here, nothing changed about the situation, since then I have not been making the progress I did before. My ability to memorize, remember and recall is less good. If someone tells me something, I forget it quickly. (Eritrean URM)

Caregivers

The caregivers named similar sources of stress, such as family reunification (n = 12), worries about family members in Eritrea or those who embarked on their flight (n = 11), and money (n = 6). Almost all caregivers (n = 14) stated that in addition to current stressors, URMs probably have experienced traumatic events, for example, during their flight from Eritrea to the Netherlands. Caregivers noted that because of distressing events and circumstances, youths developed sleeping issues (n = 6), problems at school (n = 4), and aggression (n = 3).

When asked if Eritrean URMs would benefit from trauma-focused treatment, eight caregivers said they felt that would help the youths. Nevertheless, an equal number of caregivers observed barriers to treatment, such as taboos concerning health care and the probability that Western health care would not correspond with their needs and culture.

Concerning family reunification. It is very unclear to us, something changes every week. […] If it is unclear to us, then it is unclear to the youngsters for sure, then you can't explain it properly. (Guardian)

Preparation for Independent Living

URMs

All youths highly valued school and learning the Dutch language, and they explained that this was important to be able to live independently. All youths tried to participate in Dutch society by undertaking activities, such as sports. The youths cited barriers to engaging with Dutch youths including the language barrier, culture differences, and their living circumstances, taking into account that they lived and went to school with other refugees.

All youths said that activities of daily living, such as cooking and going to school, were going well. The youths were worried about living independently without their parents when they would turn 18, and they were unable to indicate what they needed to live independently at that age.

I: Do you find it difficult to live in the Netherlands, with all its authorities and rules?
P: If we learn the language well, I don't think it's that difficult. (Eritrean URM)
I: Do you participate in the Dutch society?
P: Not yet. It is difficult to get in touch with Dutch people. Sometimes they even ignore an outstretched hand.
I: And in school?
P: There's only refugees. (Eritrean URM)

Caregivers

Seven caregivers said this group of Eritrean youths valued school, with several caregivers describing the youths as disciplined. Most of the caregivers described the youths as independent concerning activities of daily living, such as cooking, cleaning, and going to school, but stated that the youths had more difficulty with tasks such as planning and keeping appointments. Caregivers added that because of this and the language barrier, most youths needed support after turning 18, which currently is not offered in the Netherlands.

Both mentors and caregivers stated that the Eritrean URMs form a tight community in which only Tigrinya is spoken, resulting in difficulties integrating. Half of the caregivers explained that most Syrian minors came from more developed areas than minors from Eritrea. As a result, minors from Eritrea were more likely to have difficulties concerning learning the Dutch or English language, contacting their parents and adapting to the Dutch society. Nine caregivers stated that some URMs did take part in the Dutch society on a limited scale, for example, by doing (volunteer) work and by celebrating Dutch festivities.

> Some youngsters only arrived in the Netherlands when they were 17 years old. To learn the Dutch language, learn how the Dutch society works, and learn how all the organizations work, that is too much. (Guardian)

Spirituality

URMs

For most of the youths, their religion, the Eritrean-Orthodox Tewahedo Church, was the most important thing in their lives, apart from their family. Some described religion as their only source of hope. Many indicated that they now were spending more time on religion than they did in Eritrea. They explained that they now were older, unable to rely on their parents anymore, and experiencing more stress than in Eritrea. The youths mentioned two main stressors concerning religion: (a) high traveling expenses to go to church and (b) restrictions to carrying out their religion. Several youths stated that their caregivers

argued that they were spending too much time on religion, while other youths said it was unclear to them why their time spent on religion was limited.

The topic of spirits was approached by most youths. While some youths believed in spirits but did not have any experience with spirits in their group, others indicated that some of them were possessed. These youths added that when someone is possessed, it helps to read the Bible to them. Some youths addressed the topic of sexuality, stating they did not talk about this subject in their social environment.

> When we have problems, we pray, because He is the only one who can help us. (Eritrean URM)

> I: Do you pray more now than before?
> P: When we were with our parents we did not have any problems, our parents took care of us. Here we have too many problems. I did not go to the church there, but I do here. (Eritrean URM)

Caregivers

Religion played a crucial role in the lives of the youths, according to almost all caregivers (n = 14). They noted that the youths pray and go to the church frequently. Several caregivers explained advantages of religion, as it serves as a source of support (n = 6) and brings the group together (n = 3). An important disadvantage cited by eight caregivers, however, was that the youths spent a great deal of time on religion, interfering with other activities such as learning the Dutch language.

Several caregivers (n = 5) had experience with belief in spirit possession. They interpreted this to be a consequence of the youths' traumatic experiences.

> I understand that your religion is important, and we really want to support that […] but to sit in your room all day to write Biblical texts in Tigrinya, that is not the intention. (Mentor)

Leisure Activities

URMs

In their free time, the youths liked to engage in several types of sports such as soccer, cycling, and swimming. Some youths added that during their free time, they watch television, listen to music, or work. Although the youths described several leisure activities, all of them felt they were undertaking too few activities. Three important barriers to undertaking activities were identified: (a) a shortage of money, (b) few activities were organized by the caregivers, and (c) they experienced too much stress to engage in activities.

> We slept all summer, because we did not have money and nobody organized anything. (Eritrean URM)

> Yes, I like it [doing sports], but if I have stress because of my family or something, I don't want to do sports. (Eritrean URM)

Caregivers

A few guardians undertook activities with the youths, such as going for ice cream, as this allowed them to engage with the youths in a less formal setting. All mentors stated that the youths engaged in sports. Additionally, they described activities they undertake with the youths, such as soccer (n = 4) and attending Dutch festivities (n = 3). Most mentors (n = 5) reported, however, that the youths' lack of motivation to take part in activities functioned as a barrier. They struggled to motivate the youths to join activities they had organized. Moreover, caregivers indicated that experiencing stress, a shortage of money, and time spent on religion were barriers to engaging in activities.

> They told us, we do so little, we are at home a lot, but then we organized something and they wouldn't join us. So you stop doing that after a while. (Mentor)

Discussion

The current study aimed to identify key challenges Eritrean URMs living in children's living groups face and what resources they consider important in dealing with these challenges. The analyses indicated five main themes: (a) relationships, (b) psychological stress, (c) preparation for independent living, (d) spirituality, and (e) leisure activities. Key difficulties and needs were found within these themes. During the study, several strengths of the youths stood out. For example, Eritrean URMs highly value education and learning the Dutch language. Moreover, the youths were independent concerning activities of daily living and formed an important source of social support for one another.

The results suggest that finding their way in Dutch society without their parents, the complex family reunification procedure, and worries about the wellbeing of their parents and relatives are among the most important challenges in the lives of Eritrean URMs. These challenges are exacerbated by several issues, such as language and cultural barriers, and the lack of financial resources. The results indicate that drastic changes in the social-ecological system of Eritrean URMs, and particularly the separation from their parents, has affected their wellbeing (Bean et al., 2007a; Huemer et al., 2009; Vervliet, Lammertyn, Broekaert, & Derluyn, 2014).

The wellbeing of Eritrean URMs is inextricably linked to the social-ecological system in the Netherlands as well as in Eritrea, as illustrated by the following example: hearing bad news from relatives in Eritrea might lead to stress-related complaints such as aggression and concentration issues, consequently affecting the youths' relationships with others as well as their

functioning in school. Moreover, feelings of uncertainty that most likely were initiated during distressing events in their past appear to be aggravated further in the children's living groups. For example, the youths appeared to have limited control in the decision-making process of their caregivers, time they spend on religion, and the organization of activities.

Concerning relationships, prior research emphasized that URMs who are placed in a highly supportive environment, fare best (Kalverboer et al., 2017; Ní Raghallaigh, 2013). This study confirms the need of these youths for supportive and committed care. In addition, the youths added that they need a caregiver who offers them additional guidance, including helping them with practical issues, investing time, and offering continuity. Concerning psychological stress, in line with prior studies, this study found that these URMs have been exposed to distressing events as well as continuous stressors, and most have developed consequent mental health issues, such as symptoms of traumatic stress (Carlson et al., 2012; Ehntholt & Yule, 2006; Fazel et al., 2012; Huemer et al., 2009; Vervliet et al., 2014). In agreement with earlier research on mental health services for refugee youth, caregivers noted several barriers to psychological interventions similar to those reported in earlier studies, such as the idea that Western approach to trauma-focused interventions may not correspond to the needs of these youngsters (Ellis, Miller, Baldwin, & Abdi, 2011; Majumder, O'Reilly, Karim, & Vostanis, 2015).

URMs in the Netherlands face an abrupt end to childhood and the support of guardians and mentors when they turn 18. These URMs have limited time to develop skills of independent living. Therefore, it is not surprising that these youths experience a great amount of distress concerning their future and living independently at age 18. Similarly, Webb et al. (2017) indicate that young people leaving care can experience environmental and emotional instability, and a lack of support during their transition to adulthood and independence.

Spirituality and religion is considered a common approach to coping with distress in refugee minors (Ní Raghallaigh & Gilligan, 2010; Sleijpen et al., 2017), and Eritrean refugees specifically (Araya, 2001). Some minors noted they spend more time on religion and pray more since they arrived in the Netherlands as a result of the psychosocial challenges they face and the distress they currently experience. Finally, the emphasis placed on leisure activities by the minors and their caregivers is in line with several studies that highlight leisure activities, such as sports, as coping strategies (Cardoso, 2018; Iwasaki, 2003).

The study focused on several perspectives, giving a voice to guardians and mentors, as well as to the minors. Although the various groups roughly shared similar concerns, important differences in perspectives were identified. For example, youths explained that religion offered them considerable

support and they often felt limited in carrying out their faith in the Netherlands. Caregivers, however, stated they were searching for a balance between religion and other activities, as they were aware of the importance of religion but realized it limited the time the youths spent on other important activities, such as learning the Dutch language. This example confirms the importance of having multiple informants (Bean et al., 2007a, 2007b) and emphasizes the need for attunement based on mutual intercultural understanding such as offering education for caregivers as well as youngsters to improve intercultural competence (Bates et al., 2005).

According to both the youngsters and their caregivers, Eritrean minors have difficulties trusting others. A possible explanation for this may lie in their past as studies indicate that separation from parents at a young age can have a negative impact on functioning (Bean et al., 2007a; Luthar & Goldstein, 2004; Pine et al., 2005). Several studies have stated that Eritrean children often are separated from their father because of military service (Van Beelen, 2016). Moreover, URMs have been separated from their parents at a young age and can be exposed to extremely distressing events without being able to rely on their previous network. Studies indicate that problems in the parent–child relationship are associated with several difficulties, including behavioral problems such as aggression and lower social competence (e.g., Erickson, Sroufe, & Egeland, 1985; Jacobsen & Hofmann, 1997; Lyons-Ruth, 1996). Future studies can shed light on this issue by retrospectively studying the (attachment) relationship between URMs and their parents, and how this issue can be addressed.

To expand our knowledge on the functioning of Eritrean URMs, looking beyond mental health problems, we allowed the participants to control the direction of the focus groups and interviews. Moreover, the topic list was based on the definition of health by Huber et al. (2016), which covers dimensions such as quality of life and social participation. By doing so, this study did not only indicate the needs of these youths concerning mental health issues, but also provided a broader understanding of the challenges, needs, and resources of these youths in their daily lives. For example, this offered us insight into their challenges and needs concerning building a trusting caregiver–child relationship.

If the uncovered challenges are not addressed, this can have a negative impact on the integration and functioning of Eritrean URMs in their current context. Therefore, several implications are suggested. Firstly, Eritrean URMs face great challenges concerning their preparation for independent living. In line with Mendes and Snow (2016) we suggest that these vulnerable minors can benefit from residential support and guardianship beyond the age of 18. However, professional caregivers are often limited by the Dutch care system and asylum procedure (Sirriyeh, & Ní Raghallaigh, 2018). This limitation

emphasizes the importance of adequate training and supervision of professional caregivers to support the transition of Eritrean URMs into adulthood.

Secondly, the current study underlines the need for culturally sensitive approaches to education. The importance of education for URMs is stressed by several authors (Bates et al., 2005; Bean et al., 2007b), and described as a "passport out of poverty" for care leavers (McNamara, Harvey, & Andrewartha, in press). Education aids the minors in learning the Dutch language, which the minors themselves cite as a prerequisite for living independently in the Netherlands. Improving language competence can result in improved economic integration and access to social resources, and promotes successful integration (Hou & Beiser, 2006).

A third implication concerns the need for more focused attention to the highly specialized mental health issues of Eritrean URMs. The current study emphasizes the importance of transferring knowledge on screening, monitoring, and referring to current caregivers. Moreover, it highlights the need for culturally sensitive interventions that focus on prior distressing experiences as well as continuous stressors. A review of interventions with URMs highlights the importance of teaching and strengthening coping strategies, and suggest this might positively affect mental health (Demazure, Gaultier, & Pinsault, 2017). As very little is known about (preventive) interventions for URMs, future research can provide knowledge on this issue (Demazure et al., 2017; Unterhitzenberger et al., 2015).

Limitations

In this study, focus groups informed our understanding of the youths' perceptions. Although focus groups enabled the discussions to take place, it was difficult for the researchers to discuss certain delicate topics. For example, Eritrean CMs and researchers explained there was a cultural taboo concerning discussing sexuality. To obtain more insight into these issues, it would be of interest to speak to these youngsters individually.

Moreover, the current study focused on Eritrean URMs living in children's living units. As refugee minors in the Netherlands represent more than 100 countries of origin and therefore form a culturally heterogeneous group (Bean et al., 2007a), this focus restricts the generalizability of the findings. To examine if the identified challenges and needs apply to other URMs, it is important to focus future research on URMs with other nationalities and other living conditions.

In addition, the current study did not evaluate individual aspects, such as gender differences, although many individual differences exist even within the Eritrean group of minors. For example, minors from cities may have a higher level of education and more familiarity with modern society than minors from towns; therefore, the former group may have fewer issues

adapting to the Dutch (school) system (Van Beelen, 2016; Weine et al., 2013). This finding emphasizes the need for attention on the specific challenges and needs of individuals.

Conclusion

The current study identified themes wherein challenges and needs of Eritrean URMs became apparent. Key challenges included worries about the wellbeing of parents and relatives, the complex family reunification procedure, and concerns about living independently without their caregivers at age 18. As a consequence of exposure to negative events and continuous daily stressors, it is only to be expected that these youths face difficulties adapting to their lives in the Netherlands. To foster optimal development, without ignoring the challenges the youths face, future training and programs should aim to strengthen the caregiver–URM relationship.

Acknowledgments

We thank the URMs, mentors and guardians for sharing their experiences, and the cultural mediators Ghenet, Daniel, and Ahmad, and participating researchers of Nidos and Arq: Marjan Schippers, Nebil Kusmallah, Juul Gouweloos, and Renate van Loon, for their assistance.

Disclosure statement

No potential conflict of interest was reported by the authors.

Funding

This work was supported by the Asylum, Migration and Immigration Fund (AMIF) under Grant (project) number [2015EFA20110]

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