

## **Between Immigration Control and Child Protection: Unaccompanied Minors in Belgium**

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### **1 Unaccompanied Minors in Belgium: Data**

#### **1.1 Definition**

Belgian legislation refers to UAM as “niet-begeleide minderjarige vreemdelingen/mineurs étrangers non-accompagnés” [unaccompanied minor foreigners]. They are defined as “a citizen of a state that does not belong to the European Economic Space, who is younger than 18 years old, and who is not accompanied by a person who has parental authority or guardianship over him” (FOD Binnenlandse Zaken 2011).<sup>1</sup> Subjects of a Member State of the European Economic Area or Switzerland who are under 18 qualify as UAM if they are not listed in the civil register, not accompanied by a person with parental authority or a guardian, and lacking legal permission of that person to travel or reside in Belgium (FOD Justitie 2014). To be eligible for this the “unaccompanied European minor” has to be (1) in a vulnerable position or (2) registered as a victim of human trafficking (FOD Justitie 2014). However, the law does not specify what the term “vulnerable” entails, leaving this to the Guardianship Service.

#### **1.2 Numbers, Sub-groups and Procedures**

The number of (self-declared) UAM that have entered Belgium varied from about 1,800 per year during the period 2004-2008 to an annual average of 2,800 in the period 2009-2012 (FOD Justitie 2017a). After a temporary return to an average of 1,800 UAM per year in 2013-2014, there was a peak of 5,047 UAM arrivals in 2015 (Minor Ndako 2015). UAM represent a heterogeneous group in terms of age, gender, country of origin, nationality, reasons for migration, migratory trajectories and degree of contact with family members, yet the majority of UAM are boys (and their number has even increased during the last years), and about 60% of the minors are 16 or 17 years old (FOD Justitie 2017a).

In line with the UN Convention on the Rights of the Child, UAM enjoy specific protection in Belgium. They cannot be detained and can only be expelled from the country if specific conditions are fulfilled: Expulsion must be in their “best interest” and appropriate care and

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<sup>1</sup> Minors who are citizens of the European Economic Space, so-called “unaccompanied European minor foreigners,” are by law not regarded as unaccompanied refugee minors, which implies that they do not have access to the same legal procedures and care and support as UAM. This is explained in the following sections.

support in the country they are sent to must be ensured.<sup>2</sup> Further, UAM can obtain legal documents to stay in Belgium. Hereto, various procedures can be applied for, with the asylum procedure and the special procedure for UAM as the two main procedures.

First main procedure is the asylum procedure. UAM applying for asylum follow the same procedure as all other asylum applicants, except that UAM's appointed legal guardian (cf. *infra*) needs to be present during the asylum interview. In addition, interviews with UAM are carried out by specifically trained interviewers. The asylum-applying UAM thus also receive a temporary residence permit as long as the procedure is ongoing. If they are recognized as a refugee, they are granted refugee status and a five-year residence, which can become permanent after evaluation. If their refugee status is denied, they can be granted temporary stay on the basis of subsidiary protection (which can also become permanent after five years and regular evaluation). If the application is rejected and they are still under age, they can apply for the special procedure for UAM (which can also be started simultaneously with the asylum procedure) (Derluyn/Broekaert 2008).

The special procedure for UAM is the second main procedure and consists of various phases, during which the minors get temporary residence permits, and during which the UAM's guardian, together with the migration authorities, seek to find a "durable solution" (FOD Justitie 2017b). This durable solution can be (in order of priority): (1) reunion with the UAM's family, (2) return to the home country, and (3) definitive stay in Belgium, when the two other options cannot be realized (FOD Justitie 2017b). The first option is – somehow surprisingly – often framed within the International Convention on Children's Rights, stating that children have the right to live in or to be reunited with their family. When the migration authorities decide to opt for the last solution, a definitive stay in Belgium, the temporary permit is converted to a permanent one; yet this is only possible after at least a period of three years in this procedure, and provided that the person is still underage, possesses a valid identity card from the birth country, and shows that (s)he is integrated in the host country (e.g., through attending school on a regular basis).

Besides these two main procedures, the asylum procedure and the special procedure for UAM, there is also the regularization procedure and the procedure for victims of human trafficking. Both of these procedures are applicable for both adults and for UAM. The procedure for regularization involves the regularization of (illegal or temporary) residence status for specific reasons, such as humanitarian reasons, long duration of the asylum procedure and medical reasons (Derluyn/Broekaert 2008). UAM can also resort to a procedure to be recognized as victims of human trafficking, which can lead to temporary and eventually permanent residence permits if certain stringent criteria are met (EMN 2014). These minor victims of trafficking are cared for in specialized centers, yet the number of UAM applying for this procedure is rather limited (e.g., between 2002 and 2008 a total number of only 106 minors started a procedure "human trafficking" (EMN 2009), even though there were probably many more UAM who qualified for this procedure (Derluyn et al. 2009). Probably the heavy conditions (such as the obligation to testify against the traffickers) put several UAM off (Derluyn 2011). Finally, it must also be noticed that an unknown

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<sup>2</sup> However, there is one exception: when on arrival at the border the age claim of an UAM is doubted, (s)he can be held in detention for three working days, exceptionally extendable for another three working days (EMN, 2014).

number of UAM stays in Belgium without any legal documents (Derluyn/Broekaert 2008). This is obviously a group that is very vulnerable to harmful or exploitative situations.

The number of UAM applying for asylum varied over the years: From 2009 till 2012, there was a significant increase in the total number of UAM arriving in Belgium, and also in the percentage of UAM who applied for asylum. While in 2005-2008 and 2013-2014, only 20-30% of the total number of UAM applied for asylum, this percentage was around 50% in 2012. In this period of increasing asylum applications, there was also a dramatic shortage of reception facilities for UAM, which resulted in UAM being received in adult facilities, hotels or even living in the streets (Vervliet/Verhaeghe/Derluyn 2014). While the situation stabilized during the following years, the increase in the number of UAM arriving in Belgium in 2015 has again put considerable pressure on the reception system. In 2015, the number of UAM applying for asylum rose to 3,099 (or about 60% of the exceptionally high total number of UAM arrivals that year), 92.5% of whom were boys. The main countries of origin of these minor asylum applicants were Afghanistan (65%), Syria (15.1%), Iraq (6%), Somalia (3.5%) and Guinea (1.9%) (CGVS 2016). A high percentage of these minors will receive either refugee status or subsidiary protection, and thus long-term legal residency in Belgium.

### 1.3 Health and Education

Studies that focus on the psychological wellbeing of UAM in Belgium report a higher prevalence of severe symptoms of anxiety, depression and post-traumatic stress in this group not only in comparison to peers born in the host country, but also to refugee adolescents who are accompanied by their parents (Derluyn 2011; Derluyn/Broekaert 2007; Derluyn/Broekaert/Schuyten, 2008; Derluyn/Mels/Broekaert, 2009; Vervliet/Lammertyn/Broekaert/Derluyn 2014). UAM not only seem to have high mental health support needs upon arrival, especially when the minors have suffered many traumatic experiences (Vervliet et al. 2014), longitudinal studies also show that these mental health problems in this group remain high over time (Vervliet et al. 2014). Part of the psychological distress is associated with the daily material and social stressors these minors experience, including the way the reception and care structures are organized, and with the uncertainty of asylum or residence procedures (Vervliet et al. 2013; Vervliet et al. 2014). Further, the access to and availability of psychological and psychiatric care services for UAM remain largely inadequate to meet the huge psychological needs they have (Derluyn/Broekaert 2007; Derluyn et al. 2009; Vervliet et al. 2014).

Girls are reported to have higher risks for the development of internalizing problems than boys (Derluyn/Broekaert 2007), and are more at risk of having experienced sexual violence, in their country of origin, during their journey but also in the new country (Keygnaert et al. 2015; Thomas et al. 2004). About 10% of the female UAM who arrive in Belgium are pregnant or already mother of a child (Vervliet et al. 2013). These UAM mothers mainly receive the same protection facilities as other UAM - sometimes in special care facilities, but sometimes also in refugee reception centers that lack the necessary and adequate equipment and infrastructure for mothers (Vervliet et al. 2013). Further, their status as mother is seldom or only minimally acknowledged in migration policy, in particular in the decision regarding their residence documents (Vervliet et al. 2013). These girls also encounter additional difficulties in combining their parental responsibilities with educational aspirations or work, because of their lack of access to day-care facilities (Vervliet et al. 2013). Nevertheless, motherhood also proves to be a source of self-worth and feelings of belonging and connectedness for UAM mothers (Vervliet et al. 2013).

Studies show that finding opportunities for good quality education and/or obtaining a valuable diploma usually figures prominently in UAM motivation for migration (Verhaeghe/Derluyn 2014; Vervliet et al. 2014). UAM generally attach great importance to good education, and consider it as a vital link in their strategy to build up a better life for themselves (and for their families). Yet, their high aspirations often clash with the realities of restricted educational opportunities and outcomes (Bex/De Graeve 2016; Verhaeghe/Derluyn 2014; Vervliet/Verhaeghe/Derluyn 2014). Instruction in a language that they do not yet master turns out to be an important barrier and some of the minors have already accumulated significant arrears in education before their arrival in Belgium due to often limited educational opportunities in their home countries or while being on the run (Verhaeghe/Derluyn 2014; Vervliet/Verhaeghe/Derluyn 2014). As a result, many minors attain a lower school level than their capabilities allow (Derluyn/Broekaert 2008). Studies that document the educational trajectories of UAM (Bex/De Graeve 2016; Verhaeghe/Derluyn 2014; Vervliet/Verhaeghe/Derluyn 2014) report that UAM — after an initial year of language education — are overrepresented in vocational and part-time vocational educational trajectories at secondary school levels and in educational systems for youngsters with special needs, and are underrepresented in general or technical educational trajectories. The latter types of education typically prepare students for higher education, while the former rather prepare students to enter the job market directly. Moreover, when UAM have not obtained residence documents when they turn 18 or are no longer in the asylum procedure, they cannot attend school anymore (because they are over 18 and staying without residence documents in the country). As an effect, UAM often end up leaving school without graduation or certificate/diploma.

## **2 Policy Program and Legal Framework**

Starting from the UN Children's Rights Convention which urges States to foresee in special protection measures for unaccompanied refugee minors, Belgium started to identify the group of unaccompanied refugee minors as a separate group at the beginning of the 1990s. Yet, during the last 15 years, there have been two important changes in Belgian policy concerning UAM, notably the creation of a specialized care system for asylum seeking UAM in 2001 and the approval of a series of legal provisions regulating the reception and protection of UAM in 2004 (Derluyn/Broekaert 2008; Kanics/Senovilla Hernández 2010). The increase of the number of UAM in Belgium since the 1990s and the pressure this imposed on the mainstream youth welfare resulted in drastic changes in Belgian asylum policy in 2001 with the organization of a separate care system, initially only for those UAM who apply for asylum, apart from the regular youth welfare system (Derluyn/Broekaert 2008). Belgium is a federal state composed of three cultural and linguistic communities (French-, Flemish-, and German-speaking) and three socio-economic regions (the Walloon, the Flemish and the Brussels-Capital region), with authorities divided between six (federal, community and regional) governments. As the federal government is responsible for all matters of immigration and asylum, it is also responsible for the care of asylum-seeking UAM, while the Belgian municipalities are responsible for all "ordinary" matters of youth welfare. Yet, the care for UAM who did not apply for asylum had remained unclear for a long time, since the federal government indicated this as a responsibility of the Flemish and French Community governments. However, these authorities did not provide any sufficient reception structures (Derluyn/Broekaert 2008). For recent months, however, there has been an increasing collaboration between the regional authorities and the federal government to better organize and coordinate the care for UAM, with every authority taking part in it.

A second important change in policy programs concerning UAM was the approval of the Program Law that came into force in May 2004 (also called the “Guardianship Act”). This legal change occurred as a response to Belgium’s conviction by the European Court of Human Rights for detaining for nearly two months a five-year-old girl and sending her back to the Democratic Republic of Congo (DRC) rather than facilitating reunification with her mother in Canada, in 2004 (De Graeve 2015; Derluyn/Broekaert 2008). This entailed the creation of an independent *Dienst Voogdij/Service des Tutelles* [Guardianship Service] within the Federal Public Service Department of Justice for the protection of UAM. The Guardianship Service has various tasks: First, it is responsible for the selection, training and supervision of all guardians. Second, the Guardianship Act (FOD Justitie 2002),<sup>3</sup> prescribes that it is the duty of any authority (Police, Immigration Service,...) to signal the presence of UAM on Belgian territory to the Guardianship Service (EMN 2009), after which the latter decide whether or not this UAM needs to be placed in a reception center. The Guardian Service is also responsible for the identification of the UAM (name, nationality, family situation and age), which is eventually accompanied by a medical age assessment, and is responsible for the appointment of a guardian (Derluyn/Broekaert 2008; EMN 2009).

After this initial identification phase, in a second phase, a personal guardian is thus appointed for every UAM (appointed by the Guardianship Service and officially appointed by the Justice of Peace). There are various types of guardians. Employee-guardians are employed by a NGO (e.g., Red Cross or Caritas) and have a caseload of about 25 UAM for a fixed salary. Self-employed or voluntary guardians get a fee per UAM. They get a status as voluntary (with tax exemption for the guardianship-related income) when they have no more than five UAM and a self-employed status when they are responsible for six to 50 UAM. The main duty of a guardian, as defined by the Guardianship Act, is to look after the minor’s interests in their different life domains (legal procedures, residence permits, appointment of a lawyer, accommodation, health care and support, education,...) (Derluyn/Broekaert 2008; EMN 2009). So the guardian needs to legally represent and accompany the minor in all administrative and jurisdictional procedures, and needs to ensure that the UAM gets appropriate care, accommodation, education, health care and psychological care.<sup>4</sup> The tasks of the guardian ends, amongst other reasons, when the minor reaches the age of 18, when a definitive residence permit is obtained or when the minor disappears (EMN 2009).

### 3 Clearance Practices and Care Arrangements

#### 3.1 Facilities of Care

Reception policies for UAM in Belgium provide for a three-phase trajectory of observation, stabilization care and supported autonomy (Fournier 2011). First, all UAM, both asylum and non-asylum-seeking minors are received in one of the three federal observation and orientation centers (OOC). During this observation phase, which usually takes two to four weeks, the Guardianship Service verifies the minor’s identity (name, nationality) and age by a medical age assessment test (if the migration authorities and/or the Guardianship Service have any doubts about the declared age of the refugee), and checks if the minor is indeed unaccompanied. In addition, the Guardianship Service prepares a medical, psychological and social report on the minor, and recommends a type of follow-up care.

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<sup>3</sup> The Guardianship Act is a Belgian law, which entered into force on May 1, 2004.

<sup>4</sup> For a more elaborate task description see e.g.: Fournier, 2013

In a second phase, the UAM is referred to other care facilities according to his/her specific needs. Those applying for asylum and those above 14 years of age are usually housed in a collective reception facility for asylum applicants of the Federal Agency for the Reception of Asylum Seekers [*Fedasil*], with the option of moving to a smaller reception unit after four months (third phase). These Local Reception Initiatives (LRI) are smaller-scale living units organized by the Public Social Welfare Services and financed by the federal government. Next to LRI of the “collective” type, there are also LRI for guided independence in which the minors live autonomously with follow-up. UAM with specific needs, the so-called “vulnerable UAM,” such as those under 14 years of age, girls, pregnant girls, and UAM with clear psychological problems can be directed — immediately or later — to youth welfare services, which the Belgian municipalities are responsible for. Hereto, it needs to be formally indicated that the respective UAM are living in a problematic educational situation. This formal assessment and approval is executed within the youth welfare system, by an Intersectoral Gateway, a youth welfare service agency assessing the UAM’s needs and determining appropriate care to meet these needs, after the guardian formally applies for this care on behalf of the UAM. Within youth welfare services, UAM usually first go to categorical reception centers, which are only accountable for UAM. After this initial phase (which sometimes lasts several years), UAM can go to other, mainstream youth welfare services, such as residential youth welfare services, independent living arrangements or foster care.

Derluyn and Broekaert (2008) however point to the differences in quality and capacity of the care centers in these two care systems. The quality of the care provided in the youth welfare sector, in particular the categorical centers for UAM, is relatively good, but their capacity is still rather limited, although for the last months, at least the Flemish regional authorities have increased the number of reception facilities for UAM within their area of responsibility. In contrast, Derluyn and Broekaert (2008) found that the quality of the reception facilities in the asylum centers for UAM — in terms of staff numbers, staff qualification, the number of children living in one group, infrastructure etc. — is worse than in the youth welfare services for this group. This means that the organization of the care facilities for UAM in Belgium starts from the idea that only a subgroup of them — the vulnerable UAM — needs intensive care, similar to the care provisions organized for non-UAM within a “problematic educational situation.” Yet, given the background of the UAM, with high levels of traumatic experiences, given their current living situation as minor newcomers without parents, and given their proven levels of emotional difficulties, it is remarkable that not all UAM live in a situation that is considered as problematic. On top, vulnerability of UAM (and the hereto related provided access to higher-quality services within the youth welfare structures) is mainly defined by so-called objective characteristics, such as gender and age, while for all other minors (who do not fall in the category of UAM), a needs-based assessment is taken as a starting point to define the kind of care and support a minor needs.

In addition to institutionalized care and independent living arrangements, some UAM are received in host families. These host families can be extended family of the minors or foster families. For younger UAM in particular, this type of care is prioritized, and the Flemish regional authorities have put considerable efforts to increase the number of foster care arrangements for UAM for the last years. Yet the number of UAM in foster care families overall remains relatively low as compared to the entire group of UAM.

Several studies indicate that most UAM largely value the support they receive, yet at the same time also experience serious gaps in care and support: They have overall huge and very

diverse needs in various life domains, such as housing, daily living, material and financial means, social network, education/job, etc. Yet, the care and support they receive is often too limited (in terms of the social workers' time for their support, the material conditions in which the minors live in an asylum center, the availability of psychological support, their possibilities to attend sports clubs or other leisure time activities, etc.). A longitudinal study on the mental health of UAM in Belgium (Vervliet et al. 2014) shows how daily stressors, including both material and social stressors, largely increase over the time UAM stay in Belgium. On top, these increased daily stressors have a huge impact on the high levels of symptoms of depression, anxiety and posttraumatic stress disorder, which many UAM still suffer from even after being in the host country for almost two years.

### **3.2 The End of Reception and Care Arrangements?**

As long as UAMs' asylum procedures are ongoing, they can stay in the care and reception structures for asylum applicants, either in large-scale refugee reception centers, or in local reception initiatives. Yet, when minors turn 18, and their asylum application is still ongoing, they need to transfer to the asylum reception structures for adults, mainly characterized by less support and care than the special structures for asylum-applying UAM provide. If their asylum procedure ends up being rejected, the minors will need to leave the reception structures for asylum seekers at the age of 18. When the UAM reside within the facilities organized by the youth welfare services, it is possible that they can stay there after their 18<sup>th</sup> birthday, even if they have no residence documents anymore at that point. Normally, youth welfare services end at the age of 18, but they can be prolonged on request of the adolescent and with the agreement of the competent authorities, and this can be done up until the age of 20 (in foster care) or 21 (in all other forms of youth welfare services).

If the UAM have not obtained a certain (semi-)permanent residence status when they turn 18, they will need to stop their school education. In a particular and limited number of cases, the immigration authorities prolong the temporary residence document until the end of the ongoing school year. If the UAM have obtained (semi-)permanent residence (e.g., refugee status or subsidiary protection), they become eligible for social benefit support, which means that they can receive a minimal basic income with which they can for instance pay for housing and other living costs. Yet, this support replaces the higher support and supervision services that are foreseen for UAM.

Last, guardianship ends by any means when the UAM turn 18. The type of residence documents they have at that time does not matter. Moreover, little information is available on how and when the UAM — and those without (opportunities to get) documents in particular — leave the care and reception services, especially when they turn 18. Nor is there any evidence on their further trajectories once they have left the special protection status of UAM.

### **3.3 Immigration Discourse and Politics of Control**

The care for UAM in Belgium, as in other European countries, occurs at the intersection of state immigration policy and humanitarian attention for children's rights (Senovilla Hernández/Touzenis 2010), and, as such, oscillates "between a policy of pity and a politics of control" (Fassin 2005). This policy of "two rhythms" (De Graeve 2015), treating UAM as potentially unwanted immigrants while at the same time protecting them on the basis of children's rights (and allowing them to stay until they turn 18), exemplifies the ambiguity of the current policy framework that seems to be uncertain about whether to punish or to assist, to prepare for return or to integrate. Derluyn and Broekaert (2008) also point to the glaring

contrast between a legal perspective on UAM that sees them as “refugees” and “migrants” first, and a psychological-psychosocial perspective that considers them first and foremost as children and as a vulnerable group in need of special care and protection (see also: Derluyn 2011).

Policies of immigration control put UAM at higher risk for exclusionary practices, control and state intervention (De Graeve/Bex 2016). Although the minors are singled out as a vulnerable group, simultaneously their stories and statements are scrutinized for inaccuracies or false elements. Age claims in particular are met with suspicion and become the site of medical investigation, with radiographic examination (of teeth, hand-wrist bones and clavicles) and physical examination recording body height and weight. Several studies have pointed to the problematic character of the use of precise chronological age limits and have questioned the validity, accuracy and ethical appropriateness of age estimations, both from a social scientific and a psychological point of view (Derluyn/Broekaert 2008; Smith/Brownlees 2011). Moreover, several studies report that the discontinuation of care, protection and the right to residency once the minor turns 18 often leads to distressing situations. While the young people often need ongoing support, they are left to fend for themselves from one day to the next, not uncommonly in a situation of illegality, without rights and protection, in continuous uncertainty and as a result feel overwhelmed with emotions of powerlessness (De Graeve/Bex 2016; Derluyn/Broekaert 2008).

Several authors have criticized the basic minimum package of bed-bath-bread care as it is offered to asylum applicants, including UAM (Derluyn/Broekaert 2008), with most of them, as indicated above, living in relatively large groups, with a limited number of staff and limited offer of psychosocial and psychological care (Derluyn/Broekaert 2008; Vervliet et al. 2014). This minimum care treatment contrasts sharply with middle-class discourses on childhood that stress a child’s need for love and intensive care, preferably within a family context (De Graeve/Bex 2015). This separate system of care for UAM also contradicts with mainstream youth welfare services, with different norms and regulations. Restricting access to mainstream youth welfare services to a limited group of UAM that meets particular criteria in terms of age and gender is highly questionable. If we take a children’s rights approach as a starting point, care should be provided taking into account the individual needs of every minor, independent of where (s)he comes from (Derluyn/Broekaert 2008).

Within the apparatus of relatively well-functioning and practical arrangements for UAM, there is neither space nor possibilities for caregivers and other professionals to meet UAMs’ emotional needs (De Graeve/Bex 2015; Stretmo 2014). Nevertheless, emotional involvement and genuine concern of caregivers is what UAM seem to value most and what they consider as a pivotal element in their ability to build up a life in Belgium and feel accepted (De Graeve/Bex, 2016). Moreover, several studies (e.g., Derluyn/Mels/Broekaert 2009; Vervliet et al. 2014) have pointed to UAMs’ critical need for psychological care. These studies indicate that this need is often insufficiently met by the Belgian care system for UAM. They argue that reception and care structures should offer more adequate and curative interventions to UAM, such as psychosocial support and therapeutic counseling, and a better access to the mainstream youth welfare system (Derluyn/Broekaert 2008; Derluyn/Mels/Broekaert 2009; Vervliet et al. 2014).

#### **4 Research Overview and Required Research**

Studies on UAM in Belgium have mainly focused on the minors’ psychological wellbeing and mental health (Derluyn 2011; Derluyn/Broekaert 2007, 2008; Derluyn/Mels/Broekaert



2009; Vervliet et al. 2013; Vervliet et al. 2014; Vervliet et al. 2014) and on their educational trajectories (Bex/De Graeve 2016; Verhaeghe/Derluyn 2014; Vervliet/Verhaeghe/Derluyn 2014). Studies focusing on mental health have investigated the role of the absence of parents, of particular socio-demographic characteristics (e.g., age and gender), of the time the UAM is residing in the host country, and of traumatic experiences and daily social and material stressors in relation to the prevalence of certain psychological problems. More research is needed on other variables that might possibly influence the development of mental health problems, such as the current living situation and type of care arrangements, UAM's financial situation or their differential possession of social capital. Further, deeper qualitative understanding should be gained on how the minors' various intersectional positions (in terms of age, gender, class, sexuality, ability, health, etc.) structure their feelings of belonging and their future perspectives, their ability to cope with past experiences and current difficult situations, and their agency and feelings of control or powerlessness. More research on the educational trajectories of UAM is necessary to assess how the educational system can be adapted to better serve the needs of UAM in Belgium and to support them in terms of their career management

A few exceptions notwithstanding (De Graeve 2015; De Graeve/Bex 2015, 2016), there has been relatively little research on UAM in Belgium from a sociological perspective. Studies that look at the broader social context of how UAM experience their flight and resettlement can contribute to a more comprehensive understanding of the positions and wellbeing of UAM, and the discourses and practices that unfold around them. A focus on both broader structural factors and possibilities of UAM to move through systems of power have the capacity to go beyond homogenizing representations and frameworks of victimhood and pathologization (Denov/Bryan 2012), and to provide insights into the institutional, ideological and social contexts that shape the care relationships of UAM.

Evaluative studies of Belgian policy have focused on the process of reception, expulsion and integration of UAM (EMN 2009, 2014) or on the guardianship system more particularly (Fournier, 2011, 2013), also in a comparative perspective (Arnold/Goeman/Fournier 2014; ENGI 2010; Goeman et al. 2011). These studies aim to provide Belgian and European institutions and authorities with up-to-date, reliable and comparable information on UAM in order to enable them to improve their policies towards this generally vulnerable group (EMN 2009). These studies evaluate the introduction and implementation of the Guardianship Act as rather positively, yet they also point to serious overall shortcomings and problems in the current care and reception system, such as the shortage of good quality reception facilities, a lack of uniformity in trajectories and support, and a lack of reliable and comparable statistics (EMN 2009). These findings have also been confirmed in the longitudinal study of Vervliet/Lammertyn and colleagues (2014). Continued policy-oriented research is necessary, also allowing for more targeted interventions in the care system for UAM, whereby the interventions and policies are more adapted towards UAM needs and perspectives. Yet, it seems also necessary to complement this kind of research with critical-philosophical research that fundamentally questions and challenges the current frameworks and moral contradictions of Western migration policy.

Finally, in order to understand the complexity and variety of the UAM's lives better, it is important to foreground the voice of UAM. Ethnographic research, including in-depth interviewing of the minors and their caregivers and participant observation in reception centers, schools or social activities, is a particularly useful methodology for the study of minors (Prout/James 1997). Methods that include the researchers' longterm participation help

to capture the ongoing flow and complexities of the minors' daily lives and to establish trust between the researchers and the minors (Greene/Hill 2005). Studying minors in general and UAM in particular is challenging due to power imbalances between researchers and the people of interest (in terms of age, class, race, educational level, etc.), potential language barriers, difficulties of building relationships of trust and the UAMs' possible restraint to talk about certain experiences, feelings and behaviors. It seems important to avoid putting participants at risk of exploitative and harmful research practices and to be sensitive to the ways in which the researcher's positionality affects encounters, processes and outcomes of the research. We argue for taking into account the ethical concerns related to studying this group (Vervliet et al. 2015), and the aim to deconstruct problematic assumptions about subaltern subjects. To highlight marginalized experiences and to let individuals speak for themselves seems an important, yet not an easy task within the study of UAM and the way in which their care is being organized.

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