



# “A REFUGEE AND THEN...”

**Participatory Assessment of the Reception and  
Early Integration of Unaccompanied Refugee  
Children in the UK**



This publication has been produced with the assistance of the European Union. The Contents of this publication are the sole responsibility of UNHCR and can be in no way taken to reflect the views of the European Union.



#### ACKNOWLEDGEMENTS:

This report was researched and written by Elizabeth Yarrow, an independent consultant for UNHCR with funding from the European Commission's Directorate-General for Justice and Consumers (DG JUST). The study benefitted from the expert input of Unicef UK and the UN Migration Agency, IOM, both members of the advisory group for the report.

Our deepest thanks goes to the young refugees and asylum-seekers who took part in the participatory assessment, for generously giving their time and sharing their experiences, which were often very difficult to recount.

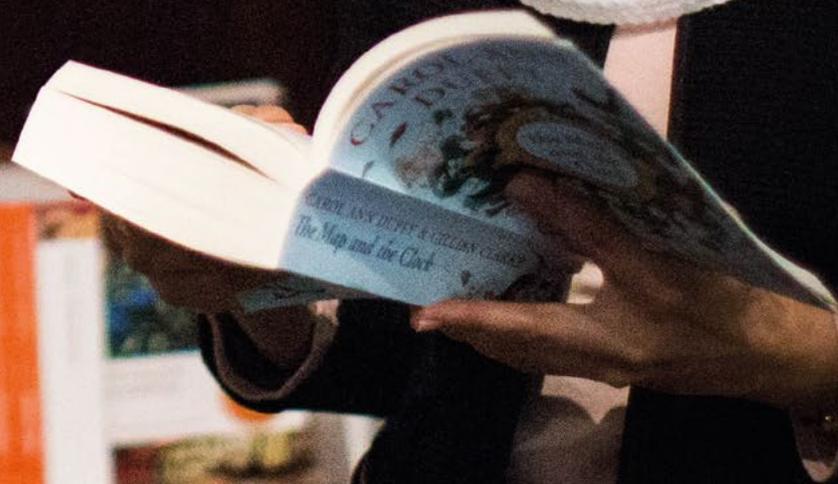
UNHCR would like to thank the social workers, youth workers, service managers, local authorities, regional strategic migration partnerships, NGOs and others whom we interviewed for the assessment and provided invaluable insights. We are also grateful for the support provided in organising interviews and focus group discussions with young people.

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“A refugee is not what you are, it’s a part of you. I am [also] a student. I’m doing this and that; the word ‘refugee’ is not the end – it’s ‘a refugee, and then –’. And that’s helpful for me to think.”

Refugee 19 years (female)



# ACRONYMS

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<b>DfE</b>	Department for Education
<b>ESOL</b>	English for Speakers of Other Languages
<b>FGD</b>	Focus group discussion
<b>IDI</b>	In-depth interview
<b>IOM</b>	International Organization for Migration
<b>KII</b>	Key informant interview
<b>LA</b>	Local Authority
<b>NTS</b>	National Transfer Scheme
<b>PA</b>	Participatory Assessment
<b>UK</b>	United Kingdom
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations Children’s Fund
<b>VCRS</b>	Vulnerable Children’s Resettlement Scheme
<b>VPRS</b>	Vulnerable Persons Resettlement Scheme

# TABLE OF CONTENTS

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Executive Summary .....	7
Introduction .....	13
<b>1. METHODOLOGY .....</b>	<b>14</b>
1.1 Research questions .....	15
1.2 Methods.....	15
1.3 Sample .....	15
1.4 Analysis .....	17
1.5 Limitations .....	17
<b>2. RECEPTION AND ORIENTATION.....</b>	<b>18</b>
2.1 Journeys to and arrival in the UK .....	19
2.2 First point of contact .....	20
2.3 Encounters with police .....	21
2.4 Age assessments on arrival.....	24
2.5 Reception by social services .....	27
2.6 Information and orientation.....	28
2.7 National Transfer Scheme .....	30
2.8 Transfer and resettlement to the UK.....	34
<b>3. CARE AND ACCOMMODATION .....</b>	<b>41</b>
3.1 Finding a suitable placement for a child.....	42
3.2 Foster care .....	43
3.3 Semi-independent shared accommodation .....	46
<b>4. EDUCATION AND ENGLISH LANGUAGE LEARNING.....</b>	<b>49</b>
4.1 Access to education .....	49
4.2 English language learning.....	52
4.3 Access to a mainstream school environment .....	53
4.4 Views and perceptions of education .....	54

<b>5. HEALTH, WELLBEING AND PSYCHOSOCIAL SUPPORT</b> .....	55
5.1 Access to care for physical health needs .....	56
5.2 Access to care for mental health needs .....	56
<b>6. SAFEGUARDING</b> .....	62
6.1 Safety of care placements .....	63
6.2 Vulnerability to labour exploitation .....	64
6.3 Missing and trafficked children .....	65
<b>7. SOCIAL INCLUSION AND PARTICIPATION</b> .....	69
<b>8. CROSS-CUTTING ISSUES</b> .....	72
8.1 Guardianship/ independent advocacy .....	72
8.2 Family tracing and reunification .....	75
8.3 Impact of the immigration system.....	77
8.4 Local Authority Funding.....	80
<b>RECOMMENDATIONS</b> .....	83
<b>ANNEX 1: DEFINITIONS</b> .....	86
<b>ANNEX 2: IN-DEPTH INTERVIEW TOOL FOR REFUGEE AND ASYLUM SEEKING CHILDREN AND YOUTH</b> .....	88

# EXECUTIVE SUMMARY

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“ A refugee is not what you are, it's a part of you. I am [also] a student. I'm doing this and that; the word 'refugee' is not the end – it's 'a refugee, and then - '. And that's helpful for me to think.”

Refugee 19 years (female)

Recent years have seen an increase in the numbers of unaccompanied and separated refugee children living in the UK. At the same time there have been significant changes in the UK policy environment, with the introduction of new schemes facilitating the transfer and resettlement of children, both to and within the UK, alongside the issuance of new government strategies and statutory guidance.

While there is expansive literature examining the immigration law and policy framework for unaccompanied asylum-seeking children in the UK, less research has explored their reception arrangements and early integration support from the perspectives of local authorities, service providers and, mostly importantly, the children themselves.

This research brings together first-hand accounts of young refugees and asylum-seekers and those who support them across the UK, as they describe the path from their arrival to early integration in British society.

The research was funded by the European Commission's Directorate-General for Justice and Consumers and was undertaken by UNHCR, the UN Refugee Agency, with support from Unicef UK and the International Organization for Migration.

## Research objectives and methodology

The objectives of this research were to:

- Understand the early experiences of children and young people who have arrived unaccompanied in the UK as refugees and asylum-seekers through various avenues, to hear their views on what a pathway to successful integration in the UK would look like and listen to their proposed solutions to the challenges they face;

- Understand these same issues from the perspective of local authorities and service providers working with unaccompanied children; and
- Identify positive UK practices in reception and early integration support for unaccompanied children and areas for improvement.

The report is based on a participatory assessment conducted by UNHCR from June 2018 – January 2019 which included in-depth interviews and focus-group discussions with 65 unaccompanied children and young people living in 11 local authorities in England and Scotland. The assessment also included interviews with 47 stakeholders supporting young people in England, Scotland and Wales, and site visits to children's and young people's places of residence.

## Key findings:

### Initial treatment and early reception

Despite initially feeling afraid, a majority of young people found that the UK authorities, including police and social services, had treated them in a kind and humane manner upon arrival. These experiences left a lasting impression on children, strengthening their feelings of safety, trust and sense of being settled, happy and integrated in the UK. This was not the case for all children, however. Those who had their age disputed typically reported receiving harsher treatment, which was considered highly disruptive to their reception and early integration experience.

“ The police approached [me with a] smiling face. They show me respect, and they told me they were there to help me. The way that they approached me - I felt like I was safe. I never experienced police being so nice. [...] The social worker came to help me. And that's it - now my life is better... You know, when I came here it was excellent. They looked after me properly, better than any place I've ever been.”

Asylum-seeker, 17 years (male).

“ The problem was the Home Office because they didn't accept my age... That four months was too hard. I was on my own I had nowhere to go, I didn't know nothing. I didn't speak English. I had nobody. I had a lawyer but it was too hard to make an appointment, and it wasn't easy to understand what they were explaining to me.”

Focus group discussion, refugees (mixed gender)

Section 67 of the Immigration Act 2016 – the so-called “Dubs scheme” - and the Vulnerable Children's Resettlement Scheme (VCRS) were viewed positively by local authorities as they allowed for the organised transfer of asylum-seeking and refugee children to the UK. Stakeholders felt the schemes gave them time to plan and make arrangements for arrivals, in contrast to the National Transfer Scheme (NTS) which provides for children who spontaneously arrive. The NTS was seen as more disorganised and in some cases disruptive to the early integration of children.

While the NTS may be unsustainable in its current form, there was agreement amongst stakeholders with its objective - to ensure a more even distribution of unaccompanied children amongst local authorities. Given that numbers of unaccompanied asylum-seeking children arriving spontaneously to the UK have remained relatively steady in recent years, it should be feasible for central and local government to plan in a more predictable manner for future arrivals.

Significant challenges were identified with the reception and accommodation of children reunited with family under the Dublin III Regulation and “Dublin-like procedure”, used for some of those transferred in connection with the 2016 Calais camp clearance. Local authority support for families receiving children under these procedures is limited and discretionary, and many families are unprepared for the realities of caring for a teenager with an often high level of need.

## Care and accommodation

Research findings clearly point to the integration benefits of placing a child in foster care. Despite this, it was observed that foster placements were not always available or prioritised for unaccompanied children, especially those over 16 years. The majority of children interviewed in the research were instead placed in multi-occupancy supported accommodation, which appeared to have the worst outcomes for children's integration prospects in the study.

“ I was 15, I should have been with my family, but I didn't have that chance... Sometimes we would come home and there was no electricity. No light. We couldn't charge our phone. Couldn't eat. I was so stressed and tired seriously. At that time I was really, really crying. Sometimes I went to college and I didn't even take a shower because of the electricity. I was living there like 6-7 months but it felt like 10 years. It was a disaster, they were smoking weed...One of the guys used to cut himself.”

Refugee discussing his experience in multi-occupancy accommodation, 18 years (male)

## Education and English language learning

When asked about their education, most young people described a diverse, multicultural and tolerant picture of British education institutions. However, many unaccompanied children faced delays and disruption in access to education - especially age-disputed children, children transferred through Dublin III/ Dublin-like procedures, and children transferred through the NTS. Few children included in the assessment were engaged in full-time, mainstream education. Many only received English for Speakers of Other Languages (ESOL) lessons without the opportunity to take a wider range of classes and subjects. The minority of children attending (or who had previously attended) a mainstream school environment in the UK were found to have more developed English language skills, and demonstrated higher levels of integration than those enrolled in further education colleges.

## Health, wellbeing and support

While the physical health needs of unaccompanied children appeared to be well provided for, the research identified gaps in the area of mental health support. There appeared to be a lack of specialist support for unaccompanied asylum-seeking and refugee children, and social workers and other practitioners risked failing to recognise unaccompanied children's specific mental health needs. Furthermore young people appeared to lack a clear understanding of mental health issues and of available services, or have stigmatized perceptions of them. Meanwhile poor mental health remains a significant impediment to progress in integration, including children's ability to remain and thrive in education, to access employment opportunities, and to engage in active citizenship and social participation more broadly.

## Safeguarding

The majority of young people interviewed in the assessment reported feeling safe and secure since arriving in the UK, however, safeguarding concerns were raised. Frontline workers pointed to the high rate at which unaccompanied children went missing from their care placements (especially previously trafficked children). This phenomenon may be linked to a range of factors, from delays in decision-making for asylum and trafficking claims and children being in limbo as a result, to re-trafficking.

## Social inclusion and participation

Despite building social networks, few young people included in the study reported having any British friends, tending to socialise only with those from their own communities. Furthermore, while there appeared to be a strong emphasis placed on supporting unaccompanied children to maintain their community, cultural and ethnic ties, less work was being done to support children to access broader or more mainstream social spaces.

## Cross-cutting issues

The dissolution of specialist teams within local authorities comprised of social workers with specific knowledge and expertise in providing support to unaccompanied children, was identified as a cross-cutting challenge affecting multiple domains of integration, including education, care and accommodation and access to mental health support.

The lack of contact with family members abroad and the inability to reunite in the UK were identified as major barriers to integration for the unaccompanied children interviewed. These factors appeared to have a significant negative impact on their emotional wellbeing and ability to adjust to their new surroundings.

“Life is hard without your family. It's not easy – waking up in the morning time, and nobody is there. If you have your mum or brother or sister next to you then life is going to be easier.”

Asylum-seeker, 18 years (male)

Negative experiences in the immigration system and lengthy and protracted procedures were also found to have a profoundly negative impact on all aspects of children's integration. Uncertainty about the future typically emerged as the dominant source of stress and anxiety in unaccompanied children's lives, impacting negatively on their emotional wellbeing, undermining their capacity for overcoming past trauma and moving on with their lives, and preventing them from feeling a part of British society.

“[Before I got my status] I wouldn't go out with my friends. They would call me to go out. I'd just lay in bed all day. They tried to make me to play cricket, but I wouldn't. I didn't even go to college. At night time I couldn't sleep...It made me so worried and stressed. The biggest issue is the asylum process. They shouldn't take that long...”

Refugee, 19 years (male)

Where guardianship services were available, the assessment showed that they played an important role in supporting children. These services helped children address many of the challenges identified, including to navigate complex administrative and legal processes, understand their rights and entitlements,



and access a range of services (e.g. education and health services) vital for integration.

“ [The] guardianship service was always there. She [guardian] came to all my interviews and was there for more than just paperwork. I had a big issue with interpreters and it was hard for me. I used to just nod, even when I didn't understand a lot of the things a person was telling me, and the guardian would take notes. At the end of the interview we would grab a coffee. She would never leave me on my own after an interview with all that in my head...”

Refugee, 19 years (male)

Throughout the research, stakeholders consistently raised concerns about the funding level that is made available for local authorities supporting unaccompanied children, arguing that it is inadequate to meet the needs of the group. During the research for this report the Home Office announced an increase to local authority funding for unaccompanied asylum-seeking children in response to its review into the matter. Whilst the increase is welcome recognition of the costs associated with supporting unaccompanied asylum-seeking and refugee children, it is imperative that funding levels are consistently reviewed to ensure that they are commensurate with children's needs.

## Key Recommendations for UK authorities:

Based on the above findings, this report outlines a number of recommendations for UK Government departments and authorities to improve children's reception and early integration experience.

Recommendations include the need to:

### Ensure consistency of treatment and support

- Ensure consistency of support for all unaccompanied children to fully realise their rights regardless of their means of arrival in the UK. This would, in particular, include improving reception standards for unaccompanied children arriving spontaneously. More specific recommendations on how this can be achieved follow below (Department for Education and Home Office).

### Improve training for first line responders

- Provide improved training and develop standard procedures on how to approach and identify unaccompanied and separated children and child protection for all likely first points of contact, including border authorities, police, and health care providers (Department for Education and Home Office).

### Review problematic age assessment procedures

- Record and publish data on those claiming to be children and considered by immigration officials to be over 25 years old (and those previously categorised as "significantly over" 18 years old under the previous Home Office asylum policy guidance).
- Revise Home Office asylum policy guidance on assessing age, to withdraw the power given to immigration officials to make an initial age assessment if physical appearance and demeanour "very strongly suggests they are 25 years of age or over" and instead ensure that:
  - age assessments are only carried out as a measure of last resort i.e. where there are serious doubts as to the individual's age and where other approaches have failed to establish that person's age;

- all age disputed individuals are given an age assessment; and
- prior to the age assessment, all age-disputed individuals are given the benefit of the doubt and treated as a child unless this would be clearly unreasonable.
- When an age assessment is conducted, a process must be developed that allows for a holistic, impartial multi-agency approach, conducted over an adequate period of time, drawing on the expertise of those who play a role in the child's life, including health professionals, psychologists, teachers, foster parents, youth workers, advocates, guardians and social workers (Department for Education and Home Office).

### Ensure that revisions to the National Transfer Scheme (NTS) ensure efficiency and alignment with the 'best interests' principle

- The Home Office's continuing NTS review and revision process should focus on the introduction of:
  - Provisions to facilitate more efficient transfers of children with strict timelines on transfers, to prevent children from unnecessarily being relocated once settled in a placement;
  - Clearer guidance for local authorities on best interests assessments prior to transfer to ensure that transfers are carried in accordance with the best interests principle, which involves consultation with the child and caregivers; and
  - Strengthened collaboration, partnership and information sharing among local authorities, to ensure appropriate matching of children under the NTS and consistency in decision-making and entitlements (Department for Education and Home Office).

### Commission research on the situation of children transferred under Dublin III/Dublin-like procedures

- Commission external research into the situation of children transferred into families through Dublin III/Dublin-like procedures, to better understand their reception and integration challenges (Department for Education and Home Office).

### **Prioritize foster care where appropriate**

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- To the extent possible, prioritise foster care for all unaccompanied children unless it is clearly in the child's best interests to place them elsewhere (**Department for Education**).

### **Establish specialist capacity at the local authority level**

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- Build/re-establish specialist capacity and training for social workers at local authority level in undertaking assessment of needs, and care planning for unaccompanied asylum-seeking and refugee children (**Department for Education**).

### **Consider the specific orientation and educational needs of young asylum-seekers and refugees**

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- Develop and fund reception and orientation programmes for all children who arrive in the UK so that children are quickly enrolled in a structured programme to introduce them to life in the UK, learn basic English, and get used to a UK educational setting (**Department for Education**).
- Review the admission process to be followed when deciding whether or not an unaccompanied asylum-seeking child is to be admitted in-year or in the main admissions round for the school year (**Department for Education**).

### **Support children to access mainstream education, sport, culture and leisure**

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- Develop and fund initiatives that support unaccompanied children to access a range of (mainstream) educational, sports, cultural and leisure activities with other children of a similar age (**Department for Digital, Culture, Media and Sport, Department for Education, Home Office and Local Authorities**).

### **Provide creative, evidenced-based and practical interventions for addressing mental health**

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- Provide creative, evidenced-based and practical interventions for addressing mental health issues affecting unaccompanied children (**Department for Education and Department of Health and Social Care**).

- Develop interventions to tackle stigma associated with mental health problems and to “normalise” the experiences of many unaccompanied children, including through youth groups, educational programmes, and one-to-one therapeutic support (**Department for Education and Department of Health and Social Care**).

### **Continue National Referral Mechanism (NRM) reforms**

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- Finalise the child-friendly NRM reform and roll out the Independent Child Trafficking Advocates (ICTA) system so that the new measures for better identification, rehabilitation, and protection of children are in operation (**Home Office**).

### **Introduce independent guardianship in England and Wales**

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- Introduce independent guardians (for all unaccompanied and separated children), who must work to promote their best interests and have sufficient legal authority, including to hold relevant agencies to account and instruct solicitors on behalf of a child (**Department for Education and Home Office**).

### **Review restrictions on refugee children sponsoring their family members**

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- Amend the Immigration Rules to allow unaccompanied refugee children to sponsor their parents/guardians to join them in the UK (**Home Office**).
- Reintroduce legal aid eligibility for beneficiaries of international protection making applications for family reunion (**Ministry of Justice**).

### **Strengthen the quality and efficiency of the asylum system for unaccompanied children**

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- Strengthen the quality and efficiency of asylum decision-making for claims made by unaccompanied children and young people in recognition of their specific needs and the impact that the asylum system can have on their integration experience. Asylum claims of unaccompanied children should be processed efficiently within a set time frame (e.g. six months) allowing for an extension only in exceptional cases. (**Home Office**).

# INTRODUCTION

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This report summarises the findings of a participatory assessment (PA) of the reception arrangements and early integration support of unaccompanied and separated asylum-seeking and refugee children in the UK. The study, carried out from June 2018 to April 2019, was commissioned by UNHCR, and funded by the European Commission's Directorate-General for Justice and Consumers (DG JUST). Delegates from Unicef UK and the International Organisation of Migration (IOM) formed part of an advisory group that oversaw the implementation of the study.

Recent years have seen an increase in the number of unaccompanied refugee children living in the United Kingdom (UK).<sup>1</sup> There continues to be a steady flow of children arriving to the UK spontaneously to seek asylum, including those who have been assisted on their journeys by human smugglers, or trafficked for the purposes of exploitation.<sup>2</sup> Meanwhile there have been significant changes in the policy environment, with the introduction of a range of new schemes facilitating the transfer and resettlement of children, both to and within the UK,<sup>3</sup> and the issuing of new government strategies and statutory guidance. The Department for Education (DfE) and Home Office have recognised the particular importance of safeguarding and promoting the welfare of such children, releasing their *Safeguarding Strategy for unaccompanied asylum seeking and refugee children* in November 2017 (2017 Safeguarding Strategy).<sup>4</sup>

While there is expansive literature examining the immigration law and policy framework for unaccompanied asylum-seeking children in the UK, less research has explored the reception arrangements and early integration support for unaccompanied child refugees, from the perspectives of local authorities (LAs), service providers and, mostly importantly, children themselves. Meanwhile the inclusion and consultation of unaccompanied refugee children is recognised as being essential for developing effective policy and programmes for promoting their rights, wellbeing and best interests, as required by international and domestic law.<sup>5</sup>

It is in this context that UNHCR commissioned this study. Findings from the study are intended to inform policy, programming and practice reform for improving reception and integration outcomes for children. The report is divided thematically into areas that shape children's reception and early integration experiences with a series of recommendations under each theme to guide and develop future advocacy work.<sup>6</sup>

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<sup>1</sup> Home Office, *National Statistics, List of Tables, Asylum, Volume 3*, 28 February 2019, available at: <https://bit.ly/2RvEoMs>.

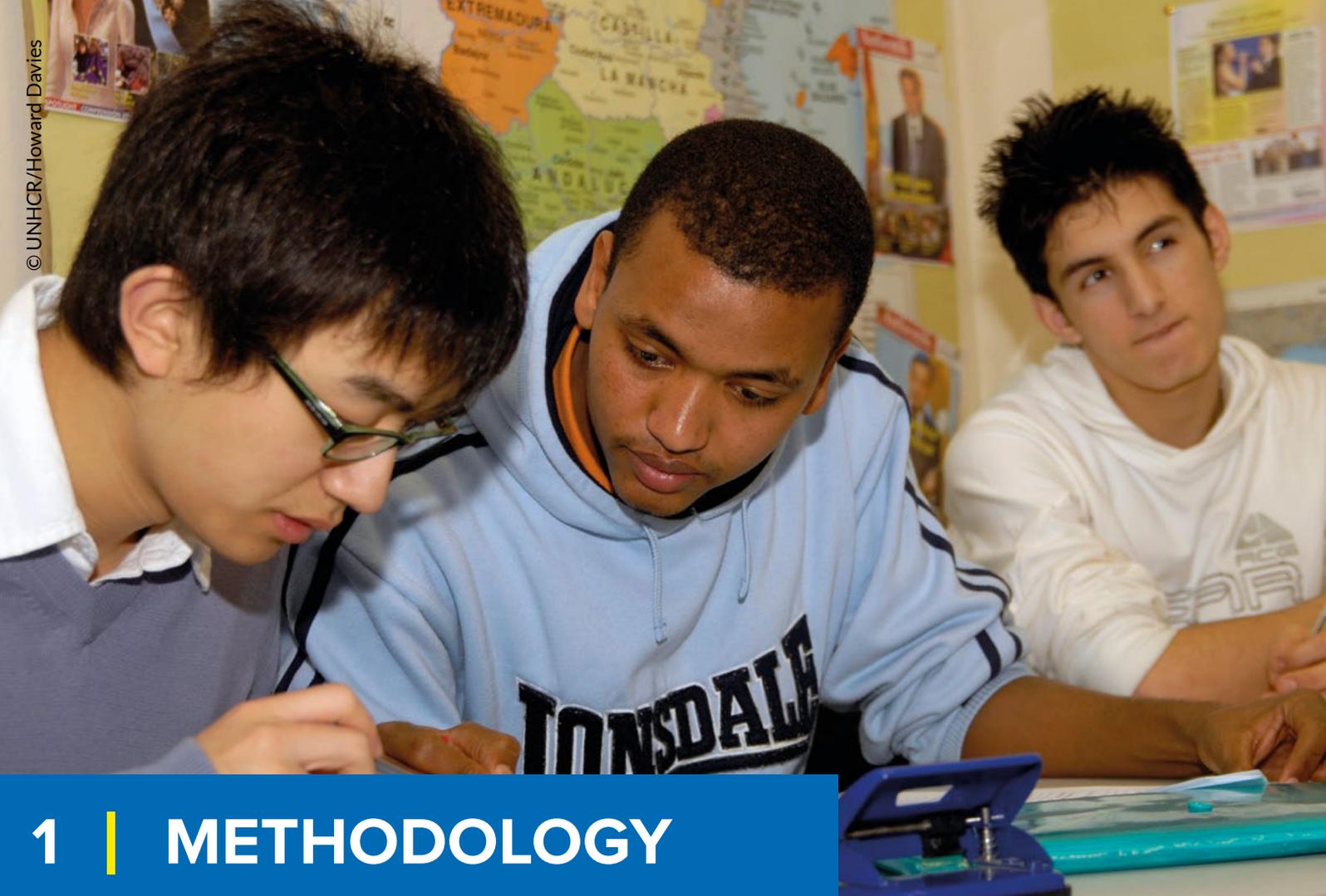
<sup>2</sup> *Ibid.* In 2018, there were 2,872 asylum claims lodged by unaccompanied asylum-seeking children, a 20% increase since 2017. The number of unaccompanied asylum-seeking children being looked after by local authorities in England on 31 March 2018 was 4,480. See Department for Education, *Children looked after in England including adoption: 2017 to 2018*, 13 December 2018, available at: <https://bit.ly/2WYq3JC>.

<sup>3</sup> These include: the introduction of the National Transfer Scheme, which has meant that a wider range of LAs are now responsible for providing suitable care arrangements and integration support to unaccompanied children; the passing of the so-called "Dubs Amendment" under Section 67 of the Immigration Act 2016; the setting up of the Vulnerable Children's Resettlement Scheme; and the increased rate of children transferred through the Dublin III Regulation, particularly in connection with the closure of the Calais camp in France.

<sup>4</sup> DfE and Home Office, *Safeguarding Strategy: Unaccompanied asylum seeking and refugee children*, November 2017, available at: <https://bit.ly/2RrsSS1> ("2017 Safeguarding Strategy").

<sup>5</sup> UNHCR, UNICEF and International Rescue Committee (IRC), *The Way Forward to Strengthened Policies and Practices for Unaccompanied and Separated Children in Europe*, July 2017, available at: <https://data2.unhcr.org/en/documents/download/58434>.

<sup>6</sup> This report has been published alongside two complementary reports on the protection of unaccompanied and separated refugee and asylum-seeking children in the UK: one examining how the principle of best interests for unaccompanied and separated asylum-seeking children could be strengthened in the UK and another looking at the motivations and influencing factors for this group for coming to the UK. See UNHCR, *Putting the child at the centre: An analysis of the application of the best interests principle for unaccompanied and separated children in the UK*, 2019, <https://www.unhcr.org/uk/5d271cdf7> and UNHCR, *Study mapping the profile and protection situation of unaccompanied and separated children and the circumstances which lead them to seek refuge in the UK*, 2019 [forthcoming].



# 1 | METHODOLOGY

The study was grounded in UNHCR’s “participatory assessment” (PA) methodology, and the standards contained within *The UNHCR Tool for Participatory Assessment in Operations*,<sup>7</sup> and UNHCR’s *Listen and Learn: Participatory assessment with children and adolescents* (Listen and Learn).<sup>8</sup> A PA is a process of building partnerships with refugees and service providers through structured dialogue. This field-tested methodology entails holding separate discussions with different stakeholders, in order to gather accurate information on specific protection and integration concerns and the underlying causes of these, to understand the capacities of those involved and to listen to proposed solutions.<sup>9</sup>

Given the participatory nature of the assessment, and the need to promote meaningful dialogue with stakeholders, the primary approach to data collection and analysis was qualitative. Strict ethical procedures were developed and followed throughout the research which were guided by the principles contained within *Listen and Learn*, and UNHCR’s *A Framework for the Protection of Children*.<sup>10</sup> These included measures to guarantee the following principles and procedures (amongst others): informed consent, voluntary participation, anonymity and confidentiality, and data protection.

<sup>7</sup> UNHCR, *The UNHCR Tool for Participatory Assessment in Operations*, 1 May 2006, available at: <https://bit.ly/2Xk4dV2>. The methodology was designed to ensure the mainstreaming of gender, diversity and human rights principles across all phases of the research, including the development of methods and tools, the analysis of data, and the drafting of the report. Amongst other considerations, this has entailed developing a sampling strategy that was inclusive of the diversity that exists within the population of refugee children in the UK, designing methods and tools that could ensure participation from especially excluded or marginalised adolescents, and developing research questions and an analysis plan that enabled the disaggregation of data by different categories of vulnerability (e.g. transfer to the UK, care arrangements, level of education, language skills, gender, age, ethnicity and others).

<sup>8</sup> UNHCR, *Listen and Learn: Participatory assessment with children and adolescents*, 2012, available at: <https://bit.ly/2Xm3zq5>.

<sup>9</sup> UNHCR, *The UNHCR Tool for Participatory Assessment in Operations*, note 7 above.

<sup>10</sup> UNHCR, *A Framework for the Protection of Children*, 2012, available at: <https://bit.ly/2RtRNoi>.

## 1.1 Research questions

The assessment was designed to respond to the following key research questions and sub-questions:

- 1) What are the reception and early integration experiences of refugee children in the UK, and what are the factors that influence and shape these experiences?
- 2) To what extent, how and why do children's experiences of reception arrangements and early integration support impact on aspects of their wellbeing and prospects for integration?
- 3) What policy, programme and practice reforms (related to reception and early integration support) have the potential to improve children's experiences, support their wellbeing and protection, and strengthen prospects for effective integration?

This assessment did not explore or analyse in detail the adequacy of funding LAs receive to support unaccompanied asylum-seeking and refugee children and young people. Nonetheless, all LAs consulted expressed concern, in general terms, about the gap between central government funding and the cost to LAs required to meet the needs of this group. During the research for this report the Home Office announced an increase to LA funding for unaccompanied asylum-seeking children in response to a funding review into the matter.<sup>11</sup> Whilst the increase is a welcome recognition of the support unaccompanied asylum-seeking children and refugees require, as this report highlights, there are a range of key integration services that require financial support, and funding to LAs must be consistently reviewed to ensure it is commensurate to children's needs.

## 1.2 Methods

The assessment utilised a range of methods for responding to the research questions, including: a comprehensive literature review of law, policy and existing evidence and research; in-depth interviews (IDIs) (44) and focus group discussions (FGDs) (four) with children and young people; key expert interviews (47) with a range of stakeholders involved in the provision of reception and integration support to young people, and site visits (seven) to children's places of residence, including four visits to semi-independent accommodation, two visits to foster homes, and one visit to a children's home.<sup>12</sup>

## 1.3 Sample

The sample was designed to capture diversity across LAs, as well as the population of unaccompanied refugee children in the UK. To the extent possible the aim was to obtain data that was representative of the broadest cohort, as well as facilitating comparison across different groups (e.g. children living in more urban and more rural areas).

**Selection of LAs:** The assessment included stakeholders from 11 LAs and eight regions across England, Scotland and Wales. LAs were selected to provide diversity in terms of: 1) geographical coverage, 2) size of supported population of asylum-seeking and refugee children, 3) both "entry" and "receiving" LAs participating in the National Transfer Scheme (NTS).

**Selection of young people:** The sample of young people was designed to be broadly representative of the population of refugee children in the UK, and to include diversity across a range of variables, such as: nationality, age, gender, type of care arrangement/living situation that the child was placed in and mode of entry into the UK (e.g. spontaneous arrival, via resettlement etc.). Although the focus of the study was on children under the age of 18 years, a number of interviews were carried out with young people ages 18-22 (provided that they originally entered the UK as children). Overall 65 children, including 56

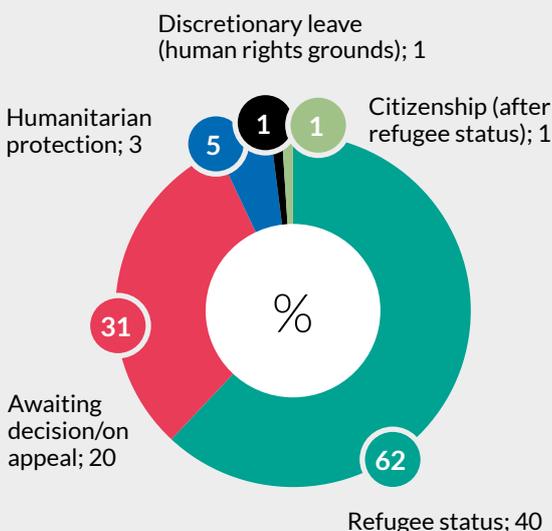
<sup>11</sup> Home Office, *Funding boost for councils looking after asylum seeking children*, 8 May 2019, available at: <https://bit.ly/2XqOnb8>.

<sup>12</sup> See Annex 2 for the detailed questionnaire used with young people for the research.

**Table 1: Young people’s countries of origin**

Country	Number of Children	% of sample
Afghanistan	5	7.7%
Albania	6	9.2%
Eritrea	8	12.3%
Ethiopia	4	6.2%
Iraq	13	20.0%
Iran	5	7.7%
Kuwait	1	1.5%
Libya	1	1.5%
Nigeria	1	1.5%
Palestine	1	1.5%
Somalia	4	6.2%
Sudan	12	18.5%
Syria	3	4.6%
Vietnam	1	1.5%
Total	65	100%

**Chart 1: Immigration status of young people included in sample**



(86%) boys, and nine (14%) girls, were included in the assessment, from 14 different countries of origin.<sup>13</sup>

### Inclusion of children with different types of leave/status

Whilst the assessment prioritised conducting consultations with young people with refugee status, some IDIs were carried out with children and youth whose claims had not yet been decided, a small number granted humanitarian protection and one young person with discretionary leave granted on human rights grounds. This enabled the analysis to explore how legal status may affect young people’s experiences of reception and integration support. This approach also meant that young people’s experiences of integration could be captured at multiple stages of the integration process (contemporaneously).

### Inclusion of children transferred through the Dublin procedure or through resettlement

Finally, the study included children who had arrived in the UK through a variety of pathways, including those who had been transferred to the UK through regular pathways (section 67 of the Immigration Act 2016<sup>14</sup> (the so-called “Dubs Amendment”), the Dublin III Regulation<sup>15</sup> (Dublin III) and resettlement), and those who had arrived through irregular means and had sought asylum, including children who may have been trafficked. This allowed the analysis to explore how pathway of arrival to the UK affected children’s experiences of reception and integration and the level of support provided, as well as impacted on aspects of their safety and wellbeing.

<sup>13</sup> For reference, the top nine nationalities for grants of refugee status in 2018 to those who claimed asylum as unaccompanied children were Eritrea (395), Sudan (217), Afghanistan (121), Iraq (68), Vietnam (67), Iran (62), Ethiopia (56), Syria (39) and Somalia (15). See Home Office, *Immigration Statistics, year ending December 2018*, 28 February 2019, available at: <https://bit.ly/2RmJ4UC>.

<sup>14</sup> UK Government, *Policy Statement: Section 67 of the Immigration Act 2016*, 2018, available at: <https://bit.ly/2SRhL4X>.

<sup>15</sup> European Union: Council of the European Union, *Regulation (EU) No 604/2013 of the European Parliament and of the Council of 26 June 2013 establishing the criteria and mechanisms for determining the Member State responsible for examining an application for international protection lodged in one of the Member States by a third-country national or a stateless person national or a stateless person (recast)*, OJ L. 180/31-180/59; 29.6.2013, (EU)No 604/2013, 26 June 2013, available at: [www.refworld.org/docid/51d298f04.html](http://www.refworld.org/docid/51d298f04.html).

## 1.4 Analysis

The research focused on analysing children's reception and integration experiences within the framework of international human rights legal principles and standards. In particular the research focused on the rights of the child as enshrined in the Convention on the Rights of the Child (CRC),<sup>16</sup> and its General Comment No. 6<sup>17</sup> (on treatment of UASC outside of their country of origin) and Joint General Comment No. 3/ 22<sup>18</sup> (regarding the human rights of children in the context of international migration), including where these rights intersect with the rights of refugees under the 1951 Convention relating to the Status of Refugees (1951 Convention).<sup>19</sup> The analysis was also informed by and framed around the indicators contained within the Home Office's Indicators of Integration framework 2019,<sup>20</sup> and the indicators of integration contained within Scotland's "New Scots" integration strategy.<sup>21</sup> Finally, the analysis considered the views of participants themselves, including how they conceptualise integration, and what matters most to them.

## 1.5 Limitations

The assessment relied on the perspectives of those stakeholders and young people who volunteered to take part in interviews and FGDs. Although every effort was made to reach a wide diversity of LAs and young people, this inevitably introduced some bias into the sample. For example, those LAs more interested and committed to supporting unaccompanied children may have been more likely to volunteer.

Whilst the assessment contains some findings in relation to the transfer of children under Dublin III,<sup>22</sup> these are limited and partial. Data was gathered from key stakeholders providing support to Dublin III families, as well as a small number of Dublin III children whose placements with relatives had broken down, and who had come into the care of the LA. This means that the assessment was skewed towards capturing the perspectives of those families in which the care placement had broken down, and/ or there was a high need for LA contact and intervention.

The assessment originally hoped to capture the perspectives of stakeholders in all four of the devolved nations that make up the UK, however, in practice data collection focused on England and Scotland. Whilst a couple of interviews were conducted with key informants in Wales, it was not possible to speak with young people residing in Wales. Furthermore, it was not possible to arrange interviews in Northern Ireland.

Finally, the assessment used a qualitative methodology. Whilst this has enabled the collection of in-depth, detailed and diverse data, it also limits the ability to draw robust generalisations from its results. Findings should be considered "indicative" rather than demonstrative of the broader situation.

<sup>16</sup> UN General Assembly, *Convention on the Rights of the Child*, 20 November 1989, United Nations, Treaty Series, vol. 1577, p. 3, available at: [www.refworld.org/docid/3ae6b38f0.html](http://www.refworld.org/docid/3ae6b38f0.html).

<sup>17</sup> UN Committee on the Rights of the Child (CRC), *General Comment No. 6 (2005): Treatment of Unaccompanied and Separated Children Outside their Country of Origin*, 1 September 2005, CRC/GC/2005/6, available at: [www.refworld.org/docid/42dd174b4.html](http://www.refworld.org/docid/42dd174b4.html).

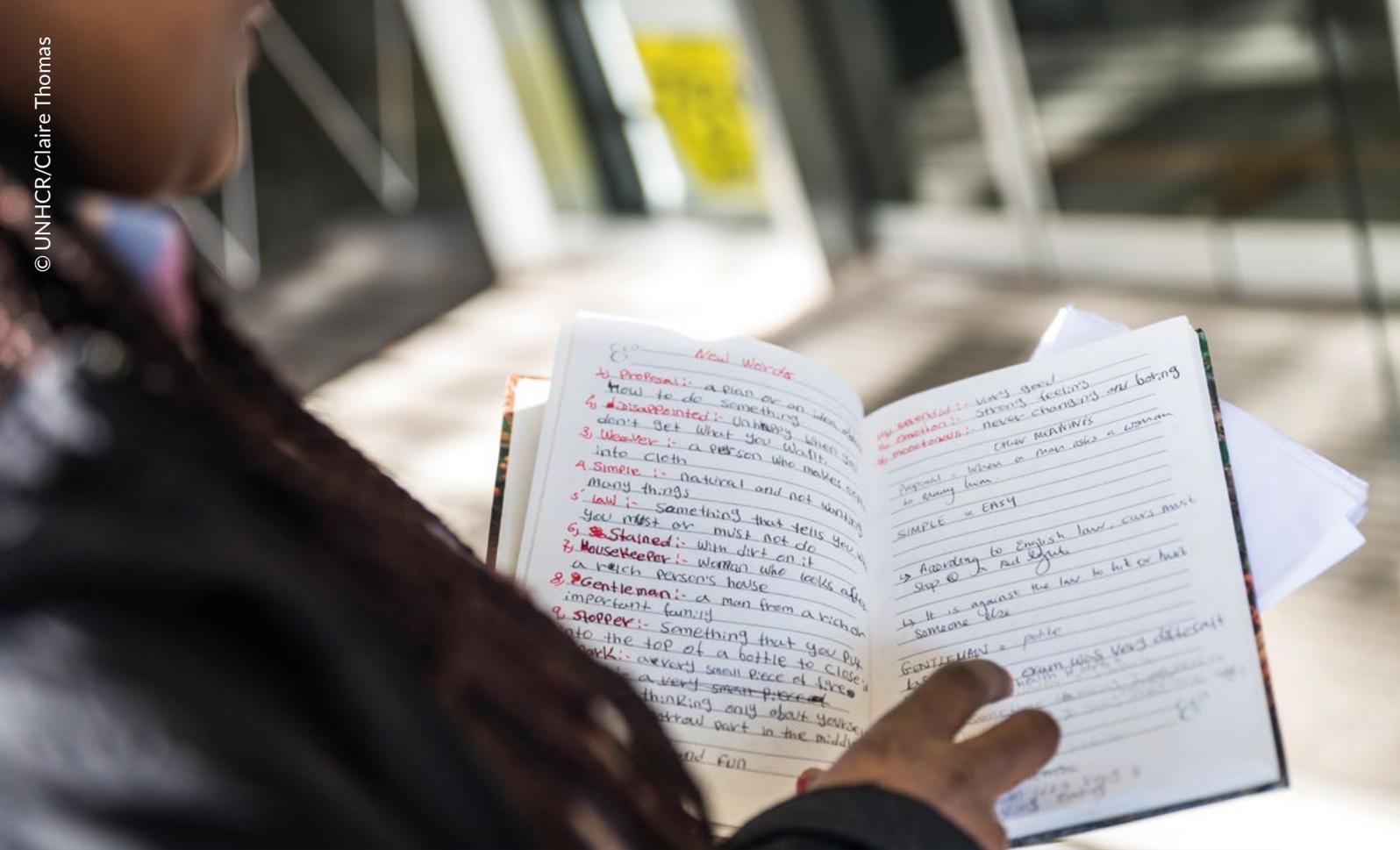
<sup>18</sup> UN Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families (CMW), *Joint General Comment No. 3 (2017) of the Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families and No. 22 (2017) of the Committee on the Rights of the Child on the general principles regarding the human rights of children in the context of international migration*, 16 November 2017, CMW/C/GC/3-CRC/C/GC/22, available at: [www.refworld.org/docid/5a2f9fc34.html](http://www.refworld.org/docid/5a2f9fc34.html).

<sup>19</sup> UN General Assembly, *Convention Relating to the Status of Refugees*, 28 July 1951, United Nations, Treaty Series, vol. 189, p. 137, available at: [www.refworld.org/docid/3be01b964.html](http://www.refworld.org/docid/3be01b964.html).

<sup>20</sup> Home Office, *Indicators of Integration framework 2019*, 2019, available at: <https://bit.ly/2JTa4Kl>. See also Home Office (Ager, A. and Strang, A.), *Indicators of Integration: final report. Home Office Development and Practice Report 28*, 2004, available at: <http://goo.gl/TnSNTS>.

<sup>21</sup> Scottish Government, *New Scots: refugee integration strategy 2018 to 2022*, 10 Jan 2018, available at: [www.gov.scot/publications/new-scots-refugee-integration-strategy-2018-2022/](http://www.gov.scot/publications/new-scots-refugee-integration-strategy-2018-2022/).

<sup>22</sup> For more information on Dublin III see section 2.8.3.



## 2 | RECEPTION AND ORIENTATION

An asylum-seeking or refugee young person's earliest experiences of reception, welcome and orientation in a new host country can have a powerful impact on their early integration. Participants' responses highlighted the significance of early interactions on the development of trust, first with authorities and professionals responsible for their immediate welfare and later as they built connections with their community.<sup>23</sup>

"Reception arrangements" can be defined as the measures adopted by a host country in order to meet the immediate needs of new arrivals, regardless of status, to ensure their welfare until referrals can be made "to appropriate processes and procedures".<sup>24</sup> "Immediate needs" includes access to accommodation, food, clothing, medical services, and other basic and essential support."

The "reception" context for asylum-seekers in the UK differs somewhat from countries that typically receive larger influxes of refugees and have sought to manage this flow through the establishment of collective open reception centres. Most asylum-seeking children in the UK are initially placed in emergency foster placements or hostels before being allocated and transferred into foster placements or semi-independent living. In the context of this study, therefore, reception arrangements were assessed by exploring children's experiences of arrival in the UK holistically, from the point at which they arrive in the UK to the point at which they regularise their status.

<sup>23</sup> For more on the "centrality of trust" to child protection and durable solutions for unaccompanied asylum-seeking children and refugees, see UNHCR, UNICEF and IRC, *The Way Forward to Strengthened Policies and Practices for Unaccompanied and Separated Children in Europe*, July 2017, available at: <https://data2.unhcr.org/en/documents/download/58434>.

<sup>24</sup> UNHCR, *The 10-Point Plan in Action, Chapter 4: Reception Arrangements*, December 2016, available at: <https://bit.ly/2lrlAe5>.

## 2.1 Journeys to and arrival in the UK

Interviews with children opened with questions about their journeys and arrival to the UK, to orient discussions about their arrival, reception and orientation experiences. The majority of unaccompanied asylum-seeking children in the UK arrive in the country through irregular means. Children included in the assessment described feeling disoriented and frightened on arrival, having typically endured long, chaotic and physically and emotionally challenging journeys. Many described feeling weak, sick and traumatised:

“ I was going down the street – this direction or that direction – because I didn’t know where to go. Walking. In the street. And I’m crying, because I was like very nervous. I think it was raining. Yeah, it was raining. It soaked all my body. Like, you know, raining, a flood. I’m crying. I’m cold. Your stomach is like – I don’t know what it’s called – when you feel emotional – sick, nauseous, sick, when you’re gonna throw up. I was very cold. It was the lorry. It was so cold. So just that feeling of so scared, and so exhausted from the journey and you were sick...oh gosh.”

Asylum-seeker, 17 years (male)

Children’s journeys to the UK are typically lengthy: the majority of children interviewed in the assessment described having travelled through multiple different countries, with periods of stay lasting from days, to weeks, to months, in each. Young people’s accounts of their journeys were illustrative of the multiple types of trauma to which they are often exposed along the way, including being subject to (or witness to) violence, physical injury and death of companions and friends, exposure to police corruption and abuse, homelessness, kidnap, incarceration, and periods held in forced or exploitative labour.

The stress that children have endured during their journeys has significant implications for their reception and arrival experiences in the UK. Children are typically hungry, exhausted and confused. Many are dealing with significant loss, whilst arriving in a new, and totally unfamiliar environment, with no knowledge or understanding of from whom or where to seek support.

## Journeys to the UK: children’s accounts

“ When I arrived, I was exhausted, I faced death on the journey through the Mediterranean Sea. We started our journey from the Libyan coast. Because of the conflict, the civil war, to survive, we fled. We separated from family. It wasn’t easy for us as young girls.

We took a ship: about 200+ [people] on the boat. It was a very hard experience during [the] night. We had some break in the boat, the water got in and we found ourselves waist deep in water. A big ship was sailing close to us – we asked for their help. They generously, kindly, did help us, and they took us to the Italian coast.

In Italy we didn’t receive any kind of help, we found ourselves sleeping in the streets. Some kind, local people in the city offered us some food. Some people advise[d] us to leave Italy and travel towards France.

Paris [was the] same experience – no help – no relatives or friends. We stayed the same [on the streets] and we were told move towards Calais – ‘there is a big camp there and you will find a lot of help’. In the jungle I remember it was very cold in winter time and we didn’t receive what we expected for help. Sometimes we didn’t have food.

We saw a lot of people in the camp, making their way to the UK. We tried many times on these big lorries [to get to the UK] – many times as family – my sister and brother. My younger sister managed to enter the UK before us. We tried many, many times, until [I] managed to arrive in the UK.

[Q: How did you feel when you arrived?]

It was a very bad experience as you can imagine. 16 years old... I never found myself alone without a family member. I cried many times...”

Refugee, 19 years (female)

“ I was born in Eritrea. I grew up with my grandparents. I never remember my parents. My mother left me when I was 1 year old, and I don't know anything about my father. I lived with my grandparents until I was 11, when [they] died and I started living with my aunty. My aunty's husband used to hit me [so] I disappeared from the house and started sleeping rough.

One day, because I was sleeping rough and I didn't have an ID card, the soldiers came and rounded me up. I was taken for military service to an underground place. They were trying to train me as a young soldier. I was too weak to survive, I was sick and not strong. [...] One day me and a friend disappeared [escaped] into the jungle.

We travelled through the countryside for weeks until we reached Sudan. I stayed for 2 months. It is very tough as an Eritrean in Sudan without ID. Sometimes people round you up and return you to Eritrea, and then you are in very serious trouble because you left illegally. If you return to Eritrea you are in danger. So we started thinking we have to move forward.

We left Sudan and ended up in Libya – via a minibus and then a lorry. This was the most difficult journey – to Libya. There are people, they call them – kidnappers, hijackers. They take you for ransom. They have agents, they make a deal between each other to get money. If you don't have anyone [to bail you out] they keep you there, torture you, kill you, leave you thirsty, in the bitter wind. [...] I witnessed so many people die on the journey. A lot of people died in their hands. One day a person arrived who knew me from back home. He came the same way as me to Libya. When he found me there I told him I'm going to be killed. We started making contact [for money]. That's how I was saved.

After that we went by a small boat to go to Italy. The boat sank and we were rescued by an Italian boat. When I got to Italy, I was exhausted[...] again we started running – running from police. We took a train and ended up in France.

I spent two months in Paris sleeping rough. People were advising me – if you stay here, this will be your life. The only place they help you and give you rights as an asylum-seeker is England. I was suffering so much sleeping rough. I was close with people travelling with me and following their instructions.

I spent four months in the jungle [in Calais] sleeping rough in a tent. Then, after four months, I succeeded to cross to the UK in a lorry. When I arrived here I didn't know the place. I was walking in the road, and the police came to rescue me.”

Asylum-seeker, 17 years (male)

## 2.2 First point of contact

“ The children who arrive spontaneously are really traumatised. They are not prepared mentally. You see them and you can tell that they are emotionally not there. [There's] a lot of work [to do] initially – making sense of their current situation. They don't know they are in the UK, unless someone tells them 'you are in England'... The police are straight on them – their first view of England is being in a jail, and then two social workers coming to do an interview.”

Social worker, Northern England

Research findings indicate that the overwhelming majority of unaccompanied children who enter the UK through irregular means are picked up by UK authorities almost immediately after arrival (usually within the first hour of being on UK soil); typically, either because the driver of the truck in which they are hiding becomes alerted to their presence, or a member of public calls the police.

Less commonly, children may report directly to the police, Home Office or Children's Services. This can happen in cases where children have been assisted to cross the Channel by human smugglers, and have been provided some basic information about how to seek help when they arrive.

“ I had to come here when I was 16 years. Obviously my journey was illegal, which I did arrange with agents. I had to pay around £2,000 Euros. I got it from my Nan. She gave it to me, it was her savings basically. My dad was in jail. I don't know where my mum was. I was totally by myself, and I had an abusive boyfriend. I didn't even know I would come [to the UK]. The agents arrange where you travel and where you go. At 16 you don't know what you are doing – the laws and the immigration things. When I arrived here, the agent [told me] what to do – advised me where to go. He helped me with a car, to drop me at a social services place – the nearest one that they knew. I don't know where it was at all.”

Asylum-seeker, 22 years (female)

Finally, in rare cases unaccompanied children may be identified in police and immigration raids, after months of living and working illegally in the UK. This appears to be most common for children of Vietnamese (and sometimes Albanian) backgrounds,

who have been trafficked to the UK for the purposes of labour exploitation, and are typically found working in nail bars and on illegal cannabis farms.

## 2.3 Encounters with police

For many children who arrive in the UK, their first point of contact with UK authorities upon arrival is the police. An encounter with police can be very frightening for children, given that many have been previously subject to police violence and abuse, either in their countries or origin, or during their journeys to the UK.

Despite initially feeling afraid, the overwhelming majority of young people included in the research said that the British police had treated them in a kind and humane manner on arrival. Consequently, young people expressed trust and confidence in UK law enforcement, and compared them very favourably to police they had encountered elsewhere: *I was in Turkey and Italy and France, and the police there were very disrespectful. But the police here – they treat me with dignity and respect.*

“When I got out from the lorry, I was walking down the main road – the motorway. The police came to rescue me. I never expected it in fact. The clothes I was wearing – for one month without changing – no shower. I was so dirty. I smell. [But] the police approached [me with a] smiling face. They show me respect, and they told me they were there to help me. The way that they approached me – I felt like I was safe. I never experienced police being so nice. They brought me food. And then, because I was crying – I hurt my back – they asked how I’m feeling, they brought me a doctor. They brought me an interpreter. They called child services. The social worker came to help me. And that’s it – now my life is better... You know, when I came here it was excellent. They looked after me properly, better than any place I’ve ever been.”

Asylum-seeker, 17 years (male)

These initial positive encounters with police appeared to leave lasting impressions on young people, strengthening feelings of safety, trust and young people’s sense of being settled and happy in the UK. This highlights the value from an integration perspective of treating children with humanity and concern from the moment they arrive:

“When I left the station, the police guy said ‘good luck lad’. I trust the police [in this city], they are kind to everyone, not only me. They are doing their duty very well.”

Refugee, 17 years (male)

Not all young people included in the research reported to have had positive interactions with the police, however. In particular, those children who were age disputed or initially presumed to be adults, reported more negative and aggressive police encounters. Police treatment of (presumed) adult asylum-seekers, including young adults, appears to be harsher and less empathic than children.

“They were fine, as soon as they knew I was 16, but before that...harder. As soon as they arrested me, they put handcuffs on, and it hurt me a lot. But as soon as I told them I was 16 they calmed down and treated me with respect.”

Asylum-seeker, 17 years (male)

### 2.3.1 Initial apprehension and questioning by authorities

“Once a young person is at the police station I wish they could have a shower. They are not in a right state to be interviewed immediately. We know they [police] want to get information but it would be good to understand [children’s] basic needs [first]. Take it first as – someone is here who needs support. How [children] travelled is not important, it’s ‘how do we help them to rebuild?’”

Social worker, Central England

It was common for children picked up by the police to describe being held for a period in police custody: typically up to 24 hours (and even longer in cases where children were age disputed).<sup>25</sup> During this time, children reported being subject to lengthy questioning (via phone interpretation), as well as being provided food, and sometimes a place to sleep. Although this initial apprehension by police may not formally constitute “detention”, many children, particularly those who were at the police station for many hours, likened their experience of being held at the police station to being in “jail”. It was unclear from children’s accounts, whether children were in fact being detained for a period in police cells, or whether they were left in interview rooms, which they interpreted to be a cell:

“ They kept me for 24 hours inside the police station. It was almost like a jail. I was scared. I was scared of jail. I was in jail in Iraq, in jail in Italy, actually I am scared of jail. As far as I remember they told me someone was coming from immigration – ‘they are coming to take you’. They didn’t say where, they just said ‘they are going to take you’. My only fear was they were not going to come and I would have to stay in jail.”

Asylum-seeker, 17 years (male)

Even these short stays at the police station can be highly stressful for unaccompanied children, particularly given the difficulties they have endured on their journeys, and the fact that many arrive in a state of very poor mental and physical health.

In addition to being held at the station many children described being subject to a fairly lengthy period of questioning (around 1-2 hours). It is not always clear from children’s accounts, whether this questioning was conducted by the police as part of an initial welfare/safeguarding screening processes (as per

new guidelines contained with the 2017 Safeguarding Strategy<sup>26</sup>), or by immigration officials (or even potentially social services), called to stations to initially assess a child’s age, and perhaps to establish whether they intended to claim asylum.<sup>27</sup>

The joint Department for Education and Home Office 2017 Safeguarding Strategy contains reference to new “welfare processes” for police officers and Home Office first responders who encounter arriving unaccompanied migrant children, including the introduction of a new “welfare form” to be completed by the first responder. This form aims to facilitate the gathering of information through “a conversation rather than a questioning style” with the aim of safeguarding children and preventing children going missing from care.

It is inevitable that some basic information will need to be collected from children on arrival: at the very least to establish their identity, and make the appropriate referrals (e.g. to social services). Further, the focus on safeguarding children is important. It is unclear, however, why these interviews should be lasting for the periods of time as described by children. Given that children have only just arrived, and are typically in a state of shock, exhaustion and distress, it may not be the appropriate time to expose them to lengthy questioning, or to be collecting detailed information. In addition, what was considered an intimidating environment may compromise the potential value of an interview for establishing accurate information. Young people interviewed during the assessment often described finding this initial questioning exhausting, confusing and distressing. For some young people it also triggered difficult memories of traumatic episodes during their journeys:

<sup>25</sup> Although the UK has made a commitment to ending child detention, a child may nonetheless be temporarily detained in Short Term Holding Facilities (STHF) on arrival. Children can be held in STHFs for up to 24 hours until released into LA care. Further, if a child is first encountered by the police, which is the case for many, they may be held at a police station whilst waiting for an LA to come and collect them or be held in STHF at airports across the country. The power to detain is contained within paragraph 16(2) of Schedule 2 to the 1971 Immigration Act (as applied by section 10(7) of the Immigration and Asylum Act 1999), available at: [www.legislation.gov.uk/ukpga/1971/77/schedule/2](http://www.legislation.gov.uk/ukpga/1971/77/schedule/2). Paragraph 18B of the 1971 Act specifies that a child may only be held in an STHF for a maximum of 24 hours and only under certain conditions that removal from the facility is foreseen within the 24 hour time period, available at: [www.legislation.gov.uk/ukpga/1971/77/section/18](http://www.legislation.gov.uk/ukpga/1971/77/section/18).

<sup>26</sup> DfE and Home Office, 2017 Safeguarding Strategy, pp. 18-19.

<sup>27</sup> According to new guidance published by the Home Office, children no longer having “screening interviews”, but rather undergo a “welfare interview”, which include identifying any welfare, safeguarding and trafficking concerns. See Home Office, *Children’s asylum claims, Version 2.0*, 9 October 2017, available at: <https://bit.ly/2WTcH1d>.

“It’s understandable that [the UK authorities] need to know who you are and why you [came]. But at least you [should] have a little bit of time to settle [first]. You just come, you don’t even know what’s going on, you don’t understand [the] language. It’s really hard [and] you don’t know why they asking you these questions. They made me feel sad, [because] I start to remember everything. If they give you some time – the sink in process – I think that would be best – to have a small period of time first before you have to tell your story. You don’t just leave your country today and drive to the UK next day. Some people take months to get here – a very difficult journey. So when you first come here you are kind of exhausted and you don’t know what to say. And sometimes you might say something that you don’t mean to say because your mind is not working properly. So [it would] be good to have some time to settle.”

Focus group discussions, refugees (mixed gender)

Some (legal) advocates, and social welfare stakeholders interviewed during the assessment also expressed concerns about the purpose of these initial screening questions: including whether information gathered might later be used as evidence towards a young person’s asylum claim.<sup>28</sup>

### 2.3.2 Detention of age disputed children

A minority of children included in the assessment reported being held in police detention for a couple of days, due to being initially assessed at police stations to be adults.<sup>29</sup> For some, this initial period of custody was subsequently followed by a longer period spent in immigration detention facilities for a period of months. For these children, the reception and arrival process was particularly stressful.

UNHCR’s position, in line with international standards, is that children should not be detained for immigration related purposes, irrespective of their legal/migratory status or that of their parents, and detention is never in their best interests.<sup>30</sup> This is in contrast with EU<sup>31</sup> and UK law,<sup>32</sup> which provide that children should not be detained other than in exceptional circumstances, and for the shortest period of time (not exceeding 24 hours under domestic law). Recognising the harm that detention can cause unaccompanied children, Home Office policy is to “apply the age assessment process in such a way as to guard against the detention of children generally, including accidental detention of someone who is believed to be an adult but subsequently found to be a child.”<sup>33</sup> It appears, however, that these protective standards provided for in law are not always adhered to in practice, with flawed age assessment processes on arrival sometimes leading to unlawful detention of asylum-seeking children.<sup>34</sup> Age assessment is discussed further in Section 2.4 below.

<sup>28</sup> According to Home Office Guidance, the Welfare Form cannot be used to examine the basis of the claim for asylum. Even if a child volunteers information about their asylum claim and this is recorded on the Welfare Form, asylum decision makers are instructed that they must never rely on information obtained from an interview where no responsible adult or legal representative is present. Available from *ibid.*

<sup>29</sup> These age “assessments” appear to consist of on-the-spot visual assessments of a child based on their appearance or demeanour. There were reports of these assessments being carried out by both immigration officials and social workers.

<sup>30</sup> For further discussion see UNHCR, *UNHCR’s position regarding the detention of refugee and migrant children in the migration context*, January 2017, available at: [www.refworld.org/pdfid/5885c2434.pdf](http://www.refworld.org/pdfid/5885c2434.pdf).

<sup>31</sup> See Articles 15-20, EU Recast Reception Conditions Directive 2013/33/EU of 26 June 2013, available at: <https://bit.ly/2tlZlCK>. The Recast Directive does not apply to the UK as it has not opted into the Directive. For a summary of case law from the European Court of Human Rights (ECtHR) see ECtHR, *Factsheet – Unaccompanied migrant minors in detention*, June 2019, available at: <https://bit.ly/2mK1YGP>.

<sup>32</sup> See for example, para. 18B, Schedule 2, Immigration Act 1971, available at: [www.legislation.gov.uk/ukpga/1971/77/schedule/2](http://www.legislation.gov.uk/ukpga/1971/77/schedule/2).

<sup>33</sup> Home Office, *Assessing age, Version 3.0*, 23 May 2019, available at: <https://bit.ly/2WVVeBmz>.

<sup>34</sup> For further information see UNHCR’s *submission to the Joint Committee on Human Rights’ call for evidence on the United Kingdom’s record on Children’s Rights*, October 2016, available at: <https://bit.ly/2lRnGdX>; and Coram Children’s Legal Centre, *Happy birthday? Disputing the age of children in the immigration system*, May 2013, available at: <https://bit.ly/2ZCi6eF>.

## Detention of an age disputed child:

“ They put me in handcuffs, and took me to the police station. I was not well, I had a stomach bag [urine drainage bag]. I wasn't feeling well at all. They took me to the hospital. After that I was taken to prison. I stayed there for two days and on the third day a lady came and took me to the Home Office.

[Q: You mentioned being taken to 'prison?' How were the conditions?] I have phobia of very small places. I was in a terrible state. They treated me well, but because I've got that fear, that was the main problem. [The cell was] very small. I was being asked a few questions. People from the social services kept asking me, 'why did I come?' 'How did I come?' They ask me my age. I felt very angry because every time I talked about it [my journey] I remembered the whole experience. Everything from beginning to the end.

[Q: Did they dispute your age at all?] Yes when I said 16 they said no you are over 18 and they started creating like little problems. And then they took me to the Home Office, and gave me a card to say that I was over 18 by a couple of months- they said I was born in 1998... I was very angry because they didn't believe me, my real age.”

Asylum-seeker, 16 years (male),  
now recognised as a child

## 2.4 Age assessments on arrival

Key informants interviewed during the research expressed concerns that in some cases immigration officers, and social workers, are performing on-the-spot visual assessments of a young person's age upon a child's immediate arrival, and whilst they are still in police detention. These judgements are made based on young people's "demeanour and appearance", widely recognised as being a (culturally) subjective and unreliable means of establishing age.<sup>35</sup> Following such an assessment the individual is not referred for further assessment, nor are they referred to social services or to the Refugee Council Children's Advice Project Service.<sup>36</sup> Instead, they are treated as an adult.<sup>37</sup> Meanwhile, guidance also recognises the harm of wrongly assuming a child to be an adult, and emphasises the importance of applying the "benefit of the doubt" principle in circumstances where there is uncertainty about whether the individual is an adult or a child; in which case the individual should be treated as a child and referred to a LA for a Merton compliant age assessment to be carried out.<sup>38</sup> Section 51 of the Modern Slavery Act 2015 stipulates that in cases where a public authority has reasonable grounds to believe that the person may be a victim of human trafficking, and the authority are not certain of the person's age but have reasonable grounds to believe that the person may be under 18, "they must assume that the person is under 18 until an assessment of the person's age is carried out by a local authority or the person's age is otherwise determined."<sup>39</sup>

<sup>35</sup> See UNHCR's submission to the Joint Committee on Human Rights' call for evidence on the United Kingdom's record on Children's Rights, *ibid.*, and UK case law: AA, R (on the application of) v Secretary of State for the Home Department & Anor [2016] EWHC 1453 (Admin), [2017] 1 WLR 145, [2016] WLR(D) 317, available at: [www.bailii.org/ew/cases/EWHC/Admin/2016/1453.html](http://www.bailii.org/ew/cases/EWHC/Admin/2016/1453.html).

<sup>36</sup> Refugee Council, *Children's Advice Project*, available at: [www.refugeecouncil.org.uk/latest/projects/childrens-advice-project/](http://www.refugeecouncil.org.uk/latest/projects/childrens-advice-project/). Note that in Scotland and Northern Ireland, support is provided via a Guardianship Service. Currently, Wales has no access to the Refugee Council Children's Advice Project or a guardianship scheme. For further discussion on guardianship, see section 8.1.

<sup>37</sup> Following the completion of research for this report, the UK Court of Appeal in *BF (Eritrea) v Secretary of State for the Home Department* found unlawful Government's age assessment policy which had previously provided that an individual must be treated as an adult if two Home Office members of staff of appropriate seniority assessed that the individual's "physical appearance and demeanour very strongly suggests that they are significantly over 18 years of age [...]". In light of the Court's decision, the Home Office has issued "interim guidance" which specifies that an individual claiming to be a child must be treated as an adult "if their physical appearance and demeanour very strongly suggests that they are 25 years of age or over". It is understood that the Home Office is considering the implications of the judgement. See [2019] EWCA Civ 872, [2019] WLR(D) 300, available at: [www.bailii.org/ew/cases/EWCA/Civ/2019/872.html](http://www.bailii.org/ew/cases/EWCA/Civ/2019/872.html) and Home Office, *Assessing age, Version 3.0*, 23 May 2019, available at: <https://bit.ly/2WVeBmz>.

<sup>38</sup> A Merton compliant age assessment is one conducted in compliance with guidelines set down by the High Court in *R (on the application of B) v London Borough of Merton*. The guidelines include the need for a holistic assessment which takes into account a range of factors beyond the individual's appearance including their demeanour, background and credibility. Assessments must be conducted by experienced, trained social workers, the benefit of the doubt given and the individual must be given an opportunity to explain any inconsistencies in their account. See [2003] EWHC 1689 (Admin), United Kingdom: High Court (England and Wales), 14 July 2003, available at: [www.refworld.org/cases,GBR\\_HC\\_QB,4a8172e62.html](http://www.refworld.org/cases,GBR_HC_QB,4a8172e62.html) and Home Office, *Assessing age, Version 3.0*, *ibid.*

<sup>39</sup> Modern Slavery Act 2015, available at: [www.legislation.gov.uk/ukpga/2015/30/contents/enacted](http://www.legislation.gov.uk/ukpga/2015/30/contents/enacted).

Given these protective requirements, it is concerning that the assessment identified numerous cases where asylum-seekers, initially judged to be adults, were later determined to be children *as young as 15 years*; as well as cases where age disputed teenagers were later referred to the National Referral Mechanism (NRM) as suspected victims of trafficking. Indeed, according to Home Office statistics, almost a third (30%) of those applying for asylum as children had their ages disputed in 2018.<sup>40</sup> Meanwhile, this figure does not reflect the full scale of age disputes, as it does not include those who claim to be children but are not officially recorded as “age disputed”, but instead simply treated by the Home Office as adults.<sup>41</sup>

The complexities and challenges associated with accurately assessing age, and the problems associated with the procedures and methods used to conduct age assessments in the UK, have been well researched and analysed in existing literature. It was not the aim of this assessment to revisit these debates. Nonetheless, the problems caused by age assessments were a constant feature of discussions with young people and service providers, who underscored a range of issues related to age assessment that continue to undermine the welfare, protection and integration of refugee children.

Firstly, participants expressed concerns about the conflict of interest that arises when those undertaking the age assessment (social care and immigration officials) also have a vested (including financial) interest in its outcome, and the possible incentive to use the age assessment process as a means for gatekeeping services such as provision of social care and accommodation under Section 20 of the Children Act 1989.<sup>42</sup>

Secondly, participants drew attention to the unreliability of methods of assessment founded in subjective judgements about a person’s appearance or demeanour, given vast individual, cultural, ethnic and socio-economic variations in rates of maturing; as one young person (whose stated age was first disputed and later accepted after a Merton compliant assessment) described:

“ At first when I came to the UK it was very hard for me, because they didn’t accept my age. They made me around 24 or something. It was very crazy for me, and they put me with old people in a house. It was a bad time.. I think [it was] because of my face, and my beard. But if you look at any Kurdish young man we all look the same. It’s in our spirit, we grow up too soon. [At age] 13, 14 years, our beard is coming. Everyone is telling me I look older [than my age] but I don’t know, when you start working at 12, 13, when you are always outside with your father, doing hard work, imagine how is going to be your face?”

Asylum-seeker, 18 years (male)

Finally, stakeholders expressed concerns that a “culture of disbelief” (which has also been identified in existing literature<sup>43</sup>) may have developed within both the immigration service and social care, whereby vulnerable children are often assumed to be either ignorant of, or lying about, their age.<sup>44</sup> Indeed, the fear that adults might be deceptively posing as minors, in order to receive improved social assistance and benefits, was often displayed by social workers and foster carers interviewed as part of this assessment: “its human nature. They don’t want to say they’re over 18, because they all know if they say they are under 18 social workers will look after them – they all know that.”<sup>45</sup>

<sup>40</sup> Home Office, *Immigration Statistics, Asylum data tables*, 28 February 2019, available at: <https://bit.ly/2YOzzNB>.

<sup>41</sup> The Home Office does not provide data on the number of individuals claiming to be children who are subsequently treated as adults because it is contended that their appearance/demeanour “very strongly suggests that they are significantly over 18 [or 25 under new ‘interim’ guidance] years of age”. See note 45 above for more information on this issue, including that Home Office have issued new interim guidance. See also Coram Children’s Legal Centre, *Happy birthday? Disputing the age of children in the immigration system*, May 2013, available at: <https://bit.ly/2ZCi6eF>.

<sup>42</sup> Section 20, Children’s Act 1989, available at: <http://www.legislation.gov.uk/ukpga/1989/41/contents>.

<sup>43</sup> For example, see UNHCR and European Refugee Fund of the European Commission, *The Heart of the Matter: Assessing Credibility when Children Apply for Asylum in the European Union*, December 2014, available at: [www.refworld.org/pdfid/55014f434.pdf](http://www.refworld.org/pdfid/55014f434.pdf) and Coram Children’s Legal Centre, May 2013, *ibid*.

<sup>44</sup> This prevalent concern appears to have arisen after the restructuring of the asylum support system from 1997 onwards, which (against advice) resulted in “increased polarisation” between two very different frameworks and systems for dealing with adult and child asylum-seekers in terms of welfare provision, which has “sharply divided responsibilities between central government and LAs and heightened incentives to be a minor”. See A. V. Kvittingen, Refugee Studies Centre, *Negotiating childhood: Age assessment in the UK asylum system*, 2010, quoted in Coram Children’s Legal Centre, May 2013, note 41 above

<sup>45</sup> Foster carer, South West England.

Of course, there may be cases where asylum-seekers are claiming to be younger than they are in order to receive improved standards of protection and care. Further, stakeholders have raised concerns that placing adults in children's accommodation can generate a significant safeguarding risk, and therefore, in cases of doubt, caution should be exercised. Whilst these may be legitimate concerns, the idea that there are significant numbers of asylum-seeking adults posing as children is founded on an assumption that young asylum-seekers typically enter the UK with knowledge and understanding of UK immigration rules and criteria for social assistance, including the legal importance of establishing age. This assumption may be misplaced: in fact young people interviewed during this assessment expressed very limited understanding and knowledge of UK immigration and social care proceedings and there was no suggestion during interviews with young people that they had been coached to say they were under 18.

Evidence from the assessment indicates that age disputes can have a devastating impact on integration prospects for children, impeding and delaying access to almost all of the central domains of integration. Age disputed children are liable to be placed in inappropriate accommodation together with adults, presenting a risk to their safety; they are likely to be denied access to education and their mental and physical health may deteriorate; they are at increased risk of absconding or being (re-)trafficked; and, as previously discussed, of being detained as an adult in an Immigration Removal Centre. For many children these initial mistakes take at least months, and often years, to correct. In the meantime, children are exposed to harmful and protracted disputes: not only denied the support to which they are legally entitled, but also forced to challenge the very people charged to look after them. A number of children in the assessment described the impact that being age assessed as adults had had on their integration experiences, for example:

“ The problem was the Home Office because they didn't accept my age... That four months was too hard. I was on my own I had nowhere to go, I didn't know nothing. I didn't speak English. I had nobody. I had a lawyer but it was too hard to make an appointment, and it wasn't easy to understand what they were explaining to me. I had no clothes no money, no friends, no nothing and I couldn't speak English – I was trying to get somebody to help me out. And I couldn't get no one.”

Focus group discussion, refugees (mixed gender)

The United Nations Committee on the Rights of the Child has discussed age assessment in two of its General Comments,<sup>46</sup> stressing that “if there is no proof of age, the child is entitled to a reliable medical and social investigation that may establish his/her age and, in the case of conflict or inconclusive evidence, the child shall have the right to the rule of the benefit of the doubt.”<sup>47</sup> Further, international best practice includes specifications that age assessment procedures should only be undertaken only as a measure of last resort, when there are grounds for serious doubt about the person's age and once informed consent has been obtained. Where age assessment procedures do take place (as a measure of last resort) they should be conducted by professionals who are independent and have appropriate expertise and familiarity with the child's ethnic and cultural background using a multi-disciplinary approach. Prior to the age assessment, all age-disputed individuals should be given the benefit of the doubt and treated as a child unless this would be clearly unreasonable.<sup>48</sup> Age assessment should not be carried out immediately following arrival to allow time for the child to build trust and properly recollect information which can be used when establishing their age.

<sup>46</sup> CRC, *General Comment No. 10 (2007): Children's Rights in Juvenile Justice*, 25 April 2007, CRC/C/GC/10, available at: [www.unhcr.org/refworld/docid/4670fca12.html](http://www.unhcr.org/refworld/docid/4670fca12.html); CRC, *General Comment No. 12 (2009): The right of the child to be heard*, 20 July 2009, CRC/C/GC/12, available at: [www.unhcr.org/refworld/docid/4ae562c52.html](http://www.unhcr.org/refworld/docid/4ae562c52.html).

<sup>47</sup> CRC, *General Comment No. 10 (2007)*, para 39, *ibid*.

<sup>48</sup> UNHCR, *UNHCR observations on the use of age assessments in the identification of separated or unaccompanied children seeking asylum*, 1 June 2015, available at: <https://www.refworld.org/pdfid/55759d2d4.pdf>.

Significant changes in UK policy and practice are required to bring age assessment processes in line with these principles. Of note is the Home Office's "interim guidance" on age assessment issued in May 2019 following the UK Court of Appeal's decision in *BF (Eritrea) v Secretary of State* that the previous policy was unlawful. The interim guidance specifies that an individual claiming to be a child must be treated as an adult "if their physical appearance and demeanour **very strongly suggests that they are 25 years of age or over**".<sup>49</sup>

## 2.5 Reception by social services

Section 17 of the Children Act 1989<sup>50</sup> imposes a general duty on LAs to safeguard and promote the welfare of all children 'in need' within their area, and section 20 requires them to 'accommodate' any child where there is no parent or suitable adult to care for them. After a child has been accommodated by the LA under section 20 for 24 hours they become 'looked after' by the authority.<sup>51</sup> Similar duties are placed on LAs in Scotland under sections 22 and 25 of the Children (Scotland) Act 1995.<sup>52</sup> The equivalent duties of Welsh LAs are set out in parts 3, 4 and 6 of the Social Services and Well-being (Wales) Act 2014.<sup>53</sup> The duties of Health and Social Care Trusts in Northern Ireland are set out in articles 18 and 21 of the Children (Northern Ireland) Order 1995.<sup>54</sup>

Crucially, the Children Act 1989 requires that LAs perform these duties for all children, regardless of their immigration status, nationality or documentation; and Regulations for England specify that LA duties towards looked after and care leaving children "must be fulfilled with particular regard to a child's circumstances and needs as an unaccompanied or trafficked child."<sup>55</sup>

Findings from the assessment indicate that majority of unaccompanied children are referred to social services relatively quickly upon arrival (following an initial police or Home Office First Responder interview), and (unless age disputed) are almost always accommodated by authorities under section 20 and under similar duties in Scotland, Wales and Northern Ireland.<sup>56</sup> Upon collection by social services, children are initially placed in emergency accommodation, either an emergency foster placement, or a hostel with support staff.

Children's accounts of their reception by social services were mixed. Despite it being a disorienting time, many young people described their initial encounters with social services, support workers and (foster) carers as positive, and expressed a sense of relief at being in a safe place, out of police custody, and in the care of professionals who were focused on providing them with basic needs, care and accommodation.

“ I was in shock and happy I didn't understand how [this could be], because I had a room, clothes. I could wash, change. A TV was in my room. I was so happy. This was heaven. I got confused. I didn't understand the situation [because] I never experienced [anything like] that.”

Asylum-seeker, 17 years (male)

On the other hand, other young people described being in a state of acute distress, with little understanding of where they were, and what was happening to them or why. Some described being abandoned to their own devices, with no orientation, information or support provided, and limited consideration of their needs:

<sup>49</sup> See [2019] EWCA Civ 872, [2019] WLR(D) 300, [www.bailii.org/ew/cases/EWCA/Civ/2019/872.html](http://www.bailii.org/ew/cases/EWCA/Civ/2019/872.html) and Home Office, *Assessing age, Version 3.0*, 23 May 2019, available at: <https://bit.ly/2WVeBmz>.

<sup>50</sup> Section 17, Children's Act 1989, available at: <http://www.legislation.gov.uk/ukpga/1989/41/contents>

<sup>51</sup> Section 20, *ibid*.

<sup>52</sup> Children (Scotland) Act 1995, available at: <https://www.legislation.gov.uk/ukpga/1995/36/contents>.

<sup>53</sup> Available at: [www.legislation.gov.uk/anaw/2014/4/contents](http://www.legislation.gov.uk/anaw/2014/4/contents).

<sup>54</sup> Available at: [www.legislation.gov.uk/nisi/1995/755/contents/made](http://www.legislation.gov.uk/nisi/1995/755/contents/made).

<sup>55</sup> DfE, *Care of unaccompanied migrant children and child victims of modern slavery: Statutory guidance for local authorities*, November 2017, available at: <https://bit.ly/2Y1Klmx>.

<sup>56</sup> See notes 52-54 above. Unless the needs assessment results in another response being considered more appropriate, for example, if a trafficked child is at risk, it may be more appropriate to initiate care proceedings under section 31 of the Children Act 1989, although this is rare. Available at: [www.legislation.gov.uk/ukpga/1989/41/section/31](http://www.legislation.gov.uk/ukpga/1989/41/section/31).

“ I'm not sure if I remember well, my memory has been affected so much. Social services dropped me at a placement. They explained briefly [what was happening] but I couldn't understand. The foster placement was horrible. The foster parents put me some food in front of me I'd never seen in my life, they didn't explain what it was. It was food I'd never seen before. I couldn't eat it, it made me sick because I'd never eaten anything like that. They thought I wasn't hungry because I didn't eat it, but I was starving. They didn't speak to me again after that. They just showed me my room. From 6pm, until next morning I was in my room. There was no food. The room was ok, but it was just the sense of no one speaking to you, that was very hard.”

Refugee, 21 years (female)

Capacity issues associated with funding cuts at the LA level in recent years have resulted in many specialist “UASC teams” being disbanded within LAs and absorbed into generalist teams. Social workers are thus increasingly working with mixed caseloads which include British children as well as unaccompanied asylum-seeking children and refugees.<sup>57</sup> Stakeholders interviewed in the assessment explained that this is resulting in a loss of specific expertise in some LAs on working with refugee and asylum-seeking children. As is discussed further below, this was identified as a cross-cutting challenge, affecting multiple domains of integration, including education, care and accommodation and access to mental health support.

## 2.6 Information and orientation

It is hard to say how much of children's distress on arrival is avoidable. Arriving in a new country, with no family, friends or contacts – without knowledge of the culture, or ability to speak the language – is bound to be a confusing and difficult experience. On the one hand children may benefit from clearer information and orientation at the immediate point of arrival in the UK. On the other hand, there is likely to be a limit to how much children are able to take in,

given that most arrive exhausted and traumatised: “all I wanted to do when I arrived was to sleep!”<sup>58</sup> In some cases, however, it was evident that more effort could have been made to make a child feel welcome and comfortable on arrival, including in their emergency accommodation placements.<sup>59</sup>

### Enrolling children in a structured orientation programme

Evidence from the assessment indicates that once a child's immediate needs (to food, water, a place to wash, clean clothes and sleep) have been provided for, there may be benefits to enrolling a child straight into a structured, orientation and education programme, as a matter of immediate priority. Not least, this can help to avoid a situation where children are left in a state of limbo, waiting around with nothing to do, whilst they ruminate on their journeys, focus on all they have left behind, and recall disturbing memories of trauma and loss. One young person described her experience of this:

“ They dropped me in a place like a hotel. For one week I was in a room, [with] £5 per day. I didn't know the area, didn't know the place. I just sat in my room, super scared. I had to lock the door. It was like a house with seven rooms. I didn't know who else was living there, and I had to spend one week without nothing, no books, no nothing. The man who owned place was helpful, he was speaking to me and asked me if I was ok, but I was very lonely. I had nothing to do. Imagine this room, one bed, and one TV. It felt like a prison, and I just had to wait for someone to pick me up to see what would happen in my life... I couldn't sleep in the night, I could hear shouts outside. In Albania I experienced a lot of trauma, and I just thought someone would come in to rape me to be honest. That was the reality at the time – I know it sounds harsh. I couldn't sleep, sometimes I would go outside just to breathe the air, but I didn't go further, because I was afraid I would get lost. I had no one to tell me where I was, or what I could do.”

Refugee, 21 years (female)

<sup>57</sup> UNICEF, *Education for refugee and asylum seeking children: Access and equality in England, Scotland and Wales*, July 2018, available at: <https://bit.ly/2Y1KQwV>; The Children's Society, *Not just a temporary fix: The search for durable solutions for separated migrant children*, August 2015, available at: <https://bit.ly/2WUk0Wc>.

<sup>58</sup> Asylum-seeker, 18 years (male).

<sup>59</sup> DfE is in the process of producing child friendly information for LAs to share with unaccompanied children about the process of being looked after as part of the 2017 Safeguarding Strategy.

A number of additional benefits were identified by key stakeholders of enrolling children in a structured programme or activity upon arrival, which have implications for longer term integration. Firstly, it provides children a structure to their day: something educational and productive to do with their time whilst they wait for other opportunities to be made available. This is important given the delays many children experience in access to formal education (discussed further in Section 4 below).

Secondly, it affords an immediate opportunity to teach children some basic English from their earliest point of arrival, essential to kick start the integration process. Thirdly it creates an opportunity for children to meet other young people and start building networks and friends. Finally, it creates a setting where children can learn important information about life in the UK. This may include key practical knowledge (which they might not receive otherwise) such as to call “999” in case of an emergency; it may also include teaching children about aspects of British culture that they may find unexpected or challenging, such as the equal position of women in society, or the acceptance of same-sex relationships. One stakeholder described arrival as the perfect opportunity to share these messages, as young people are often open at this time to learning and discovering a new life in the UK:

“Because they are brand new, they are so engaged. They want to be here, they want to make a positive life for themselves. So, it is a good time to be saying things that might be a bit challenging otherwise. They see [the facilitator] as somebody who is there to help them, so they are open to the challenging things that they [the facilitator] might say – like homosexuality, for example. It’s a really great opportunity to give those messages.”

Key stakeholder, South Central England

## Best practice example: information and orientation

Oxford has a four-week orientation programme for unaccompanied children that is part funded by the LA and part funded by a private grant giving organisation. All unaccompanied asylum-seeking children are enrolled on the programme on arrival: usually the next day, or at least within two days of a young person’s arrival. The programme covers a range of topics, which are taught on a rolling basis, so children can join as and when they arrive, and remain in the programme until they have completed all topics. All children in the programme are provided an interpreter.

A key stakeholder described the key aims, objectives and benefits of the programme:

“What’s important is that it’s a safe space, a welcoming space. We teach English, but that’s not the main focus. The main goal is to create an environment that is welcoming and safe as a child’s first educational experience in this country. They’ve just arrived, they’ve had a horrendous journey, so it’s a space where they can slowly adjust.”

Key stakeholder, South Central England

Young people interviewed in the assessment who had participated in the programme spoke very highly of the orientation course and its benefits:

“I started the programme straight away [on arrival]. It was so good. She is talking so nice. She shows respect to you. [The programme is] helpful for everything. It was someone to show you – these are the rules for England – you should do this, you should do that. When you [first come] here, you don’t even know how to order food. [They teach you] this is how you go to the shop, this is how you order food. This is called this. It was so good for [learning] English life style. It is so important. When I came to this country I didn’t know any rules. They make you understand and explain everything. If I didn’t know that, I might have done something bad that might [have] put me in trouble.”

Refugee, 19 years (male)



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## 2.7 National Transfer Scheme

“ Ideally there would there would be speedy referrals onto the NTS and speedy transfers to appropriate places. Some of that has happened – there is some good practice. There are case studies out there of really positive transfers. However, the current system is really quite sluggish. It is not ideal in terms of getting [children] settled and supported.”

Key stakeholder, London

In July 2016 the NTS was introduced. Under this Scheme, children are no longer necessarily cared for in the LA in which they first presented themselves, but may be transferred to an authority with greater capacity. The NTS is a voluntary arrangement, based on the principle that no LA should be asked to look after more unaccompanied children than 0.07% of its total child population.<sup>60</sup> Accordingly, where an

unaccompanied child first presents in a LA which is already over this target threshold, the authority can arrange for the transfer of the child.<sup>61</sup> Building on the success of the previous Pan London Rota model,<sup>62</sup> the scheme is designed to ensure an even distribution of UASC across LAs nationally. The scheme was initially restricted to England. However, LAs in Scotland began participating in the NTS on a voluntary basis in January 2018, (initially) taking only 16 and 17 year olds, and in Wales, LAs are also beginning the process of participating, also on a voluntary basis.

The assessment revealed a broad consensus amongst stakeholders that the NTS is an important policy innovation, given the heavy burden placed on some authorities for caring for large numbers of unaccompanied children, while others have capacity and are willing to share the load. Spreading the financial and human resource costs of caring for unaccompanied children across a range of LAs

<sup>60</sup> Home Office and DfE, *National Transfer Scheme Protocol for Unaccompanied Asylum Seeking Children, Version 2.0*, 15 March 2018, available at: <https://bit.ly/2xdDcDP>.

<sup>61</sup> A flowchart of the process involved can be found at <https://bit.ly/2RqfopL>.

<sup>62</sup> The Pan London Rota is an agreement by Directors of Children Services to support equal distribution of UASC ages 16 and 17 years old in London. The Rota is a voluntary arrangement and all London LAs have contributed to receiving rota referrals, with exception of those recognised as significant entry points in London or over the NTS threshold. The Pan London Rota is managed by Croydon Council's Permanence 1 Team. Emergency Accommodation is managed by LASC. LASC commission and monitor the accommodation and arrange safe transfer and access to emergency medical care if required. Unlike the Pan London Rota, the NTS is not limited to children aged 16 and 17 years of age.

dispersed throughout the UK may be necessary to ensure that UK authorities have continued capacity to care for children, and that standards of support are maintained.

Despite broad consensus around the need for the scheme, however, the assessment identified concerns with how the NTS has been implemented so far in practice. In particular, in its current form, a referral through the NTS can be highly disruptive to a child's reception and early integration experience.

Unlike the Pan London Rota scheme where children are transferred to the relevant receiving authority within days, a referral through the NTS can take months. By the time a referral has been arranged, many children are already settled in their placements: they may have formed attachments to caregivers (such as foster carers) and other children, started at school or college, been registered with local services (such as the GP and dentist) and be participating in local activities and clubs. As one stakeholder noted: *"if you are seeking safety you are looking for somewhere where you can put down roots, where you know the shops you know the education services. You meet friends, and then suddenly you are being told 'you need to go to [elsewhere]."*<sup>63</sup> Whilst comprehensive statistics on speed of transfers under the NTS are not available, according to a recent assessment by the Refugee Council, few, if any, transfers are completed within the recommended two week timeframe, with the majority taking place months after arrival.<sup>64</sup>

Further, whilst the NTS protocol specifies that a child must not be referred if it is not in their best interests, an assessment which requires due consideration of a child's feelings and wishes,<sup>65</sup> findings from the assessment indicate that in many cases these principles are not adhered to in practice. Interviews with young people and social workers revealed numerous cases where children had been removed from their placements against their wishes, in a manner that was clearly disruptive to their wellbeing. One boy described how he had been coerced into moving under threat of being "reported to the police":

“ I wanted to stay in London because I had made some friends. I had just started getting a bit comfortable in the house I lived, but they said you need to go. The only choice was to come here. They said if you don't want to, the police will come and get you. I was upset because they were taking me far from London. I felt scared when I moved. The same as I felt when I first arrived in London. I was young, alone, I was really far from my mum and dad.”

Asylum-seeker, 18 years (male)

A social worker from a receiving authority spoke of feeling like she was “kidnapping” a child from his bed, upon arriving at the placement to pick the child up, and realising that he was not prepared to move:

“ I drove to London. The support worker [at his accommodation] asked me why I was there – [he] didn't even know we were coming! The young person was still in bed sleeping. He hadn't had breakfast – not packed. The last thing you want is to disturb a young person while they are sleeping. He sat in the back of the car – quiet. He was half asleep and didn't know what was happening. I tried to cheer him up. He said he didn't want to be here and was forced by his social worker and he wasn't happy. He didn't want to be transferred, he wanted to stay in London. As a social worker you are supposed to be advocating for young people. If I had known that young person didn't want to come, we wouldn't have gone and forced him. You've got to take a young person's feelings and wishes into account.”

Social worker, Yorkshire and Humber

In another authority a social worker spoke of how a Vietnamese girl had gone missing from care (presumed re-trafficked) after being transferred through the NTS. She had been living in the UK for around three months in a foster placement at her port of entry, where she was staying with another Vietnamese teen of a similar age. She was reportedly settled in this placement and distressed at being transferred to a new and unfamiliar area. A few weeks after transfer she went missing from care. When asked by researchers why this particular child had

<sup>63</sup> Service provider Midlands.

<sup>64</sup> Refugee Children's Consortium, *Briefing on the National Transfer Scheme*, August 2017, available at: <https://bit.ly/30ERudq>.

<sup>65</sup> Home Office and DfE, *National Transfer Scheme Protocol for Unaccompanied Asylum Seeking Children*, Version 2.0, note 60 above.

been selected for transfer, the social worker at the receiving authority claimed they had “chosen” her because they “wanted a girl”.

“ She settled really quickly [in her previous placement] and was disappointed that she had to move. But [the entry LA] couldn't cater – that's what the dispersal list is about. Senior Management chose her off a list. We wanted a girl, because all of ours were boys!”

Social worker, South East

This case is illustrative of the general lack of planning and assessment built into the NTS that would be required to appropriately “match” a given unaccompanied child to a particular LA.

Despite these concerning stories, it is important to note that a number of children transferred through the NTS expressed that they were happy and comfortable in their new placements. Receiving

authorities visited during the assessment had clearly put considerable planning, effort and resources into welcoming children into their care, and appeared enthusiastic about the opportunity to support a vulnerable group of children in need of protection.

Nonetheless, the NTS may not be sustainable in its current form. There is a need to ensure that the transfer process takes place almost immediately upon a child's arrival, and that children are not settled in a placement and then coercively transferred against their will. Some significant barriers to ensuring more rapid referrals were identified during the assessment. Most notably, there are delays in matching entry authorities with receiving authorities. Whereas the Pan London scheme operates through an automated rota (whereby the next authority on the list, will take the next child who arrives) there is not such close collaboration between LAs across different regions in the UK. Under the NTS, when a young person arrives, the entry authority will place the child on a list for

## Case study: operation of the NTS

In one of the most problematic transfer cases identified in the research, two Eritrean teenagers were removed from a foster home where they had been temporarily placed with an Eritrean foster mother. The younger teen was 15 years old, and suffering trauma, after having just lost four members of his immediate family (including his mother) in a car accident. The boy was having trouble sleeping through the night, regularly waking up shouting and crying. He was being supported by the older Eritrean child (who he had been with throughout his journey) and his foster mother, who he had started calling “mum”. His foster mother had enrolled him in school. He had been registered with the GP and the dentist, and had settled well in his placement.

On the day of their Welfare Interviews at the Home Office, the two children were taken from the care of the foster mother for relocation under the NTS. Neither the foster carer nor the children had been informed of this in advance. The younger child was in his school uniform and he was intending to go back to school after his interview. The foster mother described how the boys clung to her crying when they were told they were to be separated.

This event had taken place about a week before the research interview with the foster mother. At the time of the interview the boys' belongings were still in the foster mother's house, and the boys were still phoning her and begging her to help them return. The foster mother herself was palpably upset and angry by what had taken place, and was seeking answers to how this could have been allowed. She described:

“ The children were crying all day, ‘mum don't leave us’. I stayed with them until 4pm. The worker at the Home Office was so rude to me, she said ‘why are you waiting. Go home. What are you doing? The children are no longer in your care’. The children called that night, they said ‘mum help us’. They put them in a house with other children, and kept them there for 5 or 6 days. They just dropped kebabs for them, and closed the door. They left them there like animals. Then they took them to another foster carer – a single man. [The children] said they don't like it there. They said ‘help mum, I want my home back.’ But what can I do? I don't have any power. The [younger] child is still in his uniform – for one week! They treat these kids like rubbish.”

transfer which will be shared with the Home Office. The Home Office will then coordinate with receiving authorities who will select the children they are willing to accept from these lists: a process which may take months to agree and complete.<sup>66</sup> Furthermore, currently children are not eligible for transfer until they have had their initial Welfare Interview, a process which can also be subject to significant delay.<sup>67</sup>

In addition, many LAs raised concerns about the level of funding provided for LAs to care for unaccompanied children and many (potential) receiving authorities have expressed concerns about their capacity to receive children and provide appropriate services and support without sufficient central government funding.<sup>68</sup>

Given the challenges associated with implementing the NTS and the mixed results so far, the future of the scheme is uncertain. Furthermore, it appears that in recent months referrals under the scheme have ground to somewhat of a halt, as authorities based outside of London have been (allegedly) instructed to prioritise receiving children under new international transfer and resettlement schemes, which are discussed below.

### Key findings: experiences of arrival, reception and orientation

- Despite feeling initially afraid, the majority of young people said that authorities, including police and social services, had treated them in a kind and humane manner on arrival.
- Initial positive encounters with police and other authorities left lasting impression on children, strengthening feelings of safety, trust and young people's sense of being settled, happy and integrated in the UK.
- Children who were age disputed reported harsher treatment and more negative experiences on arrival; age disputes were found to be highly disruptive to children's reception and early integration prospects.
- The assessment found that there may be significant integration benefits to enrolling a child straight into a structured, orientation programme on arrival: to 1) teach children basic English, 2) provide them essential information and advice about life in the UK, and 3) distract them from traumatic memories and intrusive thoughts.
- In its current form, a referral through the NTS can be highly disruptive to a child's reception and early integration experience: children are typically left to settle for months in an initial placement, before being involuntarily transferred. Research findings indicated that these transfers are not always conducted on the basis of a 'best interests' assessment.

<sup>66</sup> It is noted that the NTS includes a 'Cases of Concern' process so that when safeguarding or practice issues do occur in specific cases these are logged anonymised and shared with cross government staff and practitioners to inform improvements to the Protocol. For further information see UK Government, *Unaccompanied asylum seeking children (UASC) national transfer scheme: questions and answers*, 24 October 2018, available at: <https://bit.ly/2lZ4raO>.

<sup>67</sup> Challenges associated with this have been recognised by the Home Office and this requirement is reportedly under review.

<sup>68</sup> See also Association of Directors of Children's Services, *Unaccompanied Asylum Seeking and Refugee Children*, November 2016, available at: <https://bit.ly/2fiIJ4G>. As discussed above (pp. 7-8), during the course of this assessment the Home Office announced an increase to LA funding for unaccompanied asylum-seeking children.

## 2.8 Transfer and resettlement to the UK

Whilst the majority of unaccompanied children who seek asylum in the UK arrive “spontaneously”, there are initiatives through which the UK government provides for the transfer or resettlement of unaccompanied asylum-seeking and refugee children to the UK. These include: the “Dubs Amendment”, a UK initiative which provides for the relocation of a specified number of unaccompanied children from Europe to the UK under Section 67 of the Immigration Act 2016;<sup>69</sup> the Vulnerable Children’s Resettlement Scheme (VCRS), launched in April 2016 to resettle up to 3,000 at-risk children and their families from Egypt, Iraq, Jordan, Lebanon and Turkey by 2020;<sup>70</sup> and Dublin III,<sup>71</sup> an EU mechanism for determining which country in Europe is responsible for examining an application for international protection which has been lodged in one of the EU’s 28 Member States. Additionally, between 17 October 2016 and 13 July 2017 the UK transferred children under a one-off accelerated process based on Article 8 of the Dublin Regulation to reunite with qualifying family members (hereinafter “Dublin-like procedure”, see below).<sup>72</sup>

### 2.8.1 The “Dubs Amendment”

“ The Dubs children travel in pairs, in threes, so they know people [in the UK]. Spontaneous children are more isolated – [arrival] is daunting and scary. For the Dubs children it’s more exciting and they looking forward to the future.”

Social worker, Scotland

Evidence from the assessment indicates that the new Dubs scheme is viewed positively by LA and civil society actors. This initiative provides for the organised transfer of asylum-seeking and refugee children to the UK, and affords LAs the time to plan and make arrangements for children’s arrival:

“ I like section 67 because it gives far greater certainty to young people. It creates less anxiety. We can plan properly. We hope [they will] get leave to remain. For the others we have to have a triple-tracked plan. Children are looked after until 23 years and then everything gets taken away. [But] Section 67 enables us to plan.”

Social worker, Yorkshire

Children transferred through Dubs have a more organised reception experience than those who arrive spontaneously, reflected in a marked difference in their accounts of their arrival experience (compared to children arriving spontaneously). Rather than confusion and fear, children expressed that their transfer to the UK triggered feelings of hope, (nervous) excitement, and even a sense of calm and normalcy:

“ I came by plane. I was accompanied by a Greek woman who works in social care. I came through Dubs. I came here through Manchester airport and the social workers picked me up and drove me to my flat. It was really nice to be here. Comfortable. I felt that I am ok and I’m safe. There’s nothing to worry about. Because before I came to the UK, I had been worried for a really long time. I had been anxious – overthinking. That’s not normal for a 16-year-old girl I guess. But when I came to the UK, I started to feel more natural. I thought – everything is ok now – it’s a normal life. I’ll start to build a home, calm down and study. I [felt] that I would start my life as I used to live in Syria before the war. It was like a normal life.”

Refugee, 16 years (female)

Despite these positive aspects, a number of interviewees noted some “teething” problems with the Dubs scheme, which are slowly being resolved. The most significant of these being that Dubs children arrive without a legal right to remain in the UK, and must apply for asylum on arrival: a process where

<sup>69</sup> UK Government, *Policy Statement: Section 67 of the Immigration Act 2016*, 2018, available at: <https://bit.ly/2SRhL4X>.

<sup>70</sup> See Home Office, *Resettlement: policy statement*, July 2018, available at: <https://bit.ly/2KbCbJY>. In addition to these schemes, there are a number of other resettlement programmes which have accepted children into the UK including the Syrian Vulnerable Persons Resettlement Scheme (VPRS), the Gateway Protection Programme and the Mandate Refugee Scheme. However, these latter schemes do not provide for the resettlement of any unaccompanied children.

<sup>71</sup> Dublin III Regulation, see note 25 above.

<sup>72</sup> Home Office, *Transfers to the UK from Calais Operation*, 1<sup>st</sup> October 2016 – 15 July 2017, 30 November 2017, available at: <https://bit.ly/2FSWh1x>.

delays, complexities and uncertainty can affect child's early integration experience (see section 9.3). As with children who arrive in the UK spontaneously, there were cases of Dubs children reportedly waiting for more than two years to receive a decision on their asylum claim:

“ There was one lad from Sudan who came via the Dubs. In the last weeks he received refugee status. It's been [a] phenomenal [wait]. He came in November 2016. All the young people he was [transferred] with got their status. It's been almost two years. He came through a scheme where it was organised [...] so you would have thought that [process] would have been quicker. I found that really confusing, and – lo and behold – if I am confused, what about him!”

Social worker, Scotland

As this extract highlights, given that the UK government had already assumed a duty of care over these children, and brought them to the UK through legal channels, stakeholders considered it particularly concerning that children were left waiting in a state of uncertainty about their immigration status for such lengthy periods of time. Furthermore, there were questions about what might happen if some children transferred were ultimately found not to qualify for refugee status within existing immigration rules.

In response to these concerns, in June 15 2018, the Immigration Minister announced the introduction of a new form of immigration status, known as “Section 67 Leave” for children who arrive in the UK under the Dubs amendment, and who do not qualify for Refugee Status or Humanitarian Protection. This new immigration rule provides children transferred under the Dubs amendment 5 years leave to remain with the right to study, work and to access public funds and healthcare.<sup>73</sup> After 5 years, children with section 67 leave are eligible to apply to settle in the UK permanently, without paying a fee.<sup>74</sup>

In addition to arriving with uncertain immigration status, children transferred through the Dubs amendment arrive with the same funding allowance that is provided to LAs to support the care of spontaneous arrivals and those transferred under the NTS. As discussed above, this funding is widely recognised as being inadequate for meeting the costs of providing care for UASC children, with LAs responsible for meeting the shortfall.

## 2.8.2 The VCRS

Whilst few LAs have participated in the VCRS to date, those who had viewed this as the preferred scheme: particularly because children arrive with predetermined refugee status, and LAs felt that the process allowed them to plan more effectively. Stakeholders spoke favourably of the scheme's focus on vulnerable children, and felt assured that their time and resources were being directed to children who need it the most. The VCRS targets a broad range of children (either unaccompanied or with their families) living as refugees in countries of asylum (Egypt, Iraq, Jordan, Lebanon and Turkey) and identified by UNHCR as in need of resettlement based on UNHCR's “children and adolescents at risk” criteria which includes those vulnerable to labour and marriage exploitation, and other forms of abuse, as well as children with complex health needs, or disabilities.<sup>75</sup>

Since the scheme was introduced in 2016, 1,258 individuals have been resettled under the VCRS (including 725 children). Only a small proportion of children arriving under the VCRS are unaccompanied with the vast majority travelling with family members.<sup>76</sup> Interestingly, a number of LAs interviewed in the research, particularly those in more remote geographical areas, professed that they had agreed and were waiting on “standby”, to take many more children (either through transfer (Dubs) or resettlement (VCRS)) than had arrived to date. This was found to be particularly the case in LAs in

<sup>73</sup> Unlike refugees, young people granted section 67 leave will require three years' ordinary residence before they are entitled to a student loan.

<sup>74</sup> Home Office, *Section 67 of the Immigration Act 2016 leave, Version 1.0*, 6 July 2018, available at: <https://bit.ly/2u3v5bL>.

<sup>75</sup> For further information see UNHCR, *UNHCR Resettlement Handbook*, 2011, available at: [www.unhcr.org/46f7c0ee2.pdf](http://www.unhcr.org/46f7c0ee2.pdf) p. 283. For a description of all the UK's resettlement programmes including the VCRS see the UK Country Chapter in the aforementioned *UNHCR Resettlement Handbook*, available at <https://bit.ly/2KqPmCO>.

<sup>76</sup> Since the introduction of the VCRS scheme 73 unaccompanied children have been resettled to the UK under the scheme. The remaining 1337 individuals resettled under the VCRS since its inception in 2016 have been vulnerable children and their family members. (Source: Home Office, as at 31 March 2019).



Scotland and Wales. They expressed a readiness and enthusiasm to take more children in the future.

### 2.8.3 Children transferred through Dublin III/ “Dublin-like procedure”

The Dublin III Regulation provides for circumstances in which an unaccompanied asylum-seeking child in the EU can be reunited with family or relatives in another EU country.<sup>77</sup> At Article 8, the Regulation sets out a hierarchy of relatives a child is eligible to join. A child may join their parents, step-parents (or adults who have cared for them) or their siblings where it is in the child’s best interests. A child may also be reunited with their aunts and uncles (by “blood” or marriage) or grandparents, where ‘it is established...that the relative can take care of him or her,’ and where it is in the child’s best interests. Since 2015, 450 unaccompanied children have been brought to the UK under Article 8 of Dublin III.<sup>78</sup> In addition to transfers under Dublin III, during the Calais Camp closure (October 2016–July 2017)

the UK Government agreed to the transfer of 520 children through the Dublin-like procedure, a one-off accelerated process based on Article 8 of Dublin III.

Given its focus on *unaccompanied* children, this assessment was not intended to comprehensively assess the reception and integration of children transferred under Dublin III/Dublin-like procedure. However, the assessment included interviews with social workers who had been supporting these children, as well as a handful of children who had ended up in LA care under Section 20 of the Children Act, after the breakdown of their placement with relatives. These interviews indicate that there have been widespread problems with the reception and accommodation of children transferred under Dublin III/Dublin-like procedure, which underscore existing concerns, including: that guidance around support for families prepared to care for children is underdeveloped, that support from LAs for such families is limited and discretionary,<sup>79</sup> and that many families have felt unprepared for and unsupported in

<sup>77</sup> 520 unaccompanied children were transferred to the UK as unaccompanied children between 17 October 2016 and 13 July 2017 to “reunite with qualifying family,” through a so-called “Dublin-like mechanism.”

<sup>78</sup> Home Office, *Immigration Statistics Year Ending 2018, Asylum data tables, Volume 5*, 28 February 2019, available at: <https://bit.ly/2Y0zzNB>.

<sup>79</sup> According to the Home Office guidance, LAs must be informed that a child will be moving under Dublin III to their area. Prior to a Dublin III transfer, Social Services should complete an initial assessment of the receiving family member under Section 17 of the Children Act 1989, and make a recommendation as to whether it is in the child’s best interests to be transferred. However, as these children are joining relatives, they are not “looked-after” by the LA, and will not be entitled to the same level of social assistance and support as those accommodated under Section 20.

the realities of caring for a teenager with often a high level of need.<sup>80</sup>

Key informants interviewed in the research expressed concerns that, particularly in the wake of the closure of the Calais camp, pressure was placed on families to take relatives, even when they did not have the space or resources to properly house, feed and care for them: *“if your sister’s child is in the jungle in Calais of course you would sign up and say yes [I’ll take them]. But maybe they weren’t in a position to say yes.”*<sup>81</sup> Further, children were reportedly matched with relatives and placed in a hurry, without appropriate visits and checks being conducted. One social worker described how a child had ended up “couch surfing” after being transferred to the care of an aunt, who (unbeknownst to the LA) turned out to be living in student hall residence, out of County:

“ There was supposed to be an aunty in [County] and the child would stay with her. But it turned out she didn’t live in [County]. The child was just sofa surfing – aunty had no way to put the kid up...In fact, none of those Dublin [III] placements actually lasted – all failed. We had about 3-4, they refused to stay in their placement, so the local authority ended up taking them in as UASC.”

Key stakeholder, London

Young people interviewed in the research, who had come into LA care after the breakdown of placements, described experiences of neglect, rejection and exposure to drug and alcohol abuse, whilst in the care of relatives who lacked willingness or resources to care for them: *“my aunty’s house has a problem, people are drinking alcohol and using drugs.”*<sup>82</sup>

Children transferred to live with relatives do not receive the same entitlements to LA financial assistance and support as unaccompanied children and there is little advice for families on how to cater

for children’s needs. In addition to the financial burden of caring for a new dependent, a family may need support to register a child with the GP, school or college, to access mental health services or language support. Meanwhile, complications may be caused by the fact that families will not have parental responsibility for the children who are joining them. As one stakeholder explained:

“ Things were done in a hurry there were no proper checks conducted by social services. They just quickly checked the house. Relatives were not aware of what was expected of them. They were effectively supposed to be [children’s] parents and provide access to education and health care, and for a long time [families] couldn’t get any financial support. Solicitors were refusing to help with children’s asylum claims. Many children were very frustrated. Education authorities were not prepared for this, as they weren’t getting funding, and many children were delayed getting into education. Relationships would break down and the relatives had to make referrals to social services...”

Key stakeholder, London

As this extract highlights, one of the major challenges facing relatives receiving children under Dublin III/ Dublin like procedure is the fact that these children do not receive the same immigration leave as the adult they are joining, and they may not qualify for legal aid to support with the processing of an asylum claim.<sup>83</sup> Meanwhile, further problems arose when it was found that not all Dublin III children qualified for refugee status under existing immigration rules.<sup>84</sup>

In 2018 the government created a new form of leave under Part 11 of the Immigration Rules, called “Calais Leave”.<sup>85</sup> Similar to Section 67 Leave, “Calais leave” gives children who do not qualify for international protection the right of 5 years leave to remain, followed by the opportunity to permanently settle in

<sup>80</sup> Other research has shown that there is a particular challenge for some migrant families receiving children if they do not have recourse to public funds. See Coram Children’s Legal Centre, *Supporting asylum-seeking children joining their family under the Dublin Regulation*, November 2017, available at: <https://bit.ly/2WSNcwV>.

<sup>81</sup> Key stakeholder, West Midlands

<sup>82</sup> Refugee, 18 years (male).

<sup>83</sup> Legal Aid to support asylum applications and appeals is means tested and the receiving families means can be considered as part of the assessment.

<sup>84</sup> Grierson, J., *UK Offers ‘Calais Leave’ to children denied asylum*, 13 September 2018, available at: <https://bit.ly/2Y4cb1w>.

<sup>85</sup> UK Immigration Rules, part 11: asylum (paragraphs 352I to 352X), available at: <https://bit.ly/2x7PQE1>. See also Home Office, *Calais Leave, Version 1.0*, 30 November 2018, available at: <https://bit.ly/2Ulczag>.

the UK. Confusingly, however, this new form of leave does not apply to children transferred under Dublin III, but was created solely and specifically for those children “transferred to the UK between 17 October 2016 and 13 July 2017 as part of the Calais camp clearance in order to reunite with qualifying family” – i.e. the Dublin-like procedure.<sup>86</sup>

Recognising there have been challenges with the transfer of children under Dublin III/Dublin-like procedure, the Home Office and DfE have committed to commissioning external research, and strengthening their monitoring and data collection systems to improve understanding of the situation of children transferred under Dublin III/Dublin-like procedure. The 2017 Safeguarding Strategy also recognises the need for clearer guidance on the types of assessments and support provided by LAs to families supporting such children, along with clearer information and advice for families, who are often not aware of available support.<sup>87</sup> The Department for Education consulted in May 2018 on a revised *Family and Friends Care: Draft Statutory Guidance for Local Authorities* which includes guidance to LAs on fulfilling their role where children are being brought to the UK under the Dublin III Regulation to live with family or relatives, however this Guidance remains in draft form.<sup>88</sup>

#### 2.8.4 Unaccompanied children arriving through different pathways: confusion, complexities and inequities

Overall, findings from the assessment revealed widespread confusion amongst stakeholders, including young people, caregivers, and social workers about the different rights and entitlement afforded to vulnerable unaccompanied children arriving into the UK through different pathways, including those presenting spontaneously, those transferred through Dublin III, the Dubs Amendment or Dublin-like procedure and those resettled via the VCRS. As stakeholders pointed out, whilst the cohort of children across all categories share many of the same needs and vulnerabilities, there are considerable

differences and inequities in the support made available to each:

“ There are huge differences in how they are treated and their potential for the future. It seems to be that some children get more support- like they have become part of a quota – where the government has said ‘Ok, yeah, we’ll process these’. It seems more favourable – I don’t know – more automatic.”

Social worker, Scotland

“ [On the subject of Section 67 and Calais leave] So on the one hand the government has recognised for the Dubs and Calais children – ok you are vulnerable children and you need our support. But what about these other children over here? [Those who have arrived spontaneously]. They are just as vulnerable and deserving.”

Legal advocate, London

“ It was a lottery on the social services side on whether [children] would be accepted and taken into care. Some would get support from social services and some didn’t get anything if they were being supported by family. It’s very positive that kids arrived but did create issues and there was a bit of a clash between kids supported under Children’s Act and the others.”

Key informant, London

As these quotes illustrate, in addition to causing unnecessary confusion, the current arrangements were viewed by many stakeholders as being somewhat arbitrary and unjust in their differentiation between different categories of children. Furthermore, there was a general feeling that some of these differences are the consequence of a failure to plan appropriately, and a lack of proper forethought into the various implications of introducing new schemes. Amongst other factors, this is evidenced by the reactive way the Home Office has sought to address issues after they have emerged (e.g. the late introduction of Calais and Section 67 Leave for specific cohorts of children).

<sup>86</sup> Home Office, *Calais Leave*, *ibid.*

<sup>87</sup> DfE and Home Office, 2017 Safeguarding. Strategy..

<sup>88</sup> Department for Education, *Family and friends care: Draft statutory guidance for local authorities*, May 2018, available at: <https://bit.ly/2O1WzuY>.

In general there was a view amongst stakeholders that different support, rights and entitlements should be streamlined, and made more equitable across the various categories of children. In general there was a view amongst stakeholders that different support, rights and entitlements should *not* be determined based on the method by which unaccompanied or separated children arrive in the UK, but should be decided on a case by case basis after an assessment of the child's best interests and determination of a durable solution.

#### Key findings: transfer and resettlement to the UK

- Schemes such as Dubs and the Vulnerable Children's Resettlement Scheme are viewed positively by stakeholders in the research. These initiatives provide for the organised transfer of asylum-seeking and refugee children to the UK, affording LAs the time to plan and make arrangements for children's arrival.
- The VRCS was the most preferred scheme as children arrive with refugee status, and LAs felt that the process gave them time to plan for their arrival. Some stakeholders also valued the scheme's focus on the most vulnerable children. Nonetheless stakeholders also understood the importance of providing comprehensive support to all children in the UK regardless of their mode of arrival, recognising that those who arrive spontaneously also have specific vulnerabilities.
- There have been significant challenges with the reception and accommodation of children transferred under Dublin III/Dublin-like procedure. LA support for families receiving children is limited and discretionary, and many families are unprepared for the realities for caring for a teenager with often a high level of need. Proper assessments are not always conducted before transferring children, and a number of children have ended up being taken into LA care, following the breakdown of their placement.
- Children arriving into the UK through different pathways have substantially different rights and entitlements, including with regard to social welfare assistance, advocacy support and immigration control. This was viewed by stakeholders as both confusing and unjust.

## Recommendations: Reception and Orientation

### JOURNEY TO AND ARRIVAL IN THE UK

- Develop standard operating procedures and adequate training on how to approach and identify unaccompanied and separated children and child protection for all likely first points of contact with those children, including border authorities, police, and health care providers (**Department for Education and Home Office**);
- With respect to children arriving through Dublin III/Dublin-like procedures:
  - Commission external research to improve understanding of the situation of children transferred through these pathways (**Department for Education and Home Office**);
  - Review and finalise the draft, *Revised statutory guidance for local authorities on family and friends care* (**Department for Education**);
  - Clarify LA duties regarding initial and ongoing assessments for children including providing clearer information and advice for families receiving children through these pathways (**Department for Education**).
- The Department for Education and Home Office's continuing NTS review process should focus on the introduction of:
  - Provisions to facilitate more efficient transfers of children with strict time lines on transfers, to avoid children from being transferred once settled in a placement;
  - Clearer guidance for LAs on best interests assessments prior to transfer to ensure that transfers are carried in accordance with the best interests principle which involves consultation with the child and caregivers;
  - Strengthened collaboration, partnership and information sharing between LAs, to ensure appropriate 'matching' of children under the NTS, more rapid NTS transfers, and consistency in decision making and entitlements (**Department for Education and Home Office**).

## AGE ASSESSMENT ON ARRIVAL

- In the immediate term, the Home Office should record and publish data of those claiming to be children although considered to be over 25 years of age (and those previously categorised as ‘significantly over 18 years old’ as per previous guidance).
- Revise Home Office guidance on age assessment, to withdraw the power given to immigration officials to make an initial age assessment if physical appearance and demeanour “very strongly suggests they are 25 years of age or over” and instead ensure that:
  - age assessments are only carried out as a measure of last resort i.e. where there are serious doubts as to the individual’s age and where other approaches have failed to establish that person’s age;
  - all age disputed individuals must be given an age assessment;
  - prior to this age assessment, all age-disputed individuals are given the benefit of the doubt and treated as a child ‘unless this would be clearly unreasonable’<sup>89</sup>
- When an age assessment is conducted, a process must be developed that allows for a holistic, impartial multi-agency approach, conducted over an adequate period of time, drawing on the expertise of those who play a role in the child’s life, including health professionals, psychologists, teachers, foster parents, youth workers, advocates and social workers.

## RECEPTION AND ORIENTATION

- Develop and fund reception and orientation programmes for all children who arrive into the UK (building on the Oxford model), so that children are immediately enrolled in a structured programme to introduce them to life in the UK, learn basic English, and get used to a UK educational setting (**Department for Education**).

## CONSISTENCY OF SUPPORT

- Ensure consistency of support for all unaccompanied children to fully realise their rights regardless of their means of arrival in the UK. This would, in particular, include improving reception standards for unaccompanied children arriving spontaneously (**Department for Education and Home Office**).

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<sup>89</sup> UNHCR, *UNHCR observations on the use of age assessments in the identification of separated or unaccompanied children seeking asylum*, 1 June 2015, available at: <https://www.refworld.org/pdfid/55759d2d4.pdf>.



### 3 | CARE AND ACCOMMODATION

From the point at which an unaccompanied child first comes into contact with officials, LAs have a duty to ensure their placement in “safe”, “appropriate” and “suitable” accommodation, with their health, educational and other needs adequately supported.<sup>90</sup> There is no specific definition of what type of placement is considered safe and suitable: the provision is broad, and allows for a wide variety of care arrangements, with different degrees of support available, depending on the needs of the individual child.

Prior to 18 years, accommodation for unaccompanied children may include placement in: a foster home,<sup>91</sup> which is prioritised in particular for children under 16 years; “supported lodging”, a relatively rare arrangement where a young person over 16 years

lives in a family home, but with a lower level of monitoring than in foster care; or multi-occupancy supported lodgings. The latter may include living in a shared house, flat or hostel/ halls of residence, with either full time (including at night) on-site support staff, or a shared house or flat with regular visits (typically around three times per week) from support staff or social workers. After turning 18 years, children may remain in supported or multi-occupancy lodging, and, for those who have obtained a legal right to remain in the UK, they may eventually be provided the opportunity to live independently in a single bed property: either in social housing or private rental properties. DfE does not regularly publish statistics on the types of accommodation and care arrangements in which unaccompanied asylum-seeking children are placed.<sup>92</sup> The majority of the

<sup>90</sup> Ibid., p. 22.

<sup>91</sup> DfE, *Care of unaccompanied migrant children and child victims of modern slavery: Statutory guidance for local authorities*, November 2017, available at: <https://bit.ly/2Y1Klmx>, section 71. This guidance is designed to be read alongside other guidance including DfE, *The Children Act 1989 guidance and regulations, Volume 2: care Planning, placement and case review*, June 2015, available at: <https://bit.ly/2lcNpJJ>.

<sup>92</sup> DfE publish annual statistics on children in care but the unaccompanied asylum seeking children figures are not disaggregated by accommodation type. See DfE, *Children looked after in England including adoption: 2017 to 2018*, 13 December 2018, available at: <https://bit.ly/2WYq3JC>.

children interviewed in this assessment were living in supported, multi-occupancy lodging.<sup>93</sup>

### 3.1 Finding a suitable placement for a child

Findings from the assessment indicate that there is a huge diversity in the quality of accommodation and support that is provided to unaccompanied children. Whilst in theory, the level of support a child receives should depend on their age, level of vulnerability, personal autonomy and independence,<sup>94</sup> in practice decisions about appropriate placement and accommodation are constrained by structural factors which shape what type of accommodation is available at the time of a child's arrival. Indeed, the assessment identified numerous cases where children had been placed in care arrangements that appeared unsuitable for addressing their level of need. In particular, the research revealed many cases where children were placed in semi-independent living arrangements, where it seemed apparent that foster care would have been more appropriate, and this was acknowledged both by children and by their social workers interviewed in the assessment:

“ There were a lot of people around in the hostel – 25 people. I wasn't happy. If I had been in foster care, I would have learned from a family, got good advice. Some of my friends, who went into foster care they improved in a lot of things, – how to live in the UK, how to survive, how to manage yourself. My friend lived in foster care – he is speaking good English now.

[Q: Did the social worker explain why they couldn't give you a foster placement?] I think they thought I could cook. I'm not sure really...”

Refugee, 18 years (male)

Practices appear to vary widely across LAs in terms of the preferences they give to different types of care arrangements for unaccompanied children, and what types of children they will consider for different placements. For example, whilst there is no legal barrier or policy requirement preventing LAs

from placing a child aged 16-17 in foster care, some authorities stated that according to their practice a child over 16 years would never been eligible for foster care, due to concerns about the safety of carers and other children who might be living at the placement.<sup>95</sup> Meanwhile, other authorities specifically prioritised finding foster placements for all UASC under the age of 18 years.

“ I was living with a family – British, English speaking. They were very friendly and I felt safe. After two months, [my social worker] came and said we found a flat for you and I moved there. Actually I didn't want to leave this family, because they are a good family and they are helping me to learn English. When I went to the flat, I was very sad. I was alone, and I told [the social worker] I want to come back to the family, and she said you can't because you are 17 now.”

Asylum-seeker, 18 years (male)

Problematically, in some cases, social workers' decisions not to place children in foster care appeared to be influenced by feelings of mistrust or suspicion towards unaccompanied children, and a sense that they might be lying about their “story” of how they came to be in the UK, their identity, and their age. There were cases where a decision was made to place a child in shared accommodation rather than foster care, due to an individual social worker's personal and subjective opinion about a child's age, even in circumstances where the child's stated age had been formally accepted by the authority:

“ I didn't think it was appropriate for 'E' to go into foster care. He claimed to be 17, but I questioned that because he didn't look that young. He went into supported accommodation. He was very independent, so it was better for him. If someone looks young – like 'L' – she looked 12, even though she was actually 15, so she needs a foster placement. But in terms of 'E', we didn't know anything about him, so I didn't want to put him in foster care with other children.”

Social worker, South East

<sup>93</sup> UNHCR understands from DfE that as of 31 March 2018 around 60% of unaccompanied asylum-seeking children in England were living in foster care.

<sup>94</sup> Foster care in a UK context is the placement of children in public care with substitute families, carers who offer placements in their homes. These carers are recruited, assessed, trained and supported by a fostering service, which can be an organisation from the private, voluntary or public sector. Foster carers in the UK receive initial training to prepare them to foster and there is also an expectation for them to engage in ongoing training, which is outlined in statutory regulations (The Fostering Services (England) Regulations 2011).

<sup>95</sup> There is no legal barrier or policy requirement preventing LAs from placing a child aged 16-17 in foster care.

Similar attitudes were also observed amongst foster carers who sometimes reported being unwilling or reluctant to take children into their care based on a perception that they were older than they appeared, and that social services had not conducted a proper age assessment:

“ Sometimes [the placement] doesn't work. There was an Iraqi young man – couldn't cope at all – but he was older you see. That's an issue. They need to do better age assessments. I think he was 21 or 22 but he said he was 16. When they are young men you are in a different ball game. Also you have to think about the safety of other vulnerable people in the house. I have had UASC living with me who have been blatantly adult males, and you can feel slightly uneasy you really can.”

Foster carer, South West

In addition to assumptions about age, there may be a tendency amongst services providers to overestimate UASC's level of maturity and coping, due to their survival skills, and their capacity to endure such difficult journeys to the UK. Furthermore, previous research has explored how negative representations of asylum-seekers in the media, as well as hardening policies towards immigration (the “hostile environment”) have increased the tendency for members of the public in general, including social workers and foster carers, to view UASC as potentially dangerous or threatening, rather than to see them as vulnerable children in need of support.<sup>96</sup> These factors may also affect social workers decisions about what type of care arrangement is suitable for an unaccompanied child.

Contradicting assumptions about young asylum-seekers' shrewdness and independence, conversations with unaccompanied children during the assessment were revealing of their significant vulnerabilities. Having been through serious trauma and loss, children have arrived in an unfamiliar environment without cultural knowledge, English language skills, or social networks to draw on for support. As a consequence they are often some of the

most vulnerable and least able to cope of all looked-after children, and likely to be in need of a placement with the highest level of support, at least on initial arrival to the UK.

### 3.2 Foster care

“ I live with a foster family and it means I can learn English faster and I feel more supported than the people who I see who are not with foster carers.”

Focus group discussion, Refugees (mixed gender)

Findings from the assessment clearly indicate the integration benefits of placing a child in foster care: children regularly spoke of the benefits of being in a family setting, including the potential for learning English, learning about the “rules” of British society, and becoming oriented to the local area. In general, children in foster care placements (current or previous) reported having more positive experiences, and demonstrated higher levels of English language skills and integration, than those placed directly into semi-independent living arrangements.

These findings are supported by previous research which has demonstrated that the relationships built between young people and foster carers play a significant role in countering some challenges and exclusions faced by young people as they arrive, and attempt to settle in their new lives in the UK.<sup>97</sup> This is thought to be because foster carers are able to build relationships with young people beyond the professional boundaries and limits that define young people's interactions with social workers and other support staff and caregivers. Indeed, young people included in the assessment often described their relationships to foster carers, as “family-like”, often using terms such as “mum”, “aunty”, “brother” and “sister”, to refer to their caregivers, and others in their foster home. Foster carers can also play an important role in the transition of young people out of care and into independent living. Many young people included in the assessment described forming

<sup>96</sup> Rogers, J. Carr, S. and Hickman, C., *Mutual benefits: The lessons learned from a community based participatory research project with unaccompanied asylum-seeking children and foster carers*, 2018, Children and Youth Services Review, Elsevier, vol. 92(C), pages 105-113, available at: <https://ideas.repec.org/a/eee/cysrev/v92y2018icp105-113.html>.

<sup>97</sup> Sirriyeh, A. and Ní Raghallaigh, M., *Foster care, recognition and transitions to adulthood for unaccompanied asylum seeking young people in England and Ireland*, 2018, Children and Youth Services Review, Elsevier, vol. 92(C), pages 89-97, available at: <https://bit.ly/2XoQyw2>.

ongoing relationships with their foster carers, and maintaining contact with them after they left the foster placement, including connecting for family gatherings, and asking for ongoing help and support as required.<sup>98</sup>

“ They [social services] found a family for me. In a village – a lovely place. They [the foster family] are good people. They had one child – 9 years – we played together. Whatever I needed, she [foster mother] would buy for me. For school as well, she looked after me. She looked after me like her son. Even now if I need anything I can ring her. We are still in touch. I see them for birthdays, and for Christmas they are coming. If I need any favour, she is doing it for me. They are like my family basically now.”

Refugee, 18 years (male)

Whilst there appeared to be a general perception amongst social workers interviewed in the research that the majority of unaccompanied children prefer independent living, this was not supported by consultations with children conducted during this assessment, many of whom expressed a preference for living in a family setting: “I would like to live with a family, because it is you could have someone to talk to you during the day, but if you stay by yourself all the day you stay alone, no one to talk to you.”<sup>99</sup> Interestingly, even those children who said that they had originally been resistant to the idea of living in a family, or preferred to live alone, said that in retrospect they recognised the benefits of being placed in foster care and felt that it was the best decision for them at that time:

“ I always wanted to live by myself. Like, always I've been like that. When I came to this country – first I said 'I want to live alone', but they wouldn't accept, because I was 15 years, they didn't let me, they didn't trust me to live by myself. But it's better that young people are living with a family. I think this country has a good idea – for any young person coming – don't let him live by himself. It's better

for language, for learning English, for learning the rules – a family can teach you some things. When I was living with a family, it felt like back home, I didn't feel like I had nothing here, I felt like I have my family here. That's really good.”

Refugee, 18 years (male)

Despite the clear benefits of foster care, not all LAs felt able to provide young people this level of support, due to funding restrictions, and (alleged) shortages in the supply of foster care placements. In fact (as pointed out in the 2017 Safeguarding Strategy) data does not indicate that there is a national shortage of foster carers: there are more registered fostering placements than there are children being fostered. Nonetheless, as acknowledged in the strategy: “gaining a real-time picture of capacity is difficult” and the “right” placement might not be available in a given area at the appropriate time.<sup>100</sup> This, however, begs the question of whether there are particular barriers to ensuring the ‘right’ placement for an unaccompanied child, compared to other looked after children, and indeed the assessment identified several.

Firstly, faced with inadequate funds to look after unaccompanied children, it is of course relevant that foster care is the most expensive type of placement, incentivising LAs to prioritise finding other types of more affordable care. Furthermore, there was a general concern that not all foster carers are willing to take on unaccompanied children, due to negative perceptions of migrants and asylum-seekers. Finally, there was a widespread perception that it might be inappropriate to place a child in foster care unless a suitable “cultural match” could be found. Meanwhile there is a general shortage of foster carers from black and ethnic minority backgrounds, nationally, when compared to the population of looked after children.<sup>101</sup>

<sup>98</sup> The Children and Families Act 2014 introduced the “Staying Put” duty in England. This requires LAs to support young people to remain with their former foster carers to age 21 where both the young person and carer want the arrangement to continue – allowing those young people to enjoy continuity in their care arrangements and a more gradual transition to adulthood. Similar provisions exist in all the devolved nations. See Children and Young People (Scotland) Act 2014 (Part 11), Social Services and Wellbeing (Wales) Act (Part 6) and The Children (Leaving Care) Act (Northern Ireland) 2002.

<sup>99</sup> Refugee, 19 years (male).

<sup>100</sup> DfE and Home Office, 2017 Safeguarding Strategy.

<sup>101</sup> DfE, *The fostering system in England: Evidence Review*, July 2017, available at: <https://bit.ly/2YbxqOU>.

“UASC are a source of angst, because they are not fully funded. You lose a lot of money. And anyway, thinking about foster care, it's not just about the money, you have to find people willing to do it. It's whether you can get enough bodies. We have just recruited a new foster care recruitment manager – we're trying to attract more foster carers who are 'UASC-friendly'. We need capable foster carers, from communities of interest – Eritrean, Afghani, Somalian carers.”

Key stakeholder, London

### 3.2.1 Foster placements and cultural matching

Finding the right foster placement for young people is indeed crucial as foster carers can become the child's most important source of information and support. On the one hand, prioritising the recruitment of carers from minority backgrounds is a commendable and important initiative. Placing a child with a family from the same cultural and linguistic background can be very reassuring and comforting for a child who has just arrived in the UK. Furthermore, carers who themselves have experience navigating the immigration system may be able to offer unique insight into what an asylum-seeking child may be going through, and can potentially offer them a higher level of support. Stakeholders explained:

“We need foster carers who have an understanding immigration system: informed and specialist foster carers who are also cultural matches, so that children are not losing ties to their own country and it is not such a culture shock coming to the UK.”

Key stakeholder, London

Lending weight to these concerns, there were a minority of young people included in the research who reported having negative experiences in foster care, due to racially discriminatory and ignorant attitudes displayed by their foster carers:

“[My foster carer] was the kind of person that didn't like people from other countries. In the first two months he kept asking how old I am. I was getting a bit sick of it – saying my age. He didn't understand what I'd been through to get here. He didn't believe me...Anyway, that kind of person, he'd never had

anyone from other countries [in his house], only had British kids. So when I came in he didn't like that. He didn't like that I came here and I was living there. He was saying – 'it's not that bad in your country.'”

Asylum-seeker, 18 years (male)

On the other hand, the majority of fostered children included in the assessment, most of whom were in fact placed in families with a different ethnic and language background, spoke positively about their fostering experiences, and relationships with caregivers. For example, one young person interviewed in the research spoke of feeling initially shocked by the racial background of her foster mother, but described how this very quickly became unimportant because of the care and empathy she demonstrated:

“It was hard [when I first arrived at the foster placement] because of the cultural differences. In Albania we don't have people from other countries. I'd never seen black people, you know, and they didn't even say to me I was going to an Eritrean family. I was shocked – surprised. I thought, 'oh my god, now I will have to live with these people, I don't even know where they come from!' And I didn't want to stay there... But it was very welcoming house. The foster placement was very warm and my foster mum welcomed me in a very good way [and] I remember thinking 'now I feel safe'. I went into my room and I was crying, and she [the foster mum] came in. She didn't say anything at first, she just hugged me. And then she said 'you're safe here, you will be fine, and this is your home now'. And after that I just started living with her, basically, and she was very kind. She would ask me what food I would like, cook for me, help me with clothing, ask me how I feel, teach me how to speak English, give me different books to read to learn the language. She was attending school appointments with me...The only support is from my foster mum, and I think she is doing an amazing job. She has been a mother to me – a mother I never had. If it wasn't for her, I wouldn't be here now.”

Refugee, 21 years (female)

Cultural matching may work particularly well when it is reasonably precise: for example, placing an Eritrean child with an Eritrean foster family. In practice, however, finding this level of match appears to be

rare; cultural matching more commonly takes the form of prioritising, for example, finding a Muslim family to take a Muslim child (despite potentially significant differences in nationality, ethnicity, culture and language). Whilst being placed in a Muslim family may be important for some children, it may be overly simplistic to focus on this single dimension when considering the overall suitability of a placement for a child. Rather, the character and commitment of the foster carer, and the quality of care they provide, may be the most important factors in ensuring the success of a foster placement.

Previous research on fostering of unaccompanied asylum-seeking children and refugees, conducted in the UK and internationally, has highlighted the tendency for cultural matching goals to take precedence over the other needs a young person may have,<sup>102</sup> and further suggested that that in fact cultural-matching “is not always the desired outcome for young people”, as they not only seek to maintain continuity in relation to their original culture but also to develop a connection to their destination country.<sup>103</sup> Indeed, a number of young people interviewed in this assessment emphasised the integration benefits of being placed in a foster family where they were supported to speak and learn English, and to learn about British culture and customs.

Together, these findings indicate that whilst cultural matching may be important for some children, placement decisions for unaccompanied children are most effective where they include a nuanced understanding of forms of relational and community connection, quality of care, and children’s emotional and interpersonal needs.

### 3.3 Semi-independent shared accommodation

According to conversations with young people during the assessment, the least favoured type of accommodation placement (which was also the most common form of care in which children included in the assessment were found to be placed) was multi-occupancy living in a flat or hostel. This type of living arrangement may also have the worst outcomes in terms of children’s integration prospects. Children placed in semi-independent shared flats and hostels often reported feeling isolated and alienated from their housemates, and cut off from broader society: living with other young people, from vastly diverse cultural and linguistic backgrounds, also unfamiliar with their surroundings and unable to speak English: “they are the same age as you so you can’t learn from them. You don’t speak English, they don’t speak English. And you are completely different people you know.”<sup>104</sup> Children spoke of being left to live in dirty and squalid conditions, with little support from staff, and complained about the general stress of living with other teenagers, often with low levels of coping, mental health problems, and issues with smoking, alcohol and drugs.

“ There were maybe 10 people living there. We had one kitchen and two toilets and I shared a shower with a guy. He started smoking most of the time, which was against the rules. All the smoke came in my room. It gave me a bad headache. He didn’t use the toilet properly and it was so dirty...”

Refugee, 21 years (female)

“ When I first came to the UK I couldn’t speak English, it was really stressful. It was really hard. I missed my family, I didn’t feel happy with myself. I was 15, I should have been with my family, but I didn’t have that chance... [One of my housemates and I] argued a lot, we didn’t agree with each other – one time we argued and he told me ‘you are a black guy’... Me and my friend were paying our bills, but the others refused to pay. Sometimes we would come home

<sup>102</sup> Sirriyeh, A. and Ní Raghallaigh, M., *Foster care, recognition and transitions to adulthood for unaccompanied asylum seeking young people in England and Ireland*, 2018, Children and Youth Services Review, Elsevier, vol. 92(C), pages 89-97, available at: <https://bit.ly/30MPgsJ>.

<sup>103</sup> Rogers, J., Carr, S. and Hickman, C., *Mutual benefits: The lessons learned from a community based participatory research project with unaccompanied asylum-seeking children and foster carers*, 2018, Children and Youth Services Review, Elsevier, vol. 92(C), pp. 105-113, available at: <https://ideas.repec.org/a/eee/cysrev/v92y2018icp105-113.html>.

<sup>104</sup> Refugee, 18 years (male).

and there was no electricity. No light. We couldn't charge our phone. Couldn't eat. I was so stressed and tired seriously. At that time I was really, really crying. Sometimes I went to college and I didn't even take a shower because of the electricity. I was living there like 6-7 months but it felt like 10 years. It was a disaster, they were smoking weed kind of thing. One of the guys used to cut himself."

Refugee, 18 years (male)

As alluded to in this extract, there were a number of children who reported experiencing violence and (racist) bullying in shared accommodation and supported living placements, particularly where children were placed with others from different countries and ethnic backgrounds. In many cases children were left for months in these placements, despite having told their social workers about the difficulties they were facing (also see Section 6, Safeguarding, below).

#### Key findings: care and accommodation

- There is a wide diversity in the quality of accommodation and care support available to unaccompanied children in different LAs across the UK.
- Findings from the assessment clearly point to the integration benefits of placing a child in foster care, in terms of improved English language skills, cultural orientation, and social inclusion. However, foster placements are not always available or prioritised for unaccompanied children, especially those over 16 years.
- Barriers to placing unaccompanied children in foster care include funding restrictions, shortages in the availability of (perceived) suitable foster placements and erroneous assumptions about children's independence, level of maturity and coping.
- The majority of children interviewed in the research were placed in multi-occupancy, supported accommodation. This type of living arrangement may have the worst outcomes for children's integration prospects.

## Best practice example: care and accommodation

Islington council has a policy of placing all unaccompanied asylum-seeking children under 18 with in-house foster carers, unless the child is insistent that they prefer semi-independent accommodation and it is clear that this would be in the child's best interests. At the time of the research, all but one of their population of unaccompanied asylum-seeking children were in foster care. Since this policy has been introduced, the numbers of children going missing from care has reduced, and relationships between LA staff and young people have improved. One stakeholder described how the policy initially surprised her when she first joined the council, but she could see the clear benefits:

“ I was surprised at first. My understanding of UASC was they wanted to be in semi-independent living. But seeing the feedback on the whole, it's been incredibly positive. As our policy changed, the number of missing episodes has reduced – we don't see as many children going missing from care. We look for cultural matches. And those who have been through the immigration system themselves.”

Key stakeholder, London



## Recommendations: Care and Accommodation

- Consider the introduction of guidelines that, to the extent possible, prioritise foster care for all unaccompanied children unless it is clearly in the child's best interests to place them in an alternative placement/type of accommodation (**Department for Education**);
- While recognising and welcoming the recent increase in funding to LAs, continuously review the level of funding provided to LAs so that it accurately reflects the cost of caring for unaccompanied asylum-seeking and refugee children and the range of essential services required to support them, including the cost of foster care (**Department for Education and Home Office**);
- Continue to scale up support and training to foster parents and staff at semi-independent accommodation to ensure that they have a good understanding of the particular issues unaccompanied asylum-seeking and refugee children face and how best to support them, including:
  - The importance of connections to religious and community groups/ activities/ food etc. to reduce isolation and disorientation;
  - Tools so that children are able to communicate their needs (especially where their knowledge of English is limited);
  - Types of trauma affecting children, as well as cultural differences in attitudes to and beliefs about physical and mental health or wellbeing; and
  - How to recognize stress or secondary trauma in children, identify support needs, and support children to develop self-awareness and self-care needs and when children need to be referred to other professionals or services (**Department for Education and Local Authorities**).
- Build/re-establish specialist capacity and training for social workers at LA level in undertaking assessment of needs, and care planning for unaccompanied asylum-seeking and refugee children (**Department for Education**).



## 4 | EDUCATION AND ENGLISH LANGUAGE LEARNING

“ [Q: where do you make most of your friends would you say?] College. College is a good space to make friends. It's easy to make friends who are Scottish and others. College and school makes it safe. You can relate [to each other] because you are studying the same subject.”

Focus group discussion, refugees (mixed gender)

Access to education and English language learning were recognised by all stakeholders as being fundamental to children's integration prospects in the UK. In the short term, English language skills are necessary for young people to communicate and build relationships with their caregivers and peers, and to start forming social bonds, networks and friendships: “It causes depression, when you can't speak the language. You don't have friends, you feel lonely, you don't know where to go.”<sup>105</sup> In the long term access to education is fundamental to ensuring that refugees are able to access employment opportunities,

achieve self-reliance, and engage in active citizenship and participation more broadly. Education and employment are all included as key markers and means that are “widely recognised as critical to the integration process”, and language as a key facilitating factor, as set out in the Home Office's Indicators of Integration framework 2019.<sup>106</sup>

### 4.1 Access to education

Statutory Guidance from England, Scotland and Wales, contains provisions that place a duty on LAs to prioritise education for looked after children, and recognises that looked after children, including unaccompanied asylum-seekers, may have additional and unique education needs. According to guidance for England: a Personal Education Plan (PEP) should be initiated for looked after children within 10 days of a child coming into care; looked after children should have the highest priority in

<sup>105</sup> FGD 2, 6 refugees (all male).

<sup>106</sup> Home Office, *Indicators of Integration framework 2019*, 2019, available at: <https://bit.ly/2JTa4KI>.

school admission arrangements; and an education placement must be secured within 20 school days.<sup>107</sup> Similarly, in Wales, LAs have a duty to promote the educational achievement of looked after children, to create a PEP, and to prioritise UASC in school admissions. In Scotland, LAs are instructed to ensure tailored additional support for “English as an Additional Language” (EAL) students, and to support unaccompanied asylum-seeking children to access education from the earliest point of arrival.<sup>108</sup> Despite these facilitative provisions, assessment findings indicate that significant barriers impede access to appropriate and quality education for many unaccompanied children in practice.

#### 4.1.1 Delays in enrolment in education

A recent study conducted by Unicef UK found that no region in the UK is currently meeting the 20-day target for obtaining an education placement for all unaccompanied children.<sup>109</sup> Similarly, most children included in this assessment described being in the UK for a period of 1-3 months, and sometimes longer, before enrolling in education. Delays in enrolment in education are particularly affected by the time of year that young people arrive in the UK, with many schools and colleges lacking sufficient flexibility in their admissions arrangements to take children mid-academic year. Children who arrive towards the end of the academic year face particularly significant delays, as institutions are especially unwilling to enrol children just before the exam period, which is followed by school closure during the summer.

Age disputed children and children transferred through Dublin III/Dublin-like procedure face particularly significant delays in access to education. Given that they are not “looked-after”, they are not prioritised with regards to school access, and are unlikely to have the support of a social worker when navigating the school enrolment system. Meanwhile receiving family members may not have the necessary

knowledge to navigate complex application and admissions systems, and support children’s access education. Indeed, the assessment revealed cases where children initially transferred through Dublin III/Dublin-like procedure with family had not accessed school at all, until the point where their placement had broken down, and they had been taken in by an LA as a looked after child.

NTS-transferred children were also found to suffer delays and disruption to their education, and it is unclear how the situation is best resolved. On the one hand, where NTS-participating children are not enrolled in school prior to transfer, they may miss out on several important months of education. On the other hand, where children do start school prior to transfer, the transfer process can be particularly disruptive and upsetting, as children have had the opportunity to settle, make friends, and become acclimatised to a particular educational setting. In one case, identified during the assessment, a school had not been informed about a child’s transfer, and were sufficiently concerned about the disruption caused that they were keen to intervene on the child’s behalf:

“ I took him to school, got him settled. I bought him his uniform and took a picture of him on his first day. He had many friends at school, and he was happy. He was enrolled for GCSEs [General Certificate of Secondary Education] and extra English classes. [After the child was transferred] the school called me – ‘what happened?’ I told them. They said they wanted to help – write a letter.”

Foster carer, London

Delays to enrolment in education have the potential to threaten children’s emotional stability and wellbeing: lacking structure and purpose, children have little to occupy their days, and are left to focus on negative thoughts and past experiences. Furthermore, long periods left waiting for an education placement delays the integration process,

<sup>107</sup> DfE, *Care of unaccompanied migrant children and child victims of modern slavery: Statutory guidance for local authorities*, November 2017, available at: <https://bit.ly/2Y1Klmx>. The Children and Families Act amended the Children Act 1989 to require LAs in England to appoint at least one person for the purpose of discharging the LA’s duty to promote the educational achievement of its looked-after children wherever they live or are educated. That person (commonly known as the Virtual School Head (VSH)) must be an officer employed by the authority or another LA in England. The Government is promoting the role of virtual school head including funding pilots to a selection of LAs to improve access to initial assessments and education for unaccompanied asylum seeking children.

<sup>108</sup> Unicef UK, *Education for refugee and asylum seeking children: Access and equality in England, Scotland and Wales*, July 2018, available at: <https://bit.ly/2Y1KQwV>.

<sup>109</sup> Ibid.

as children lose out on the opportunity to be immersed in English language learning from their immediate point of arrival: *“the big priority is getting them a place in education – basic ESOL [“English for Speakers of Other Languages], a college placement – getting young people settled, into a routine, rather than just leaving them to drift. If they don’t have a clear plan, they become aimless and disengage.”*<sup>110</sup>

Furthermore, speedy access to education is especially important for unaccompanied children, because they typically arrive in the UK in their mid to late teens and have limited time left in education before they turn 18. Children may come from a wide variety of education backgrounds and may have significant additional educational needs. Meanwhile they must learn English, become familiar with a new style of pedagogy and curriculum, and obtain an educational standard equivalent to their peers, in a period of typically only 1-3 years. Failing to do so can hamper young people’s ability to enrol in further education, or obtain employment: critical for refugees’ long-term integration prospects. Indeed, one stakeholder noted that the lack of funding for education courses post 19 years is a major impediment to integration, as so many unaccompanied young people reach 18 years, without being ready for either university or employment:

“*In terms of solutions for improving integration? If there was additional funding for care leavers, post 19, to continue on a course that’s funded, that would really help. They could do that alongside claiming benefits or working part time. Young people can’t do full time [study] as they need to work, but at the same time, they also can’t earn anything worth living off. They are not ready for higher education – they are not at that level, but they need to continue to further education, for their future employability...*”

Key stakeholder, South Central England

<sup>110</sup> Key stakeholder, Yorkshire and Humber

## 4.1.2 Quality of education

In addition to delays in access to education, the education that unaccompanied children receive once enrolled in a placement may be insufficient and inadequate for addressing their particular needs. Few children included in the assessment were engaged in full-time, mainstream education. Rather, the majority of children were enrolled in part time ESOL lessons, with either very limited, or no, access to other courses and subjects. On the one hand the assessment identified numerous children who required additional and more intensive English language support. On the other hand, there were examples of academically able students, with relatively advanced English, being enrolled in basic ESOL courses, when they could potentially have taken GCSEs and passed.

“*I’ve been here 3 months. I’m studying ESOL [level 1], but it’s a bit boring. My English is too good to be in this class, so it’s a waste of time. I want to participate in other classes in college, but this is the only class available. It’s frustrating.*”

Refugee, 16 years (female)

As well as holding children back and restricting their educational potential, limiting USAC’s access to courses beyond ESOL impedes their ability to interact and mix with local peers; diluting the integration benefits of being enrolled in a UK education institution:

“*There are British [students] at the college. But unfortunately for me they are not in my class, because they don’t need to learn English. I only meet a lot of foreigners from different continents.*”

Asylum-seeker, 17 years (male)

Given that most unaccompanied asylum-seeking and refugee children arrive in the UK with significant language and education needs, access to a tailored and specialist curriculum with EAL support is necessary and important for them. Nonetheless, while it should be possible for specialist support to be provided alongside opportunities to participate in mainstream non-EAL activities for some subjects, including maths, IT, creative arts, sports and others,

and potentially a reduced package of GCSE's, neither this assessment or others have found evidence of this occurring.<sup>111</sup> One stakeholder discussed the integration benefits of providing young people with a range of education options:

“ We try to meet all our young people's education needs – by encouraging individual ambitions. One girl wanted drama lessons, and asked if I will fund it and I said yes. I wanted her to feel that the first thing that happened in this country is that she was valued, and supported to fulfil her dreams. And this can act as model for [others].”

Key stakeholder, Yorkshire

Some professionals, including social workers, interviewed in the research appeared to believe that access to courses beyond ESOL is prohibited for asylum-seeking children who have not yet been granted any leave to remain in the UK: *“In terms of college opportunities – until they get their status, they can do English language classes, but no other mainstream courses. Once they get their five years, they can attend regular college and get their allowance.”*<sup>112</sup> The existence of such a perception amongst those responsible for supporting children's access to education is both concerning and confounding, in light of clear provisions in UK law that unaccompanied asylum-seeking children are entitled (indeed required) to access formal, mainstream education once in the UK, as a matter of priority. This highlights the need for more training and awareness, directed at both education sector and social work professionals, on their obligations towards unaccompanied asylum-seeking children. These findings also underscore broader concerns about the dissolution of specialist teams within LAs, comprised of social workers with specific knowledge and expertise in providing support to unaccompanied children.

## 4.2 English language learning

As well as access to a range of different course and classes, it is apparent that many children require much more extensive and intensive English language learning support. There is a general shortage in availability of full-time ESOL classes, and waiting lists are reportedly long, especially in Scotland.<sup>113</sup> Meanwhile, even the full-time ESOL programmes for unaccompanied children aged 16-18 are relatively truncated, consisting of just 16 hours teaching per week.<sup>114</sup> This is insufficient to support many young people to learn English at the rate required to facilitate readiness for further education or employment after 18. A number of interviews were conducted with young people who had been in the UK for a couple of years, and still required interpretation to hold a basic conversation with researchers: *“ESOL is ok, but it's only 1 day [per week]. I want to improve my English to be more confident –it's the only way for me to have success in life.”*<sup>115</sup>

Whilst the need for more English language support may appear to contradict the need to engage young people in other types of classes, access to mainstream education may in fact facilitate faster English language learning, through immersing children in an English-speaking environment and providing them greater opportunity to interact and connect with English speaking peers. Alternatively, full time ESOL should be made available for all 16-18 year olds not engaged in other educational programmes.

UNICEF reports that the quality of EAL provision has largely deteriorated since 2011 when specific central government funding for EAL pupils ended.<sup>116</sup> This assessment has revealed, however, that reducing funding for EAL provision may be short-sighted from an integration perspective. Participants, including young people and professionals, constantly sighted the ability to speak the language as the most essential facilitator of integration.

<sup>111</sup> Ibid.

<sup>112</sup> Social worker, Scotland.

<sup>113</sup> UNICEF, *Education for refugee and asylum seeking children*, note 110 above.

<sup>114</sup> Ibid.

<sup>115</sup> Asylum-seeker, 18 years (male).

<sup>116</sup> UNICEF, *Education for refugee and asylum seeking children*, note 110 above.

### 4.3 Access to a mainstream school environment

The overwhelming majority of young people included in the assessment were attending a Further Education College, with only a small minority currently (or indeed previously) enrolled in a school. The colleges attended by young people tended to be those institutions that had a particular reputation for catering to migrant and EAL students.

Meanwhile, the minority of children who were enrolled in mainstream schools (those who arrived prior to 16 years) were found to have more developed English language skills, and demonstrated higher levels of integration. This may be partly due to the fact that children enrolled in school tended to have arrived in the UK at a younger age. However, there may be other benefits to unaccompanied asylum-seeking and refugee children being in a school as opposed to a college environment, including the opportunity to engage with British peers and to be immersed in an English-speaking environment: *“I like school more [than college] because in school there was a better opportunity to learn English faster, because most of the kids they were also English, so you could pick it up from them.”*<sup>117</sup>

Furthermore, children enrolled in school may benefit from the higher level of support provided in a mainstream school environment compared to a college, with their typically less formal and less structured approach to learning, and greater focus on independent study. Attending a more formal environment can be important for unaccompanied children who have never attended school, or who are less used to being in an education setting, and have not developed independent study skills. Indeed, far from being ready to undertake the substantial amount of self-directed learning often expected from students in the 16-18 cohort, many unaccompanied children are still in need of basic support, as they adjust to a UK education setting.

“ I went to college. But I didn’t go all the time. It was difficult for me. I’d never been to school [before coming to the UK]. I can’t sit down in a chair.”

Refugee, 18 years (male)

“ School is better than college. College they are not spending that much time on you, they just give you homework. [At] school teachers explain everything to you in a very easy way. They are teaching you very soft. In the school there are fewer people in the rooms [class]. The teacher explains [things] very slowly, slowly, they are telling you one by one. I learned more English in school.”

Refugee, 18 years (male)

One young asylum-seeker told researchers how he had been expelled from college because of his poor attendance and regular lateness to class. He also explained that he had been struggling to sleep at night (a common problem affecting unaccompanied asylum-seeking and refugee children) and kept sleeping through his alarms:

“ I couldn’t wake up early and I lost my [college] place. My social worker told me I’m not allowed to go back next year. It made me very sad. I said ‘please give me one more chance?’ But they said it’s impossible... Actually I put four alarms on my phone between 7 and 7.30am. But I couldn’t wake up. I was having problems sleeping. At night I [would] think about my life, and I couldn’t sleep.”

Asylum-seeker, 18 years (male)

As this extract illustrates, as well as extra support there may be need for greater training, awareness and understanding on the part of education institutions about the common problems affecting unaccompanied children, and the need for more flexible attitudes towards time keeping and attendance.

Whilst changes in the structure of UK education provision is making it more common for children ages 16-18 years to be attending college (as opposed to school) more generally, the assessment indicates that there may be particular barriers to obtaining mainstream school places for unaccompanied asylum-seeking children. These include: insufficient EAL support at mainstream schools; a lack of willingness amongst many schools to accept unaccompanied children, due to concerns about their exam results profiles; and the inability of LAs to direct an academy to accept a particular child.<sup>118</sup>

<sup>117</sup> Asylum-seeker, 17 years (male).

<sup>118</sup> UNICEF, *Education for refugee and asylum seeking children*, note 108 above.

## 4.4 Views and perceptions of education

Despite the limitations identified in the assessment in terms of access and quality of education available to unaccompanied children, it is important to note that the majority of young people who took part in interviews and FGDs were overwhelmingly positive about their experiences in education in the UK. Young people spoke enthusiastically about making new friends, feeling included in college and school life, and enjoying the opportunity to learn English, as well as (in some cases) other subjects and skills.

“It was great. I was, learning many things. I could make new friends. I could enjoy spending time with my friends, my classmates. I could do presentations in class about any topic. I could get some opportunity in my life and improve.”

Asylum-seeker, 17 years (male)

Whilst recent research has identified school-based racist bullying and hate crime as a barrier to unaccompanied children’s ability to remain and thrive in education, this was not an issue commonly raised by young people in this assessment. For the most part, young people said that they felt respected and included by fellow students and teachers, and painted a diverse, multi-cultural and tolerant picture of British education institutions.

### Key findings: Education and English language learning

- Access to education and English language learning were recognised by all stakeholders as being fundamental to children’s integration prospects.
- Whilst statutory guidance sets a 20-day target for ensuring unaccompanied children’s enrolment in education, in practice, many face delays and disruption in access to education; especially age-disputed children, children transferred through Dublin III/Dublin-like procedures, and children transferred through the NTS.
- In addition to delays in access to education, the education that unaccompanied children receive is often inadequate for addressing their needs. Few children included in the assessment were engaged in full-time, mainstream education. The majority of children were enrolled in part-time ESOL lessons. Unaccompanied children require more intensive English language support, along with the opportunity to take a range of other classes and subjects.
- Children attending (or who had previously attended) a mainstream school environment (a minority) were found to have more developed English language skills, and demonstrated higher levels of integration than those enrolled in further education colleges.

## Recommendations: Education and English Language Learning

- Acknowledging Department for Education’s continuing initiatives to improve access to education for unaccompanied children, these initiatives should be continued and, if necessary intensified to:
  - Provide clearer information to schools on new EAL arrivals, including that they can discount these students from their results profiles;
  - Promote access to a mainstream school environment for UASC ages 16-18 years;
  - Increase ESOL hours for 16-18 year olds, beyond the current “full-time” provision of 16 hours per week; and
  - Fund education programmes beyond 19 years, for young people who are not yet ready for higher education or work; (**Department for Education**).
- Review the admission process to be followed when deciding whether an unaccompanied asylum-seeking child is admitted in the main admissions round for the school year or if they are admitted in-year (**Department for Education**).

## 5 | HEALTH, WELLBEING AND PSYCHOSOCIAL SUPPORT

Unaccompanied asylum-seeking and refugee children are considered highly vulnerable in terms of negative health outcomes. Many have been exposed to cumulative traumatic life events and difficult living conditions, in their countries of origin, during their period of flight, and then within the UK immigration system, all of which are likely to adversely affect their health status.<sup>119</sup> According to recent research, psychological issues, dental health needs, dermatology complaints and infectious diseases are some of the most salient health issues affecting unaccompanied children.<sup>120</sup> Of particular note are the high proportions of unaccompanied children with mental health difficulties: up to 54% are thought to be suffering from post-traumatic stress disorder, and up to 30%, depression,<sup>121</sup> with unaccompanied children reporting greater symptoms compared to their accompanied peers. Issues of drug and alcohol

abuse and high rates of suicide and self-harm were prevalent concerns that were commonly raised by young people and stakeholders interviewed in the research.

“ I was 16, turning 17. Depression hit me really hard. [It] became really severe – suicidal thoughts every day. I couldn’t sleep in night. I had post-traumatic stress as well. I constantly had a lot of night flashes – flash backs where the past comes up. I would stay in my bedroom and stare at the walls and I couldn’t sleep. I started self-harming. It got very, very, severe to the point that, I couldn’t – I didn’t – want to live at all. I would go to the toilet, and just [be] staring in the toilet, staring at the walls. I didn’t have contact with the world.”

Refugee, 21 years (female)

<sup>119</sup> Carr, H., Hatzidimitriadou, E. and Sango, P.N., *The sleep project for unaccompanied asylum-seeking children in Kent*, 2017, Canterbury Christ Church University.

<sup>120</sup> Ibid.

<sup>121</sup> Ibid.

Regulation 5 of the Care Planning, Placement and Case Review (England) Regulations 2010 requires that all looked after children have a health plan setting out how the LA intends to meet their health needs. As part of this, the LA is required to make sure a health assessment is carried out – ideally before the child is placed, and at least by the time of the first placement review. The Regulations and Statutory Guidance on Promoting the Health and Well-being of Looked After Children make clear that the assessment should cover a range of issues including the child’s emotional, mental and physical health needs.<sup>122</sup> A review of the child’s health plan, which includes further assessments, must take place at least once every six months for children below the age of five, and every 12 months thereafter.<sup>123</sup>

## 5.1 Access to care for physical health needs

Young people included in the assessment overwhelmingly expressed satisfaction with the services that they had received during their time in the UK for a range of physical health complaints. All young people were reportedly registered with a local GP service and with a National Health Service (NHS) dentist, and all had received initial health screening upon initial arrival to the UK, as well as subsequent check-ups and support with specific health problems as needed. Young people spoke of being treated with respect, and assisted with interpreters at health appointments, and generally considered the support they had received to be comprehensive, thorough and of high quality: *“they’ve provided all the healthcare needs. And the dentist and the GP – whenever I need it, I call, and they give me an appointment”*.<sup>124</sup> Some young people also expressed delight and disbelief that health care in the UK is free of charge, an unfamiliar concept to many unaccompanied children. Others were grateful to have received services that they had never had the opportunity to access before: such as an eye test and support with glasses, or dental care.

A number of unaccompanied children reported being sick or injured on immediate arrival in the UK. Their accounts of their reception experiences indicate that their health needs were addressed as a matter of first priority, and young people spoke of being treated in a compassionate and professional manner by all health professionals and hospital staff: *“They took me to hospital. They treated me very well. I think I was there 3-4 hours. They found one of the nurses – she speaks Arabic – and she helped me.”*<sup>125</sup>

The assessment identified one or two accounts of initial difficulties registering a child with a GP or dentist, due to discriminatory attitudes, and/or questions being raised about a child’s immigration status and identity documentation. These cases were a clear minority, however, and appeared to be relatively easily and swiftly addressed by social work staff.

## 5.2 Access to care for mental health needs

Whilst the physical health needs of unaccompanied children appear well provided for, the assessment raised substantial challenges and gaps in the area of mental health support. Meanwhile poor mental health remains a significant impediment to progress across several domains of integration, including children’s ability to remain and thrive in education, prepare for employment, and to engage in active citizenship and social participation more broadly. The assessment identified a range of barriers to effective mental health support.

### 5.2.1 Supply of mental health services

On the supply side, there appears to be a general lack of availability of quality mental health services, and a particular lack of specialist support for unaccompanied children. NHS mental health services, such as the Child and Adolescent Mental Health Services (CAMHS) are characterised by long waiting lists, and chronic funding and staffing challenges.

<sup>122</sup> Department for Children, Schools and Families and the Department of Health, *Statutory Guidance on Promoting the Health and Well-being of Looked After Children*, 2009, available at: <https://bit.ly/2WVDvCT>.

<sup>123</sup> DfE, *Care of unaccompanied migrant children and child victims of modern slavery: Statutory guidance for local authorities*, November 2017, available at: <https://bit.ly/2Y1Klmx>.

<sup>124</sup> Asylum-seeker, 17 years (male).

<sup>125</sup> Asylum-seeker, 17 years (male).

Meanwhile these types of services are lacking expertise in the complex needs and lived experiences of unaccompanied refugee children.

“CAMHS services are already stretched across a broad population of children with mental health needs. There are long waiting lists for children who are already here [in the UK]. Meanwhile, young people who are arriving have been through traumatic experiences; it's a specific type of trauma that might need a specific type of support. But there aren't really services that have an understanding of that – its complex.”

Key stakeholder, Yorkshire and Humber

Funding constraints were identified as a major barrier to ensuring children have access to specialist mental health support. As one stakeholder explained, the funding provided to LAs for support of unaccompanied asylum-seeking children is insufficient to pay for additional health services; meanwhile Clinical Commissioning Groups, who are not involved in decisions to accept unaccompanied children, may not have planned for the provision of services to an unknown and specialist population:

“One of the interesting conversations, happening nationally, is around covering the cost of health provision for UASC. The Clinical Commissioning Group, don't receive money from the Home Office – we [LA] receive it. It's the only funding that comes with these young people, but that funding doesn't cover health services. As a local authority we make the decision to accept children. Of course there are those who arrive spontaneously, but we also plan to take a percentage of others (via transfer). That decision is made by us alone – health and education are not involved in that conversation. CAMHS might be full capacity. It's a challenge. We need to think about how we are planning going forward, but doing it in a multi-agency way.”

Key stakeholder, Yorkshire and Humber

Stakeholders explained that where mental health services providing quality and tailored support to unaccompanied children do exist, they tend to be

provided by voluntary sector organisations with specialist expertise, such as the Refugee Council and the British Red Cross.

## 5.2.2 Identification of mental health needs

Another barrier identified during the assessment was a lack of recognition amongst practitioners of unaccompanied children's mental health problems and needs, especially given that so many unaccompanied children appear to express a “veneer of coping.”<sup>126</sup> Unaccompanied children may present as externally tough, resilient, and withdrawn, and may be unwilling or unused to talking about their mental health difficulties or asking for support, giving service providers a false perception of children's level of coping and resilience. As one stakeholder explained:

“With this group of young people there's often an external presentation of resilience – but actually I think it's more about survival. They are polite, they are attending school. But at other times – when they are alone – things are different. When young people are engaging, they are seen as resilient, but actually they're trying to keep themselves occupied, to avoid being left alone with their thoughts. They can be in a classroom, with all the experiences they've had, and block that out for a bit. But at night, the darkness, in their mind, it does create fears and anxieties. But people just see the [external] behaviour and assume young people are well...”

Social worker, Scotland

UK guidance recognises that young people's presentations of coping may be deceptive, masking their actual needs,<sup>127</sup> and social workers from specialist teams interviewed during the research did appear to recognise the underlying vulnerabilities of many asylum-seeking and refugee children. However, more generalist social workers with less experience appeared less aware of children's underlying complexities and needs, often remarking on how “delightful”, “compliant”, “independent”, and “easy” unaccompanied asylum-seeking and refugee children are, compared to the general population of looked after children they are responsible for supporting. As

<sup>126</sup> DfE and Home Office, 2017 Safeguarding Strategy.

<sup>127</sup> Ibid.

raised in the education section of this report, these findings highlight the importance of social workers with expertise on the issues affecting unaccompanied children, and raise questions about the potential impact of the dissolution of unaccompanied asylum-seeking children specific specialist teams within LAs.

### 5.2.3 “Demand” for mental health services: uptake by young people

“ They offered if I need to see someone – a counsellor or a psychiatrist, but I don’t need to so I said no thank you. I don’t have mental issues.”

Asylum-seeker, 17 years (male)

In addition to a lack of awareness amongst service providers about children’s mental health needs, the assessment identified a general lack of understanding amongst young people about mental health issues and available services, and a general reluctance to engage with the topic of mental health. There may be a range of reasons for this.

Firstly, young people may come from cultures where there is significant stigma associated with mental health difficulties, and may be unfamiliar with “Western” concepts of mental health, and treatment models and practices.

Secondly, young people may be seeking to “move on” from past experiences of trauma and loss, and may be unwilling to engage with interventions that encourage them to focus on retelling and reliving disturbing memories: “They [counsellors] makes it worse, because you go there, they ask you a few questions and it makes you sad.”<sup>128</sup> This reluctance is likely to be exacerbated by the fact that unaccompanied children are so often required to recount their histories to lawyers, immigration officials, social workers, police office and others.

“ I don’t think [unaccompanied children] understand what counselling involves and obviously for them, going over and over the same traumatic feelings and journeys – it’s sort of off putting. But we do sort of recommend it and we do ask – that’s our duty of care. Most of them decline that. One or two might accept... But I think they find it difficult to express and speak about a journey that’s been obviously so traumatic..”

Support worker, Midlands

Finally (as is often typical with teenagers) young people may be focused on “putting on a brave face”; they may lack trust in professionals, and may be unwilling to share their vulnerabilities with those who they see as occupying positions of authority over their lives. Together these dynamics create significant barriers to uptake of mental health support services, even in cases where they are available and offered to children. Young people explained: “If I have a problems, I don’t tell no one, I just sort it out for myself...honestly when I have a problem, I am not talking to anybody. I am just silent, and I am just thinking [how to fix] myself, because when you talk to someone they might [cause] another problem.”<sup>129</sup>

Lack of trust in professionals was a theme that frequently emerged during conversations about mental health. As provided by a social worker: “UASC find a lot of difficulty trusting others, takes time, when different professionals get involved. It’s difficult to get the young people to open up.”<sup>130</sup> Further, an asylum-seeker remarked that: “even now if they ask me if I need psychiatric help I wouldn’t go, I wouldn’t like it, I don’t want to talk to anybody, I just want to talk to people I trust.”<sup>131</sup> Trust was found to be a particular issue for those young people who were having difficult experiences with the immigration process, having their ages disputed, or waiting lengthy periods for a decision to be made on their asylum claims. Furthermore, many young people struggle to understand distinctions between social services and immigration officials: seeing all professionals in positions of authority as working together towards the same goals. One stakeholder explained how a

<sup>128</sup> Asylum-seeker, 19 years (male).

<sup>129</sup> Asylum-seeker, 18 years (male).

<sup>130</sup> Key informant interview 10, Social worker, Yorkshire and Humber

<sup>131</sup> Asylum-seeker, 17 years (male).

young person who had been suffering severe mental health difficulties had been unwilling to tell social workers about his symptoms, due to fears about the potential implications for his age dispute and asylum claim:

“ [He] was suffering from symptoms of derealisation and depersonalization. He felt as though he was going crazy and I think he just felt so misunderstood at a lot of levels. He was age disputed and evicted from care, and put in Home Office adult accommodation. I think the difficulty he had in disclosing [his mental health problems] was the social workers who were responsible for his care were basically saying ‘we don’t believe anything you’re saying. We don’t believe your age therefore we don’t believe this this this could have happened to you’. So he was feeling [if I] disclose something people [will] think ‘I’m a crazy person. [And] that might be another reason for them to refuse me and not let me stay...because you [don’t] want crazy people living in your country.’ That was his understanding of it. He was unable to distinguish between the Home Office and the social worker. After he was moved to Home Office accommodation, he realised I [his guardian] was still there and so he trusted me. He told me [but] he didn’t want me to tell anyone or refer [him] to any services. So it was month of me providing emotional support before he allowed me to refer him – before he believed that other agencies might help him.”

Guardian, Scotland

This quote highlights the important role of independent guardians/ advocates in building young people’s trust, and supporting them to access services, including mental health support. (This topic is discussed further discussed in Section 9.1 of this report which explores the role of guardianship and independent advocacy).

#### 5.2.4 Improving access to mental health support

Despite the barriers that exist, there were a number of young people included in the study who had received counselling, and reported to have found the support very helpful. Young people spoke about the relief of having someone to talk to, who they could connect with, and who was able to understand some of the issues they were facing.

One young person who had had a number of therapy sessions, reported that talking to someone about his problems had been helpful but rejected the idea that he was receiving mental health support.

“ I talked with a Doctor – I had 11 sessions where I talked to them and tell them about my story. [Q. You mean like a counsellor or psychologist?] No, not a psychologist. I’m not crazy. But when I had a headache, I could go to talk to him to tell him what happened to me. When I had a thought about something in the past – I was obsessed with the past – I would talk to him. I went 11 times. [Q. And how did you find that?] Yeah, it was supportive, it was good. It was good to feel that someone knows about my problems, and I wanted to tell someone about all of the things in my heart. If I tell someone and share that, it relaxes me.”

Asylum-seeker, 17 years (male)

This last passage highlights the importance of being sensitive to the stigma associated with mental health support, and the need to normalise and demystify services and interventions, in order to improve access amongst this population of young people. A number of stakeholders interviewed in the research emphasised the importance of this “normalisation” process:

“ In terms of mental health – we do try to introduce them to some of the language around depression, anxiety and stress. But for us, the main thing is to try and take that stigma away and explain that it’s something that happens to everybody. We are trying to educate everyone about it, so that they can support their friends.”

Key stakeholder, South Central England

Many stakeholders emphasised that a tokenistic offer of counselling is not sufficient to expect young people to engage in a conversation about mental health; rather, social workers and other providers need to take a much more proactive approach to encouraging young people to access services, and take time to explain what is on offer and how it might help. Furthermore, stakeholders emphasised the importance of looking beyond a traditional “talking therapies” or counselling paradigm, and towards more creative and practical therapies like art and drama to engage young people in mental health interventions.

Finally, stakeholders emphasised the importance of addressing children’s mental health needs holistically, through a “trauma informed approach” to all care, provision and support, as opposed to viewing a child’s mental health needs in a silo, to be separately addressed by specialist counsellors; as one stakeholder explained:

“If somebody’s not well, if I refer them to counselling, but it’s a small part of the jigsaw, maybe they need to get out more, do some exercise. The way we talk about mental health in the West is very unfamiliar, young people feel very unsure about talking to somebody about their problems.”

Key stakeholder, London

### Key findings: Health and wellbeing

- Whilst the physical health needs of unaccompanied children appear well provided for, the assessment raised significant gaps in the provision of mental health support.
- There are barriers in both the supply and demand for mental health services.
  - **Supply:** there is a general lack of availability of quality mental health services for children in the UK, and a particular lack in specialist support for unaccompanied asylum-seeking and refugee children.
  - **Demand:** whilst social workers and other practitioners may fail to recognise unaccompanied children’s mental health needs, young people may also lack understanding about mental health issues, and available services. Children may come from cultures where there is significant stigma associated with mental health difficulties, and may be unfamiliar with “Western” concepts of mental health, and treatment models and practices.
- Assessment findings point to the importance of looking beyond a traditional “talking therapies” or counselling paradigms, and towards more creative and practical therapies, to improve access to mental health support for unaccompanied children.

## Best practice: mental health interventions for unaccompanied young people – the sleep project

Seven Clinical Commissioning Groups in Kent agreed to use the Children and Young People’s Transformation Funding<sup>132</sup> over two financial years to set up an “Emotional Health and Wellbeing Project” for unaccompanied children. The aim of the project was to identify all UASC with compromised emotional health and wellbeing, and to provide practical, supportive interventions. One of these interventions was “The Sleep Project”. This project aimed to provide practical resources and support for one particular aspect in which young people were struggling with their mental health: disturbed sleep at night. This was done through three simple measures:

1) **Sleep hygiene education** was provided to young people including information about the consequences and implications of stimulants on sleep, such as smoking before bedtime, high energy drinks and blue light from mobile phones.

2) **“Good sleep packs”** were distributed to young people, which included a plug-in night light, night masks, ear plugs, lavender bags and “worry dolls”. The plug-in light was intended to support young people to manage the “hyper-vigilance” they had developed whilst on the journey to the UK. The night masks and ear plugs were to block out noise and light. Lavender is a scent known to enhance calm, and the worry dolls were provided to support young people to let go of concerns about their friends and families while they slept. These items were provided in direct response to the themes raised in conversations with young people and stakeholders.

<sup>132</sup> NHS England, *NHS England launches first stage of new programme to improve young people’s mental health services*, 3 August 2015, available at: <https://bit.ly/2XZmu6j>.

3) “**The Circadian Rhythm Reset Formulation**”. This final intervention involved adjusting schedules at reception centres to accommodate young people’s circadian body clock rhythms which had been affected by their journeys to the UK, and jet lag. A programme was designed to gradually support young people to reset their circadian rhythm based on an approach devised from literature on sleep disorder, which advised that changes should be gradual and incremental.

A recent evaluation of the sleep project indicated that it was highly effective in normalising the difficulties young people were facing with sleep, as well as facilitating deeper conversations about children’s individual journeys and experiences. Practitioners interviewed in the evaluation of the project reported that the project allowed them, as practitioners, to “look at the basics”, and offer practical support, whilst developing a greater understanding and responsiveness to young people’s needs. This in turn encouraged care to become more empathetic, specific and person-centred, and helped shift some of the perceptions of practitioners, especially education providers, so that they were inclined to be more patient and supportive to young people who were struggling to get to lessons on time and/or to concentrate in class.<sup>133</sup>

## Recommendations: Health, Wellbeing and Psychosocial Support

- Provide training on common mental health issues affecting unaccompanied children for social workers, foster carers, education professionals and others involved in providing support to children. In doing so highlight the challenges associated with identifying mental health needs and engaging unaccompanied asylum-seeking and refugee children in mental health interventions (**Department of Health and Social Care**);
- Provide creative, evidence-based and practical interventions for addressing mental health issues affecting unaccompanied children. The Kent Sleep project is an example of a creative day-to-day intervention shown to work in addressing mental health issues. (**Department of Health and Social Care**);
- Employ a holistic approach to supporting unaccompanied children’s mental health needs to ensure that their care plan reviews include a thorough consideration of mental health needs, taking into account physical care, social, education and health needs to promote overall wellbeing (**Department of Health and Social Care and Department for Education**); and
- Develop interventions to tackle stigma associated with mental health problems, and to normalise the experiences of many unaccompanied young people, including through youth groups, educational programmes, and one-to-one therapeutic support (e.g. the Red Cross/ Refugee Council’s Surviving to Thriving project) (**Department of Health and Social Care and Department for Education**).

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<sup>133</sup> Carr, H., Hatzidimitriadou, E. and Sango, P.N., *The sleep project for unaccompanied asylum-seeking children in Kent*, 2017, Canterbury Christ Church University.



## 6 | SAFEGUARDING

The UK government has made the safeguarding of unaccompanied asylum-seeking and refugee children a matter of priority. The Home Office and the Department of Education jointly published the 2017 Safeguarding Strategy, which recognises the unique challenges and issues facing this group of children, in particular children's vulnerability, and risk of going missing, due to trafficking and exploitation. This strategy underscored a commitment by the UK government to 1) ensure children and young people have the information, support and help they need to be safe, and 2) to implement effective local and national systems to ensure that children are properly safeguarded.<sup>134</sup>

In interviews children were asked a number of questions about their feelings of safety, including: whether they felt safe and secure in their current (and any previous) living placements in the UK; whether they felt safe in the community and in the UK more generally; and whether there had been any

time during their stay in the UK where they had felt unhappy or unsafe for any reason. The overwhelming majority of young people included in the assessment reported feeling safe and secure since arriving in the UK:

“ This country is safe – you have everything you want and you need.”

Focus group discussion, Refugees (male)

In general, the UK has well developed and robust child protection laws, policies and systems in place for safeguarding and promoting the welfare of children and young people, and social workers reported feeling confident and well equipped with measures and procedures for keeping unaccompanied children safe from harm. Nevertheless, the assessment identified a number of key safeguarding concerns affecting unaccompanied children.

<sup>134</sup> DfE and Home Office, 2017 Safeguarding Strategy.

## 6.1 Safety of care placements

As discussed in detail in Section 3 of this report (Care and Accommodation), there is a wide variety in the quality of care placements that are typically made available to unaccompanied children, and a number of factors that make it more likely that unaccompanied children will be placed in care arrangements that are not suitable for addressing their needs. As a consequence of this, there were a number of young people in the assessment who reported feeling unsafe in their current or a previous care placement or accommodation.

Most children who reported feeling unsafe in their accommodation were those who had either been age-disputed and were living in adult accommodation, or who were staying in multi-occupancy supported accommodation for unaccompanied asylum-seeking teens. A number of children reported feeling bullied or harassed by other residents in shared accommodation, and some felt that the living environment was unsafe due to poor facilities and living conditions. Further, a number of these children felt that their complaints were not taken seriously by support staff or social workers: whilst some children had been moved, this had typically taken months to effect, and some young people reported staying in these placements for up to a year.

“ I was sharing a house with some old people around 40 years. I didn't like it there, the house was not safe. One time there was a fire in the house and I didn't even have a window. There were people in the house drinking – making noise. Someone got some water to throw on the fire. It was burning. My key worker doesn't care, he gives me money, but he works like a business. I told him I don't like that house but he said 'don't call me'. He just leaves his phone. I went to the office of student services, and to see the social worker – but he says nothing.”

Focus group discussion, teenagers (all male)

The above case study highlights another facet of some unaccompanied children's vulnerability: their lack of right to remain in the country, and their dependence on social workers and others for legal information, advice and support. This vulnerability may be further exacerbated by children's lack of knowledge about their rights and entitlements (particularly in England where children do not have access to an independent

## Case study: safety in care placement

One 16-year-old interviewed during the research described being racially bullied by his flatmates in his supported accommodation. When he tried to report the incident to the police, he was discouraged by the support worker at his lodgings, who suggested he was “making a fuss” and it might affect his asylum claim. As part of the assessment researchers also interviewed the social worker responsible for the child's care. She was aware of the difficulties the child was facing, but had adopted a “teenagers will be teenagers” attitude to the bullying: also noting that the child (who has chronic health problems) “smelled of urine” and “was an easy target”. Acknowledging that the child was vulnerable and would probably fare better in foster care, she said she was looking into alternative placements, but did not appear to regard the situation as urgent. In his interview the child told researchers:

“ They treat me like a slave [in the flat] because I am the only African in the house. They say – ‘get up and clean the house!’ When I refused, the guy [another unaccompanied child resident] said: ‘I come with a friend to sort you out. You should be washing our clothes, you should be cleaning the house. You are not supposed to be living here.’ He used bad words, and started frightening me. I locked myself in my room, and I rang the police, but the people who are in charge of me [support staff] asked me to cancel what I told the police, to go back on my word.

The next day I went to college – and the lad [flatmate] brought all his friends and they followed me all around wherever I went. One of them said ‘why did you ring the police, and report this? If I beat you up, you will be going to hospital’, and he cursed my mum. So I rang the person who in charge of me, I wanted to report this gang. But they said: ‘there is no proof. Don't report’. They advised me to withdraw this report, because it will affect my residency in this country, my status at the Home Office. After that I didn't want anyone to interfere. I just told my social worker I don't want to live in this area, I want to move as far away as possible.”

Asylum-seeker, 16 years (male)

guardian for support), and an unwillingness to challenge authority for fear of repercussions.

In another illustrative case of this, a teenager living in a supported lodging placement described how his host would verbally abuse and shout at him, and had taken money from him to pay the bills. The child explained that he had never complained because he did not want to “cause problems”. He appeared to interpret the support that he was being provided by his social worker as a ‘kindness’, and he did not want to seem ungrateful:

“ Almost a year I stayed with him [my host]. I didn’t tell anyone [what was going on] because I didn’t want to cause any problems. Because people had been so good to me – I wouldn’t ask my social worker for anything. She was so kind. In the winter he [supported lodging host] made me give him £5 extra a week for heating. I didn’t know that the social worker was already paying him for me. I didn’t realise he didn’t have that right [to ask for money].”

Asylum-seeker, 18 years (male)

During the assessment, stakeholders providing support to unaccompanied asylum-seeking and refugee children often noted their tendency towards “compliance”, and contrasted them to other looked after children who tend to be more vocal about their wants and needs. Problematically, where unaccompanied asylum-seeking and refugee children did speak up, social workers were liable to label them “difficult” and “entitled”, as opposed to viewing their assertiveness as markers of resilience and independence: skills that children need in order to be able to keep themselves safe. “I find them [UASC] very different to our [British] children, in that they are very grateful for everything we do for them which is refreshing. I know my colleagues have got some difficulties – some of theirs [UASC] are very demanding – they are turning into our looked after kids! They know what they are entitled to, and it’s ‘I want, I want, I want!’ But I’ve got really nice ones who don’t bother me at all...” – Social worker, South East.

Finally, whilst (as discussed in section 3) the majority of young people interviewed in the assessment described positive experiences in foster care, there were a minority of young people who reported being neglected and/ or exploited in their placements.

These accounts tended to come from interviews with unaccompanied girls.

“ I wasn’t comfortable with that foster mother. I felt lonely. When I first came I had no clothes. I asked her to buy me something so I could change, but she didn’t – I was 2 months in the same clothes. I washed everything myself, by hand, even my underwear. I didn’t go anywhere, I didn’t start college. The other child would go to college and come back. Me, I stayed alone. I asked to go to church and she wouldn’t take me. I told the social worker, and she told me to give it some time. I stayed there for 3-4 months, then I moved.”

Refugee, 21 years (female)

“ They were very nice, but the thing is, I didn’t get any money, they were not spending money on me. And after class and on the weekends she expected me to iron all the clothes and clean all the rooms in the house. She didn’t help me. I had to do the cleaning. Even if I [was] going to be late to college, if she wasn’t happy with my cleaning, I would have to stay behind. Even though I thought it was clean, it wasn’t good enough for her. I was made to do everything in the house – it was all my responsibility. I was going to college and I couldn’t handle that. She always wanted my help in the kitchen. She wouldn’t let me stay in my room and study. I was there for 4 or 5 months.”

Refugee, 21 years (female)

Whilst these experiences were not the norm, it is concerning that a minority of unaccompanied children are being placed in homes where they are being exploited by the very people tasked to care for them, and that children were left in these homes for months at a time before being moved, even in cases where they were forthcoming with social workers about the challenges they were facing.

## 6.2 Vulnerability to labour exploitation

“ Two weeks ago I started looking for work. To be honest I’m looking for any kind of work. Just anyone who will pay me money.”

Focus group discussion, Refugees (male)

Another issue frequently raised by social workers during the assessment, was the vulnerability of

unaccompanied asylum-seeking and refugee children to forms of labour exploitation. For many young people, who are living on a shoe string budget, and attending education only part time, gaining access to employment is a significant priority. Meanwhile, children who do not yet have a legal right to remain are prohibited from work, and those who do have permission to work may lack the necessary language skills, and connections to find safe and reliable forms of employment. This leaves children open to being exploited by “cash in hand” employers, who are looking to take advantage of young people’s vulnerability to obtain cheap labour, by offering them work for less than the minimum wage and without providing access to employment rights and entitlements. One stakeholder explained:

“ When you’ve got young people around 18 years, and someone gets to know their situation, they can take advantage. Young people are desperate to work and earn money. Some are approached by certain employers who ask them if they want work, but often at a really low wage. They think these people are doing them a favour by offering them a job, but they are taking advantage.”

Social worker, Yorkshire and Humber

Delays in decision making about children’s asylum claims, as well as poor quality decision making (for example, where a child’s claim was initially rejected when it should have been accepted), lack of access to full time education (including a range of appropriate, including vocational, courses) or funding for education opportunities beyond 19 years for refugee youth who are not yet ready for work or university, and lack of support and opportunity for young people to find legal forms of employment, were all identified as factors that make unaccompanied children especially vulnerable to labour exploitation.

### 6.3 Missing and trafficked children

Perhaps the most significant safeguarding issue affecting unaccompanied children identified in the assessment, and acknowledged in the 2017 Safeguarding Strategy, is the high frequency at which children go missing from their care placements. According to a recent study by Every Child Protected Against Trafficking UK (ECPAT UK), almost 1 in 6 unaccompanied asylum-seeking children went missing from care in 2017, which was nearly 30 times the rate of other children, and twice the rate of other children in care.<sup>135</sup>

There are a number of factors that have been identified in the literature as affecting children’s vulnerability to going missing, including: lack of connection and trust in social workers, support staff and caregivers; limited understanding of what it means to be a looked after child; and poor training and support of professionals. Whilst these factors are undoubtedly significant, findings from this assessment indicate that the single largest factor affecting children’s likelihood of going missing from care (also highlighted in the literature) may be children’s uncertain immigration status and consequent fear of being removed from the UK. These factors are exacerbated in cases where children’s ages are being disputed, where disproportionate time is taken to decide a child’s asylum claims, and where children have been trafficked to the UK, and have either maintained or re-established contact with their traffickers. According to ECPAT UK as many as 1 in 4 formerly trafficked children go missing.<sup>136</sup>

Whilst significant numbers of children go missing within the first 48 hours of being placed in care, other children may engage enthusiastically with support services when first taken into care. As time passes, however, and fears grow about the outcome of their asylum claims, social workers often notice a deterioration in children’s mental health and level of engagement. They may become increasingly distant and disillusioned, before disappearing from their placement. One social worker explained:

<sup>135</sup> ECPAT UK and Missing People, *Still in harm’s way: an update report on trafficked and unaccompanied children going missing from care*, December 2018, available at: <https://bit.ly/2Fn1AYu>.

<sup>136</sup> Ibid.

## Case study: vulnerability to re-trafficking: impact of delays in the asylum process

In one LA, social workers expressed concerns about two Vietnamese boys who had entered LA care after being picked up during a police raid of a local nail bar. The boys had initially been doing well, but recently they had begun to disengage, and social workers feared they were back in touch with their traffickers, and might go missing any day.

“They are waiting on their decision – I think the police are looking into their [trafficking] case. It’s been about 18 months now or longer. When they first came here, they seemed relieved to have escaped. They saw so many positives in this environment. However, over the last 3-4 weeks we have become concerned. The other day, we saw one with an older Vietnamese man in the supermarket. [The child] was doing shopping for this [man]. When we asked why, he said he had just met [the man] and was helping him. Then we checked [the children’s] flat and noticed a few bizarre things. There were a dozen toothbrushes in the bathroom and all these chairs set up to do nails – as if they were setting up an illegal nail bar in their supported accommodation.

[The children] are no longer engaging with us. For months they did brilliantly, they participated in training programmes, they were doing voluntary work, attending the YMCA in town. They were volunteering with a local gardening group and going to the local church. They played football. Then suddenly about 3 months ago it all fell off. They stopped everything. We think it was a combination of the traffickers getting in touch, plus ongoing uncertainty from the Home Office. They started having mental health issues. They started self-harming.

So many young people go through a similar pattern. I got a sense about 2 months ago [another child] was following suit. He started self-harming as well. But once he got his status, it was a relief, he turned a corner. The self-harming stopped. He is happier in himself, he can focus on his future, so things are better.”

Social worker, Scotland

“It’s the asylum process and length of time it takes. There’s the honeymoon period – young people are engaged, they are enthusiastic, relieved, feeling safe. They have a regular diet, they are building trust with a key link. Everything goes great for several months. Then after six months, they are learning more about their options. They are not hearing from the Home Office and the frustration starts. They can’t get to college. They can’t get a flat. They realise it’s going to be years – this might be the status quo for a long, long time. Resentment builds.[...] They are not wanting to be as open – not wanting to engage as much. And then all the strong bridges you’ve built, it ebbs away, almost to a crisis point. Some turn a corner, others decide to leave.”

Social worker, Scotland

Child trafficking is a topic that has recently received a lot of policy attention in the UK, and a number of reforms have been introduced to address the issue.<sup>137</sup> These have included the introduction of the NRM in 2009 (expanded in 2015, and last reformed earlier this year) which places a duty on all “first responders”,<sup>138</sup> who find themselves with grounds for concern that a person may be a victim of modern slavery, to refer the person as a potential victim to the Home Office.<sup>139</sup> And secondly, the passing of the Modern Slavery Act in 2015, which amalgamated criminal offences relating to modern slavery (including slavery, servitude, forced and compulsory labour and human trafficking) into one piece of legislation, and sought to increase the measures available to law enforcement agencies to address the matter of modern slavery, as well as providing increased protection to victims.<sup>140</sup>

<sup>137</sup> Home Office, *National referral mechanism reform*, 16 October 2018, available at: <https://bit.ly/2XoZuS4>.

<sup>138</sup> First responders include: The Home Office (including UK Border Force, UK Visas and Immigration, and Immigration Enforcement), LAs, Health and Social Care Trusts (HSC Trusts (Northern Ireland)), Police, National Crime Agency (NCA), Trafficking Awareness Raising Alliance (TARA), Migrant Help, Kalayaan, Gangmasters and Labour Abuse Authority, Medaille Trust, Salvation Army, Barnardo’s, National Society for the Prevention of Cruelty to Children (NSPCC), Unseen UK, New Pathways, BAWSO, Refugee Council: Home Office (2019). See Home Office, *Victims of modern slavery – Competent Authority guidance, Version 7.0*, 29 April 2019, available at: <https://bit.ly/2J4jEr4>.

<sup>139</sup> *ibid.*

<sup>140</sup> Modern Slavery Act 2015, available at: [www.legislation.gov.uk/ukpga/2015/30/contents/enacted](http://www.legislation.gov.uk/ukpga/2015/30/contents/enacted).

Despite these efforts, assessment findings indicate that measures introduced to address the issue of child trafficking are not only failing to combat the problem, but may actually be serving to exacerbate it. Of particular concern are the delays caused to the asylum process as a result of a referral to the NRM as the former will not be decided until the latter is resolved, and both processes can take years before a decision is made.<sup>141</sup> Furthermore, the assessment identified a lack of transparency in the NRM process and a failure to engage with social workers and young people about the progress of investigations and decision making. None of the young people, interviewed in the research who had undergone an NRM referral were aware of what this meant, or if a decision had been made about whether they were a victim of trafficking. Many social workers were also unaware of whether the children under their care had been referred to the NRM: some had not even heard of the process, and those who were aware were unfamiliar with the rights and protections associated with being recognised as a victim of trafficking, including that a young person would normally receive 30 months discretionary leave.<sup>142</sup>

There was also doubt amongst social workers about which children should be referred to the NRM as potential victims of trafficking, and whether the NRM process is only concerned with children trafficked into the UK, for the purposes of exploitation on UK soil, or whether those children with historical experiences of trafficking, including overseas, during different parts of their journey, should also be referred, with different LAs reporting different practices.<sup>143</sup>

“ A lot of children have been trafficked on their journeys. But many [of those] are not referred to NRM. And [we are] not understanding at all the process. It significantly delays the asylum process and has knock on effect on [children’s] mental health.”

Key stakeholder, London

In general, there was a sense amongst stakeholders that the NRM and the Modern Slavery Act are primarily concerned with criminal law and immigration enforcement, and that children are referred to obtain intelligence about people smugglers, and international criminal networks, rather than for support. Indeed, aside from the potential to lend weight to a child’s asylum claim (a benefit which, respondents noted, may equally be offset by delays caused to decision making), it is unclear what, if any, benefits in terms of support a child will gain through an NRM referral, particularly given that UASC already receive a comprehensive package of services and support:<sup>144</sup>

“ The NRM is hugely flawed. [Children] don’t consent to [be referred] and I find it frustrating as I think they should have a choice. The decision making process is so slow and young people wait 2 years plus, and it holds up [their] asylum application. Children are going to get access to funding anyway. It’s a bureaucratic process.”

Stakeholder, Scotland

Acknowledging the particular vulnerabilities of children affected by trafficking, Section 48 of the Modern Slavery Act introduced a provision for the establishment of ‘independent child advocates’

<sup>141</sup> The government has recently produced new guidance (April 2019) which contains measures to attempt to address some of the systemic issues with delays in decision making, including that new cases from allocated First Responders will be directed to a new, Single Competent Authority to streamline the process. See UK Government, *Victims of human trafficking: competent authority guidance*, 29 April 2019, available at: <https://bit.ly/2Fkud8s>.

<sup>142</sup> See Home Office, *Discretionary leave considerations for victims of modern slavery, Version 2.0*, 10 September 2018, available at: <https://bit.ly/2L3wOaB>, p. 16.

<sup>143</sup> To be clear, first responders have a duty to refer to the NRM any potential victims of trafficking (including children), and a person may be considered a victim of trafficking even if the claim is historic and occurred outside the UK. See Home Office, *Victims of modern slavery – Competent Authority guidance*, note 156 above.

<sup>144</sup> Section 20 Children Act 1989, available at: [www.legislation.gov.uk/ukpga/1989/41/section/20](http://www.legislation.gov.uk/ukpga/1989/41/section/20); For adults, where the competent authority decides there are “reasonable grounds” to believe a person is a victim of trafficking decision that person is entitled to a “reflection and recovery” period for a minimum of 45 days, and until the conclusive grounds decision is made. During this time, adult victims receive accommodation and subsistence, specialist support including counselling, access to physical and mental health care, and signposting to services including legal aid. Those who subsequently receive a decision that there are “conclusive grounds” to believe they are a victim of trafficking receive a further 14 days of “move-on” support (which the Home Office is intending to extend to 45 days). See Home Office, *National referral mechanism reform*, 16 October 2018, available at: <https://bit.ly/2EYy5OT>.

(ICTAs) to represent and support children identified as trafficked or potentially trafficked. In particular, it is hoped that such a scheme might help to address some of the challenges associated with children going missing. The Home Office has now rolled out ICTAs to one third of all LAs in England and Wales and has committed to rolling out ICTAs nationally.

As advocates have continued to point out, the key to addressing trafficking is bolstering support for victims so that they can escape the cycle of exploitation and feel safe to cooperate the police. In general, findings from the assessment indicate that current practices in the UK in relation to the identification and response to child trafficking are inadequate, and there is an urgent need for a more victim centred approach to addressing child trafficking, including the elaboration of a more substantive framework for victim rights, rehabilitation and protection.<sup>145</sup>

### Key findings: Safeguarding

- The majority of young people interviewed in the assessment reported feeling safe and secure since arriving in the UK.
- The most significant safeguarding issue affecting unaccompanied children identified in the assessment is the high frequency at which unaccompanied children go missing from their care placements.
- Children's tendency to go missing may be linked to a number of factors but this assessment showed the largest influencing factor was children's uncertainty regarding their immigration status and consequent fear of being removed from the UK, particularly in cases where children's ages were disputed and where it was perceived that disproportionate time was taken to make an asylum decision.
- Trafficked children are at particular risk of going missing. Delays caused to the asylum process as a result of NRM referrals, a lack of transparency in the NRM referral, investigation and decision-making processes, and a limited framework for promoting the rights, rehabilitation and protection of trafficked children, were all identified as barriers to keeping children safe from re-trafficking.

## Recommendations: Safeguarding

- Ensure that NRM reforms help deliver high quality and efficient case processing, and develop procedures to strengthen transparency so that children and their advocates are counselled meaningfully and with appropriate frequency on the progress of any NRM referrals (**Home Office**); and
- Finalise the child-friendly NRM reform and roll out the ICTA system so that the new measures for better identification, rehabilitation, and protection of children are in operation (**Home Office**).



## 7 | SOCIAL INCLUSION AND PARTICIPATION

UNHCR describes integration, in the refugee context, as the end product of a dynamic and multifaceted two-way process with three interrelated dimensions: a legal, an economic and a social-cultural dimension. Integration requires efforts by all parties concerned, including preparedness on the part of refugees to adapt to the host society without having to forego their own cultural identity, and a corresponding readiness on the part of host communities and public institutions to welcome refugees and to meet the needs of a diverse population.<sup>146</sup> This necessarily entails the building of a cohesive society, where all members of society can participate equally, and have equal access to different social and cultural spheres, communities and realms. According to UNHCR:

“ while it is usual for members of society to move in their own chosen circles rather than be connected with all parts of that society, it is widely accepted that it is important to empower migrants and

*refugees to access those parts of society that the individual wishes to participate in at the moments they wish to do so. Moreover, individuals should be encouraged to bridge cultural, ethnic, and social divides as a means to counter discrimination.”<sup>147</sup>*

Social inclusion is perhaps the most nebulous and elusive component of integration, as, unlike other aspects of integration such as education, employment or housing, it often takes place spontaneously, and outside of formal processes. This renders this aspect of integration particularly difficult to define and measure.

Findings in relation to social inclusion from the assessment suggest a mixed picture, and a range of different experiences: with some children appearing very isolated, and others expressing a strong sense of belonging, and full engagement with their local communities.

<sup>146</sup> UNHCR, *A New Beginning: Refugee Integration in Europe*, September 2013, available at: <https://bit.ly/2DZtDt9>.

<sup>147</sup> *Ibid.*, p. 64.

“ [Q: Do you have any friends at college?] Not really. We are the same age – 16, 17 and 18 – but I feel like I am much older than them. I think what we have been through is really different. The way we deal with problems, the way we think. I don't like to interact with them, I prefer to just be by myself.”

Refugee, 16 years (female)

“ Glasgow feels like my home now. Every time I come back. [It's] the area which I am familiar with everything and [has] everything that I need – the college and services that help me. I slowly but surely built a small world.”

Refugee, 19 years (female)

In general, the assessment revealed proactive and positive efforts on the part of those caring for unaccompanied children to support young people to maintain community, cultural and ethnic ties. There was a strong emphasis placed on ensuring children had access to their cultural and religious foods, such as Halal meat, and cultural places of worship, and facilitating access to diaspora communities. These efforts were observed across all locations visited during the assessment, even in more remote and less diverse parts of the UK, and in LAs that had only just started receiving unaccompanied children under various transfer and resettlement schemes. These efforts were clearly facilitating integration, with religious congregations, in particular, identified by refugee children and other stakeholders as important platforms for social inclusion.

“ [Q: Do you have any family in the UK?] Not my family – but when I started to go to church – if you give your heart, they become your family. They are kind of like my parents. Church is a family.”

Refugee, 18 years (male)

On the other hand, despite building social networks, very few children included in the study reported having any British friends, tending to socialise with those from their own communities. Barriers to making British friends identified by young people during the assessment included limited English language skills, feelings of alienation due to a (perceived) lack of shared experiences, and cultural and religious

differences which meant that unaccompanied children were sometimes less inclined to participate in social activities of interest to British teens. However, one of the most common barriers identified by young people in the research was the simple lack of opportunity to interact with British teens, due to not being in the same spaces as other young people: “you don't really get to see young Scottish people in the early days so it's really hard. The only people you see are people who didn't grow up here.”<sup>148</sup>

This latter barrier is perhaps the most interesting from a policy perspective, as it indicates a need for greater efforts to facilitate activities where unaccompanied asylum-seeking and refugee children are able to engage and interact with the broader populous of children living in the UK. As discussed in this report, access to mainstream schools and education opportunities, and placement in foster families, are simple measures that can be taken to facilitate this process. In addition, a number of specific programmes, including enrolling children in schemes such as the National Citizenship Service, facilitating camping and adventure trips for looked after children, and encouraging children to attend local community and youth groups, were identified as positive practices support social inclusion.

Finally, the assessment raised the importance of sports as a key site for social integration, and a space where unaccompanied children can interact and bond with British youth. Some children had participated in football “tours” or holidays with local clubs and described how positive and enriching these experiences had been, in particular for making new friends, and learning more about British culture:

“ I went on holiday with my football club to Manchester. We had a great weekend. We played football, and had great food. I saw many places. We went to the Ilse of Man [on] a ferry! There were young people from England, Scotland, 2 girls from Canada. We played a lot of games. And we had a different challenge everyday: learning to clean, learning about leadership, learning to do different things. It was the first time I'd ever been climbing, and went Kayaking. Our coach is from Scotland – he's a wonderful guy. He teaches us about homophobia and racism, gays and lesbians, transgender [people]...”

<sup>148</sup> FGD 3, 5 refugees (mixed gender).

*Honestly when they first told me about that I was shocked. But honestly here in the UK it's freedom. You can't judge someone else's experience. This is your life and you have to be respectful and understanding about other people's life."*

Refugee, 17 years (male)

Despite how positively these are received, these initiatives appear to be few and far between and are mostly funded by the voluntary sector. In general, there is a need to scale up integration efforts in relation to social inclusion, especially efforts to facilitate children's opportunity to participate in mainstream social spaces.

### Key findings: Social inclusion

- There is a strong emphasis placed on supporting unaccompanied children to maintain community, cultural and ethnic ties, including ensuring children have access to cultural and religious foods, cultural places of worship and diaspora communities.
- On the other hand, less work is being done to support children to access broader or more mainstream social spaces: despite building social networks, few children included in the study reported having any British friends, tending to socialise with those from their own communities.
- Access to mainstream schools and education opportunities, and placement in foster families, are simple measures that facilitate social inclusion.
- In addition, specific programs such as facilitating camping and adventure trips, enrolment on the National Citizenship Service, promoting access to local sports teams, and encouraging children to attend local community and youth groups, were all identified as supporting children to engage and interact with a broader cohort or British children.

## Recommendations: Social Inclusion and Participation

- Develop and fund initiatives that support unaccompanied children to access a range of (mainstream) educational, sports, cultural and leisure activities with other children of a similar age, including supporting children to access: specialist schemes such as the National Citizenship Service, local youth centres and groups, and sports, adventure and camping trips and holidays (Home Office, Department for Education and Local Authorities).



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## 8 | CROSS-CUTTING ISSUES

### 8.1 Guardianship/ independent advocacy

A guardian is an independent person who safeguards a child's best interests and general well-being and complements the limited legal capacity of the child.<sup>149</sup> An important cross-cutting issue identified in the research was the role of guardians or independent legal advocates. Where these services are available they play an important part in supporting children to navigate complex administrative and legal process, understand their rights and entitlements, and access services (e.g. education and health services) vital for their integration.

Law and policy setting out the provision of guardianship services across the UK is varied. The service is most developed in Scotland, where the Scottish Government has fully funded the Scottish

Guardianship Service for unaccompanied asylum-seeking children and child victims of trafficking since 2013, managed and delivered by the Scottish Refugee Council and Aberlour Child Care Trust. The Scottish Guardianship Service supports young people by helping them navigate the immigration and welfare processes. Unaccompanied and separated children in Scotland should be referred to the Scottish Guardianship Service and in many cases this will be done by the LA. An evaluation highlighted the benefits of this scheme and which has so far been widely praised for its inclusion of all unaccompanied and separated children within its remit.

In 2015 the Scottish Parliament legislated to place guardianship on a statutory footing under the Human Trafficking and Exploitation (Scotland) Act 2015. Section 11 of the Act places an obligation on

<sup>149</sup> UNHCR, *Guidelines on Assessing and Determining the Best Interests of the Child: 2018 Provisional Release*, November 2018, available at: <https://bit.ly/2N0MRbC>, p. 105. See also UN General Assembly, *Guidelines for the Alternative Care of Children: resolution / adopted by the General Assembly*, 24 February 2010, A/RES/64/142, available at: [www.refworld.org/docid/4c3acd162.html](http://www.refworld.org/docid/4c3acd162.html), which specifies that States should appoint guardians as soon as possible after identification to accompany children through asylum and other processes, to ensure that the child is properly represented, that his/her views are expressed, and that any decisions taken are in his/her best interests.

Scottish Ministers to provide a guardian not just to children and young people who have been identified as victims of trafficking but who may be or who are vulnerable to becoming victims of trafficking and where no person in the UK has “parental rights and responsibilities” towards that child. As noted by the Scottish Government Minister during the final debate on the Bill, s.11 (2) “will have the effect of widening the eligibility criteria to include children who are unaccompanied and may be vulnerable to being trafficked.”<sup>150</sup> Regulations giving effect to s.11 have yet to be laid, including the duty on authorities to refer (s.11 (3)). In the meantime, the Scottish Government continues to fund the Scottish Guardianship Service until the new statutory arrangements are in place.<sup>151</sup> Similarly, in 2015, Northern Ireland passed legislation requiring the appointment for a guardian for all trafficked and separated children.<sup>152</sup>

In England and Wales, in contrast, there is no formal scheme, nor any legal obligation to provide a guardian.<sup>153</sup> Instead, it is considered that the requirement that a child is supported by a responsible adult, or special representative, can be satisfied by assigning the child a social worker.<sup>154</sup> However, in 2015, provision was made for Independent Child Trafficking Advocates (ICTAs) in England and Wales to provide specialist, independent support for identified trafficked children.<sup>155</sup> An evaluation of an initial pilot of the ICTA scheme in England revealed the important role that independent advocates or guardians can play in supporting such children to access a range of integration services and recommended broadening the scheme to ensure all children and young people who are believed to have been victims of human trafficking, and all other forms of modern slavery are eligible.<sup>156</sup>

ICTAs have recently been rolled out to over one third of all LAs in England and Wales with the Government committed to rolling out ICTAs nationally.

As part of this assessment a visit was made to the Scottish Guardianship authority, and interviews were conducted with third sector organisations providing advocacy services in England, as well as young people being supported by these services. Concurring with evidence from the ICTA evaluation, findings from the assessment indicate that where advocates/guardians exist they provide an integral role in facilitating children’s integration, particularly in cases where relationships with other authorities and providers have broken down. Guardians were found to be supporting children to access social opportunities, leisure activities and clubs, and navigating community life: “they found a football team. [And helped] If we couldn’t get around Glasgow.”<sup>157</sup> They also played a role in encouraging children to attend school, and attend important medical and health appointments:

“ I thought [college] wasn’t going to be that helpful, but my guardian encouraged me to go. At the beginning I used to be late every single day, [or] I didn’t go for a couple of days, [but] the guardian tried to encourage me and help me out... Then I decided to go.”

Focus group discussion, refugees (mixed gender)

Guardians were also found to be playing an important role in supporting children to navigate complex immigration, asylum and welfare processes: helping them to understand how different systems worked, and their rights and entitlements to support. Young people appeared to view advocates as trustworthy and knowledgeable people, who were understanding

<sup>150</sup> The Scottish Parliament, Meeting of the Parliament – 1 October 2015, available at: <https://bit.ly/2LtM9SV>, pg.

<sup>151</sup> The Scottish Parliament, *Parliamentary statement by Cabinet Secretary for Justice Michael Matheson*, 14 June 2018, available at: <https://bit.ly/30AFVnA>.

<sup>152</sup> Section 21, Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (Northern Ireland) 2015, available at: [www.legislation.gov.uk/nia/2015/2/enacted](http://www.legislation.gov.uk/nia/2015/2/enacted).

<sup>153</sup> It is noted that the National Assembly for Wales: Equality, Local Government and Communities Committee recommended that the Welsh Government should establish a Guardianship service for Wales. The National Assembly for Wales: Equality, Local Government and Communities Committee, “I used to be someone” Refugees and asylum seekers in Wales, April 2017, available at: [www.assembly.wales/laid%20documents/cr-ld11012/cr-ld11012-e.pdf](http://www.assembly.wales/laid%20documents/cr-ld11012/cr-ld11012-e.pdf), Recommendation 16, pp. 51-55.

<sup>154</sup> House of Lords, European Union Committee, 2<sup>nd</sup> Report of Session 2016-17, *Children in crisis: unaccompanied migrant children in the EU*, 26 July 2016, available at: <https://bit.ly/2Xj80SD>.

<sup>155</sup> Via Section 48, Modern Slavery Act 2015, available at: [www.legislation.gov.uk/ukpga/2015/30/section/48/enacted](http://www.legislation.gov.uk/ukpga/2015/30/section/48/enacted).

<sup>156</sup> The Independent Anti-Slavery Commissioner, *First interim report: Independent Review of the Modern Slavery Act 2015*, 17 December 2018, available at: <https://bit.ly/2FIISKL>.

<sup>157</sup> Refugee, 20 years (male).

of the issues affecting them and able to provide accurate information and advice:

“ [The] guardianship service was always there. She [guardian] came to all my interviews and was there for more than just paperwork. I had a big issue with interpreters and it was hard for me. I used to just nod, even when I didn’t understand a lot of the things a person was telling me, and the guardian would take notes. At the end of the interview we would grab a coffee. She would never leave me on my own after an interview with all that in my head...”

Refugee, 19 years (male)

As this latter passage illustrates, young people often spoke of the companionship provided by their guardian, and the security of having the support of a person who they were able to build relationships of trust with over time, that were more flexible and less constrained than those defined by the strict professional boundaries of social work or legal advocacy:

“ I think it helps having an outside relationship – outside the professional relationship – trying to find interesting things that we have in common other than legal things – like with a Guardian. Just to have a normal conversation. When the person told me [she was] the guardian she said ‘you don’t need to trust me, you just need to see, and in time you will hopefully trust me’. The proof is in the action not what someone tells you. It takes a lot of effort.”

Focus group discussion, refugees (mixed gender)

“ I used to love watching [a TV show] the Big Bang Theory, and she [my guardian] would actually watch it the night before [meeting me] so she could have a conversation with me about it. She built a relationship with me outside the asylum process and that was a really big thing.”

Refugee, 19 years (female)

Some children spoke of how their guardians had suggested counselling and then accompanied them to initial sessions (which they found helpful) before the children continued on their own. In these cases the trust built between children and their guardians was important in helping children to overcome the stigma and lack of familiarity with mental health support outlined in Section 5 above.

Whilst this assessment and others<sup>158</sup> have highlighted the benefits of the guardianship scheme the need for and utility of independent guardians/advocates is contested, particularly given the “crowded” space surrounding unaccompanied children in care, who already have statutory entitlements to such a range of different types of support, services and interventions: “I get concerned when people start talking about ‘guardianship’, we have social workers, foster carers, lawyers... How many people does one young person need? It creates issues with resources and coordination.”<sup>159</sup>

According to this perspective, the role of guardians overlaps with other types of service provision and any additional resource would be better spent on social work services or others. However, precisely because the context surrounding service provision for UASC is so complicated, the role of the guardian may be important: in particular in providing one key link for a child from the beginning of their integration experience, until they obtain legal majority and refugee status; a person they can go to for support, with a holistic view of their circumstances, and who they can trust to advocate on their behalf. Although there is some overlap with the coordinating role of social workers, a core and important principle of independent advocacy/guardianship is that the service is independent of any public authority, body or agency: the advocate/guardian exists solely for the child. This is necessary to avoid the conflict of interest that arises when those responsible for advocating for a child also have statutory duties to provide, manage and gate-keep services:

<sup>158</sup> Crawley H. and Kohli R., *She endures with me: An evaluation of the Scottish Guardianship Service Pilot*, 2013, available at: [www.scottishrefugeecouncil.org.uk/assets/6798/Final\\_Report\\_2108.pdf](http://www.scottishrefugeecouncil.org.uk/assets/6798/Final_Report_2108.pdf).

<sup>159</sup> Key stakeholder, Migration Coordinator, [Location redacted].

“ Social workers are limited by their roles. They have financial constraints. They might not always be able to listen to young person's wishes and needs. They are not able to take a step back, because they are the same people responsible for making decisions – it creates a conflict of interest.”

Key stakeholder, Wales

Whilst many young people interviewed in the research had built strong and trusting bonds with the social workers supporting them, others had not: particularly those who had been age disputed, or placed in care accommodation that they felt did not meet their needs. There were examples in the research of children feeling that social workers were lying or withholding information from them about their rights, or discriminating against them due to their background, nationality or immigration status. It was in these cases where the role of guardians in building and restoring children's trust was found to be most essential.

## 8.2 Family tracing and reunification

“ Life is hard without your family. It's not easy – o, waking up in the morning time, and nobody is there. If you have your mum or brother or sister next to you then life is going to be easier.”

Asylum-seeker, 18 years (male)

Under international law refugees have the right to reunification with their family members.<sup>160</sup> This right is especially important for unaccompanied children, whose vulnerabilities are increased when they are separated from their parents or customary caregivers. Article 9 of the CRC, provides that States parties must make all efforts to reunite a separated child with his or her parents, and Article 10(1) calls on states parties to treat applications for family reunification by children or their parents in a “positive, humane and expeditious” manner. Family reunification also plays an essential role in helping refugees rebuild their lives

and is a crucial step in their integration into their new country.

Beyond the provisions in the Dublin III (discussed in section 2), since 2008 there has been no right for refugee children in the UK to family reunification. Indeed, the UK has not opted in to the European Family Reunification Directive, which inter alia allows unaccompanied refugee children to “sponsor” a parent to enter a Member State provided that the child has been determined to be a refugee in that state.<sup>161</sup>

Participants in the assessment spoke of how hard it is for children to focus on building a new life in the UK without the support of family, and whilst living with the grief of separation.

Where children were supported to stay in regular touch with their families, this provided a vital source of comfort and stability, helping children to cope with their new surroundings, take advantage of new opportunities, thrive in school, and engage in community life. Ultimately, however, the pain of separation was hard for children, which many managed by continuing to hope that one day they might be able to sponsor their parents to join them in the UK:

“ The ones that do have families – we will facetime and stuff. I'm in touch with most parents and that puts them at ease. One mum said [to her son] ‘as long as I know that “S “is taking care of you, I'm happy, I don't have that stress in my heart.’ Young people are proud and happy when you [speak to their families]. If their parents and family are at ease, it puts less stress on them. They have that attachment to their family even when they are so far away. [But] even that contact, it's not enough, they want to bring their family members over. The majority want their family here, but it's very difficult and strict and not possible unless you meet Home Office requirements. Even if you explain that to [children], they still have that hope that one day they can bring their family.”

Social worker, Yorkshire and Humber

<sup>160</sup> The legal framework on which the right to family life and to family unity is based is contained in numerous provisions in international human rights law, international humanitarian law, and international refugee law. These are set out in detail in UNHCR, *The Right to Family Life and Family Unity of Refugees and Others in Need of International Protection and the Family Definition Applied*, 2nd edition, January 2018, available at: [www.refworld.org/docid/5a9029f04.html](http://www.refworld.org/docid/5a9029f04.html).

<sup>161</sup> Official Journal of the European Union, *Council Directive, 2003/86/EC of 22 September 2003 on the right to family reunification*, available at: <https://bit.ly/2WYqGmf>.

For many young people interviewed during the research, discussing family was such a distressing and sensitive topic, that they avoided the subject altogether. Often young people would shut down when asked questions about family reunification, and say either that they did not want to talk about it, or that they had no interest in being in contact with their families. These findings were corroborated by service providers working with children, who said that a lack of willingness to engage on the subject of family tracing and reunification is a common and recurring theme amongst this cohort of children:

“ When it was decided that we were making a film about family reunification, so many young people dropped out of the project. Most young people aren't eligible for family reunification under the current immigration rules, and it is really difficult to talk about – it's too painful for them. It's an issue that is more hidden because young people can't bear to talk about it.”

Youth worker, London

There could be a number of reasons why children are unwilling to talk about families, or to express an interest in family tracing or reunification. For many young people speaking about their families may simply be too painful and emotionally challenging: whilst some young people may be fleeing abuse or maltreatment, others may be dealing with the intense grief of loss and separation. For this latter group of children, the fear of disappointment if they are unable to find their families may deter them from even attempting to do so.

“ I don't want to go to the Red Cross talking about the long story. I think they can't do nothing for me. [Q: what if they could help you find your family?] I don't know. I want to go, but at the same time I'm not thinking they can help me. So there is no point in going there. I'm afraid of [being] disappointed. I don't even know if [my family] are alive or not, or which country they are in...”

Asylum-seeker, 18 years (male)

In addition, young people may be fearful of asking authorities to attempt to identify and trace their families, due to fears about their families' safety, and the possibility of reprisals.

“ I went to the Red Cross, and they explained that they are going to go talk to my mum, but I couldn't let them go. They said they would go with a uniform, talk to people, look for my mum. And I was afraid that would be dangerous for my mum, so I asked them not to. I've had no contact with mum since that time.”

Asylum-seeker, 19 years (male)

Finally, young people whose asylum claims are not yet resolved might be concerned they could be returned to their home countries to re-join their families, or that the support that they are receiving as unaccompanied children would cease, should their families be identified and located. As one service provider explained:

“ [They are] reluctant to tell me if they are in contact with families. They think everyone is working for the Home Office. They are worried [family tracing] might affect their asylum claim, so they want to keep [any information] close to them. Any information [could be] use[d] as part of asylum claim and they are not sure if it's going to jeopardise that. So they would rather not say, in case they'd be sent back.”

Support worker, West Midlands

On the other hand, there were children interviewed during the research who expressed a desperate desire to locate and re-establish contact with their families. Meanwhile, it appeared that little was being done to facilitate this process. Whilst almost all children (who expressed interest in doing so) had obtained a referral to the British Red Cross, there was not a single account of authorities succeeding in tracing a child's family at their request. In all cases where children had managed to re-establish contact with their families, they had done so at their own initiative, usually through social media, and/or with the help of friends and other contacts, occasionally foster carers. Although in many cases there may be insurmountable barriers to tracing families across borders, especially when children's families are living in war-torn or remote parts of the world; there were other cases where family tracing ought to have been relatively easy and straightforward for authorities. For example, in one case identified during the assessment, a 12 year old child from Afghanistan had asked to be reunited with his older brother – also an unaccompanied child, around 14 years, whom he knew to be already in the UK. Despite seeking help from both social services



and the Home Office, the brother was not identified until a year later, when the child's foster mother found him on Facebook, and it turned out he was living in London. She remembered:

“ The [authorities] had tried to look for his brother, but they couldn't find him. I know about social media, so I started looking. One night I was typing his name into Facebook and something came up [with a slightly different spelling], and it dawned on me – that was him! I clicked through his pictures and there was one picture where he had a scarf over his face and his eyes were just like S's, and then I knew. I wrote to him and asked him some questions – do you have any family? What are their names? And he said I have a brother called 'S'. It was so emotional when they were reunited – they had spent so many years apart.”

Foster mother, Scotland

Together these findings indicate that, whilst family reunification should be a core part of any national strategy seeking to strengthen the integration of refugee children, not nearly enough is being done in the UK, at the level of law, policy or practice, to enable family tracing or reunification for unaccompanied children.

“A REFUGEE AND THEN...”

### 8.3 Impact of the immigration system

A final cross-cutting theme that consistently emerged during participatory consultations with young people and stakeholders, was the profound impact that children's experiences within the asylum and immigration systems have on all aspects of their integration. Children who had recently arrived in the UK and were still in the initial stages of asylum proceedings, and those (minority of children) who had received straightforward and speedy decisions on their claims, tended to speak in highly positive and effusive terms about life in the UK, and the support that they had received. They also expressed optimism and a lack of anxiety about the future:

“ In the last months, since I have been in the UK, I have been happy. My social worker is a really great person. Sometimes she takes me out of the city, shows me around. I go to church in London, I have a lot of friends. I started the gym. I have college 5 days a week...For me this is the first time in my life that I was treated fairly”

Asylum-seeker, 17 years (male)

This feeling of being welcomed and supported was often short lived, however. The majority of children interviewed during the assessment had been subjected to lengthy and protracted immigration procedures – some children reported waiting over a year just to have their substantive interview. Others had waited two to four years for a decision to be made on their asylum claim. Many who had arrived in the UK as children were young adults before they had received their refugee status. The reasons behind such lengthy delays were not clear to young people, or to their social workers, with most stakeholders considering the process to be inaccessible, opaque, arbitrary, and lacking in any consistency or fairness:

“ I was 17 when arrived in the UK. [Soon] I will be 19 years, and I am still waiting for my interview. All this time nothing at all. I'm disappointed. All my friends my age did the interview: even people here for one month – they came and got an interview. I don't know why mine is taking so long. I think they don't have enough people inside the government to work on cases. It's not fair. Why do I need to wait two years just to get an interview? Every day I am looking to my post box to see if there is any letter from them. But I think it's just a dream now.”

Asylum-seeker, 18 years (male)

As illustrated by this extract, feelings of powerlessness, and a sense of being subject to the arbitrary mercy of immigration decision makers were common themes that threaded children's accounts. Children overwhelmingly perceived the immigration process as outside of their control, and felt stripped of their agency, and forced to live in a sort of limbo, passively awaiting a decision. This uncertainty about the future typically emerged as the dominant source of stress and anxiety in unaccompanied children's lives, impacting negatively on their emotional wellbeing, and undermining their capacity for overcoming past trauma and moving on with their lives. Children's anxiety was compounded by their fear of being forced to return to dangerous contexts, where they may have been victims or witnesses of violence in the past:

“ It's important [to have a decision] because after that they will give you guarantee that your life is safe. No one can say that my life is safe now – any moment they can return me. It's worrying me [the thought of them] sending me back to my country, sending me back to my death...”

Asylum-seeker, 18 years (male)

In some cases these feelings appeared to be exacerbated by the behaviour and treatment of children by authorities, which some children characterised as hostile, dehumanizing and disrespectful:

“ He asked the questions [then] didn't give me a chance to talk. [He] was a really bad guy, he made me so angry, he said to me I was lying.. I was shocked when he called me liar.”

Refugee, 18 years (male)

“ I'm going to describe the Home Office as hell honestly – horrible. I don't like the place, the people, the process, the system. The way they treat children is horrible. Their face is just so cold, it's like you're eating their food.”

Asylum-seeker, 21 years (female)

In other cases children felt that immigration officials had been kind to them, but still spoke of the fear they felt during the process, the stress of lengthy questioning, and the trauma of having to relive painful memories and experiences. This led some children to feel that they had not had the opportunity to accurately or meaningfully tell their stories:

“ The interview was ok – you know I was scared. I was nervous and shaking. [It was the] first time I had an interview like that – the first time someone [was] asking me [those questions] and I had to answer. So I forgot some things. I made some mistakes because I was scared. They were kind though.”

Refugee, 18 years (male)

For many unaccompanied children, overcoming adversity through developing life plans, and pursuing goals, particularly through education, is a fundamental coping strategy. This approach of moving on through focusing on the present was often undermined by children's insecure status. Participants in the assessment described how the stress of waiting for a decision led many children to drop out of school, disengage from other social and recreational activities, and become less interested in interacting with others, socialising and making new friends: “they don't know what's going to happen to them. They are afraid to settle down, to build any relationships. They

don't know what will happen with their life."<sup>162</sup> This in turn interrupts children's education, and hinders their chances of succeeding in education and obtaining employment and social and civic participation after recognition. For example, one young person described:

“ [Before I got my status] I wouldn't go out with my friends. They would call me to go out. I'd just lay in bed all day. They tried to make me to play cricket, but I wouldn't. I didn't even go to college. At night time I couldn't sleep...It made me so worried and stressed. The biggest issue is the asylum process. They shouldn't take that long...”

Refugee, 19 years (male)

On the other hand, young people who had been given their status spoke of the sense of comfort and stability this had given them, and the opportunity to move forward and focus on other aspects of their lives:

“ [Q: What do you think successful integration means?] I think one thing that helps is when you get your status. You feel ok. I am proud of this country. I am part of this country. [Q: What helps you feel part of this country?] Maybe going to college and getting an education and moving towards a career and living your own life. And [then] a refugee is not what you are, it's a part of you. I am [also] a student. I'm doing this and that; the word 'refugee' is not the end – it's 'a refugee, and then – '. And that's helpful for me to think.”

Refugee 19 (female)

This quote illustrates a further sense in which lack of immigration status impacts on children's integration experiences: through shaping their social identities and how they view themselves in relation to others, as well as their perceptions of how others view them. Many young people explained how their status as an asylum-seeker or refugee set them apart from other children, confining their identities to a single

characteristic and limiting their ability to identify with other aspects of their lives and characters. These feelings of alienation appeared to be reinforced by negative representations of asylum-seekers and migrants in the media, as well as the so-called “hostile environment”, which left children feeling like social outsiders and creating barriers to feeling part of their broader communities. Asylum-seeking children expressed the view that being labelled as an “asylum-seeker” would cause their peers to reject them, and said that they choose to keep their identities hidden because of this fear:

“ [Before I got my status] it was difficult to explain my situation to others, because there's a huge stigma around asylum-seekers and how people treat them. I thought I can't live like this anymore.”

Asylum-seeker, 21 years (female)

These findings from the assessment fit with previous research which has explored how an extended asylum procedure, leading to a lengthy period of insecurity and inactivity, can be one of the main obstacles to the successful integration for young refugees.<sup>163</sup> It was difficult to see what justification there could be in the types of delays to decision making described by stakeholders interviewed in the assessment. Whilst living with this uncertainty delays and impedes integration for those who will go on to obtain refugee status, the process also impacts negatively on those who will ultimately be refused. Indeed, several children expressed that they would prefer to receive a negative outcome sooner, rather than continue to live in such limbo: “just answer! Refuse me! Just tell me something. Don't make me wait. Waiting is really, really bad.”<sup>164</sup>

<sup>162</sup> Social worker, Yorkshire and Humber.

<sup>163</sup> UNHCR, *A journey towards safety: A report on the experiences of Eritrean refugees in the UK*, August 2018, available at: <https://bit.ly/2Xscgz4>; Elder Rahimi Solicitors, *Systematic Delays in the Processing of the Claims for Asylum made in the UK by Unaccompanied Asylum Seeking Children*, March 2018, available at: <https://bit.ly/2Xlwtk8>; All Party Parliamentary Group on Refugees, *Refugees Welcome? The Experience of New Refugees in the UK*, April 2017, available at: <https://bit.ly/2lueeXt>.

<sup>164</sup> Asylum-seeker, 18 years (male).

## 8.4 Local Authority Funding

Finally, stakeholders in the research consistently raised concerns about the inadequate funding that is made available for LAs caring for unaccompanied children. Without sufficient funds, LAs expressed concerns about their capacity to receive children and provide appropriate services and support. Lack of adequate funding was found to negatively impact on LAs willingness to receive children, as well as their ability to provide essential integration support, such as appropriate care placements (e.g. foster care), extra ESOL support, specialist mental health provision, and leisure and social inclusion activities. During the research for this report the Home Office announced an increase to LA funding for unaccompanied asylum-seeking children in response to a review into the matter. Whilst the increase is a welcome recognition of the support unaccompanied asylum-seeking children and refugees require, as this report highlights, there are a range of key integration services that require financial support, and funding to LAs must be consistently reviewed to ensure it is commensurate to children's needs.

### Key findings: Cross-cutting issues

- Where guardianship services are available, they play an important part in supporting children to navigate complex administrative and legal process, understand their rights and entitlements, and access a range of services (e.g. education and health services) vital for integration.
- Lack of contact with, and an inability to reunite with family members, was identified as a major barrier to integration for unaccompanied children: negatively impacting on their emotional wellbeing and hindering them from coping in their new surroundings. For many young people interviewed during the research, discussing family was such a distressing and sensitive topic, that they avoided the subject altogether.
- Negative experiences in the immigration system and lengthy and protracted procedures were found to have a profoundly negative impact on all aspects of children's integration. Uncertainty about the future typically emerged as the dominant source of stress and anxiety in unaccompanied children's lives: impacting negatively on their emotional wellbeing, undermining their capacity for overcoming past trauma and moving on with their lives, and preventing them from feeling part of British society more broadly.
- The dissolution of specialist teams within LAs, comprised of social workers with specific knowledge and expertise in providing support to unaccompanied children, was identified as a cross-cutting challenge, affecting multiple domains of integration, including education, care and accommodation and access to mental health support.

## Case study: impact of immigration system

“ The Home Office situation kept going for so long. The appointments were increasing. I had to say my story again and again, all over again. And then another letter, and then go somewhere else. Finger prints, take photos, do other things. It was just too much pressure at that age. I started to realise what the Home Office was – what the famous “status” was, and I didn’t have that [status].

When I first came [to the UK] I felt so safe, I thought I was going to stay here forever and live a normal life. And then I realised things will change when I become an adult. They told me I might not be able to remain, and I didn’t understand why. I knew about passports, but I didn’t know a person can be a migrant, a person can be called an asylum-seeker, a person can be a refugee. I just thought a person could go where they were safe, but then I realised no, I had to be called an asylum-seeker I had to be called different names.

[...] I realised I’m not allowed to do many things that others are allowed to do, like working part time, or going to university. I wasn’t allowed to do it until I get a letter from Home Office. And I was thinking why am I not allowed to do what others are able to do? I thought, I can’t live like this anymore. I tried suicide three times: 1 time by taking pills – I was rushed to the hospital. Another time by taking drugs – overdosing. Another time by harming myself. Luckily I’m still alive, I don’t know why and how, but I am here.

After 3.5 years, I suddenly heard from them. I was 18 turning 19. The solicitor calls and said: ‘your application has been refused’, due to some reason I don’t even understand. They sent me a letter saying I had to go sign in once a week at the immigration office. [...]

At 19 I had to move out of my foster placement because they couldn’t keep me there. Other people would get permanent housing, I had to go to temporary accommodation because of my status. I would just have to stay in whatever was left over. I had no choice. If the place was dirty, I would have to live there, drug dealers - have to live there. I don’t blame social services.

I had to go to court four times. At 19, everybody was treating me like I was experienced. I had to defend myself. I had to remember everything that happened to me from scratch, which hurt me a lot because I was trying to forget. I was really trying to have a normal life. [...] The fourth judge eventually listened to what I had to say and granted me discretionary leave - 2.5 years to stay [human rights grounds].

I’ve had a really negative experience. I’ve suffered mentally and psychologically. You are here trying to live a better life, but you end up suffering even more. That’s why a lot of people have ended their life. They think they have escaped, but they haven’t because they have to go through the [immigration] process. I am very thankful I have my status now, but the damage I have received...I’m 21 and I feel like 40.

[Researcher: What do you think needs to change about the system?]

I’m going to try to say it – and then you can phrase it as best you can. No human being is an immigrant, or an asylum-seeker or whatever they call them. People should be treated with respect. Just because we don’t have a passport we are not nothing. We have so many things to offer, each of us, we’re special like everybody else. Definitely they can do their assessments but everybody should be given the right to live a life out of abuse and war.”

Female, 21 years, discretionary leave

## Recommendations: Cross-cutting Issues

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### INDEPENDENT GUARDIANS

- Introduce independent guardians for all unaccompanied and separated children, who must work in the best interests of the child and have sufficient legal authority to hold relevant agencies to account and instruct solicitors on behalf of a child (**Department for Education and Home Office**);

### FAMILY REUNIFICATION

- Review the Immigration Rules to enable unaccompanied refugee children to sponsor their parents/guardians to join them in the UK (**Home Office**);
- Reconsider the limitations set on legal aid eligibility for beneficiaries of international protection seeking family reunification (**Ministry of Justice**);

### ASYLUM SYSTEM

- Strengthen the quality and efficiency of asylum decision making for claims made by unaccompanied children and young people in recognition of their specific needs and the impact that the asylum system can have on their early integration experience. Asylum claims of unaccompanied children should be processed efficiently within a set time frame (e.g. six months) allowing for an extension only in exceptional cases. (**Home Office**).
- Ensure that asylum-seeking children/young people are counselled meaningfully and with the appropriate frequency on the progress of their asylum claim (**Home Office**).

# RECOMMENDATIONS

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## Journeys to and Arrival in the UK

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- Ensure consistency of support for all unaccompanied children to fully realise their rights regardless of their means of arrival in the UK. This would, in particular, include improving reception standards for unaccompanied children arriving spontaneously. More specific recommendations on how this can be achieved follow below (**Department for Education and Home Office**);
- Develop SOPs and adequate training on how to approach and identify unaccompanied and separated children and child protection for all likely first points of contact with those children, including border authorities, police, and health care providers; (**Department for Education and Home Office**);
- With respect to children arriving through Dublin III/Dublin-like procedures:
  - Commission external research to improve the understanding of the situation of children transferred through these pathways (**Department for Education and Home Office**);
  - Review and finalise the draft Revised Statutory Guidance for Local Authorities on Family and Friends Care and;
  - Clarify LA duties regarding initial and ongoing assessments for children including providing clearer information and advice for families receiving children through these pathways (**Department for Education**);
- The Department for Education and Home Office’s continuing NTS review and revision process should focus on the introduction of:
  - Provisions to facilitate more efficient transfers of children with strict time lines on transfers, to prevent children from unnecessarily being relocated once settled in a placement;
  - Clearer guidance for LAs on best interests assessments prior to transfer to ensure that transfers are carried in accordance with the best interests principle which involves consultation with the child and caregivers; and

- Strengthened collaboration, partnership and information sharing among LAs, to ensure appropriate ‘matching’ of children under the NTS, more rapid NTS transfers, and consistency in decision making and entitlements. (**Department for Education and Home Office**);

## Age Assessments

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- In the immediate term, the Home Office should record and publish data of those claiming to be children and considered by immigration officials to be over 25 years old (and those previously categorised as ‘significantly over 18 years old under the previous Home Office asylum policy guidance).
- Revise Home Office asylum policy guidance on assessing age, to withdraw the power given to immigration officials to make an initial age assessment if physical appearance and demeanour “very strongly suggests they are 25 years of age or over” and instead ensure that:
  - age assessments are only carried out as a measure of last resort i.e. where there are serious doubts as to the individual’s age and where other approaches have failed to establish that person’s age;
  - all age disputed individuals are given an age assessment; and
  - prior to the age assessment, all age-disputed individuals are given the benefit of the doubt and treated as a child unless this would be clearly unreasonable. When an age assessment is conducted, a process must be developed that allows for a holistic, impartial multi-agency approach, conducted over an adequate period of time, drawing on the expertise of those who play a role in the child’s life, including health professionals, psychologists, teachers, foster parents, youth workers, advocates, guardians and social workers. (**Department for Education and Home Office**).

## Reception and Orientation

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- Develop and fund reception and orientation programmes for all children who arrive into the UK (building on the Oxford model), so that children are immediately enrolled in a structured programme to introduce them to life in the UK, learn basic English, and get used to a UK educational setting (**Department for Education**).

## Care and Accommodation

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- To the extent possible, prioritise foster care for all unaccompanied children unless it is clearly in the child's best interests to place them in an alternative placement/ type of accommodation (**Department for Education**);
- While recognising and welcoming the recent increase in funding to LAs, continuously review the level of funding provided to LAs so that it accurately reflects the cost of caring for unaccompanied asylum-seeking and refugee children and the range of essential services required to support them, including the cost of foster care (**Department for Education and Home Office**);
- Continue to scale up support and training to foster parents and staff at semi-independent accommodation to ensure that they have a good understanding of the particular issues unaccompanied asylum-seeking and refugee children face and how best to support them, including:
  - The importance of connections to religious and community groups/ activities/ food etc. to reduce isolation and disorientation;
  - Tools so that children are able to communicate their needs (especially where their knowledge of English is limited);
  - Types of trauma affecting children, as well as cultural differences in attitudes to and beliefs about physical and mental health or wellbeing; and
  - How to recognise stress or secondary trauma in children, identify support needs, and support children to develop self-awareness and self-care needs and when children need to be referred to other professionals or services.

- Build/re-establish specialist capacity and training for social workers at LA level in undertaking assessment of needs, and care planning for unaccompanied asylum-seeking and refugee children (**Department for Education**).

## Education and English Language Learning

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- Acknowledging Department for Education's continuing initiatives to improve access to education for unaccompanied children, these initiatives should be continued and, if necessary intensified to:
  - Provide clearer information to schools on new EAL arrivals, including that they can discount these students from their results profiles;
  - Promote access to a mainstream school environment for UASC ages 16-18 years; and
  - Increase ESOL hours for 16-18 year olds, beyond the current 'full-time' provision of 16 hours per week; and Fund education programmes beyond 19 years, for young people who are not yet ready for higher education or work.
- Review the admission process to be followed when deciding whether an unaccompanied asylum-seeking child is to be admitted in-year or in the main admissions round for the school year (**Department for Education**).

## Health, Wellbeing and Psychosocial Support

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- Provide training on common mental health issues affecting unaccompanied children for social workers, foster carers, education professionals and others involved in providing support to children. In doing so highlight the challenges associated with identifying mental health needs and engaging unaccompanied asylum-seeking and refugee children in mental health interventions (**Department of Health and Social Care**);
- Provide creative, evidenced-based and practical interventions for addressing mental health issues affecting unaccompanied children. The Kent Sleep project is an example of a creative day-to-day intervention shown to work in addressing mental health issues (**Department of Health and Social Care**);

- Employ a holistic approach to supporting unaccompanied children’s mental health needs to ensure that their care plan reviews include a through consideration of mental health needs, taking into account physical care, social, education and health needs to promote overall wellbeing (**Department for Education and Department of Health and Social Care**);
- Develop interventions to tackle stigma associated with mental health problems, and to ‘normalise’ the experiences of many unaccompanied young people, including through youth groups, educational programmes, and one-to-one therapeutic support (e.g. the Red Cross/ Refugee Council’s Surviving to Thriving project) (**Department for Education and Department of Health and Social Care**).

### Safeguarding

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- Ensure that ongoing NRM reforms help deliver high quality and efficient case processing; develop procedures to strengthen transparency so that children and their advocates are counselled meaningfully and with appropriate frequency on the progress of any NRM referrals (**Home Office**); and
- Finalise the child-friendly NRM reform and roll out the ICTA system so that the new measures for better identification, rehabilitation, and protection of children are in operation (**Home Office**).

### Social Inclusion and Participation

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- Develop and fund initiatives that support unaccompanied children to access a range of (mainstream) educational, sports, cultural and leisure activities with other children of a similar age, including supporting children to access: specialist schemes such as the National Citizenship Service, local youth centres and groups, and sports, adventure and camping trips and holidays (**Department for Digital, Culture, Media and Sport, Home Office, Department for Education and Local Authorities**).

### Cross-cutting Issues

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#### Independent Guardians

- Introduce independent guardians for all unaccompanied and separated children, who must work in the best interests of the child and have sufficient legal authority to hold relevant agencies to account and instruct solicitors on behalf of a child (**Department for Education and Home Office**).

#### Family Reunification

- Review the Immigration Rules to enable unaccompanied refugee children to sponsor their parents/guardians to join them in the UK (**Home Office**);
- Reconsider the limitations set on legal aid eligibility for beneficiaries of international protection seeking family reunification (**Ministry of Justice**).

#### Asylum system

- Strengthen the quality and efficiency of asylum decision making for claims made by unaccompanied children and young people in recognition of their specific needs and the impact that the asylum system can have on their early integration experience. Asylum claims of unaccompanied children should be processed efficiently within a set time frame (e.g. six months) allowing for an extension only in exceptional cases. (**Home Office**). Ensure that asylum-seeking children/young people are counselled meaningfully and with the appropriate frequency on the progress of their asylum claim (**Home Office**).

# ANNEX 1: DEFINITIONS

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**Integration:** Integration is a broad and diffuse concept: there is no formal definition within International Refugee Law, nor consensus between States about what integration means. UNHCR defines integration as “the end product of a dynamic and multifaceted two-way process with three interrelated dimensions: a legal, an economic and a social-cultural dimension”. Integration implies a “social contract” between refugees and host countries, which implies “adaption” of one party and “welcome” by the other. Critically, whilst refugees must evidently follow the host country’s law and value, it does not require refugees to relinquish their cultural identity.<sup>165</sup>

**Unaccompanied children:** Any person under the age of 18 who is outside his or her country of origin or habitual residence and who has been separated from both parents and other relatives and who is not being cared for by an adult who, by law or custom, is responsible for doing so.<sup>166</sup>

**Separated children:** Individuals under 18 years old who may be separated from both parents or from their previous legal or customary primary caregiver, but not necessarily from other relatives. This may include children accompanied by other adult family members.<sup>167</sup>

**Unaccompanied asylum-seeking children:** Children who are unaccompanied and have claimed asylum are referred by the UK Home Office as ‘unaccompanied asylum-seeking children’ (UASCs).

**Leave to remain:** The permission given by the Home Office to enter or remain in the UK. Leave to remain can be limited in time and may contain various prohibitions (on working or claiming ‘public funds’). Time limited leave to remain may also explicitly allow the recipient to work or claim benefits, as is the case for children refused asylum and granted a limited form of leave known as ‘UASC-leave’.

**Limited leave as an unaccompanied asylum-seeking child (UASC leave):** If an unaccompanied child claims asylum and the Home Office does not accept that the child should be granted with either refugee status or humanitarian protection then limited leave to remain is often granted, either because it is not possible to return the child back to his or her country of origin, or because safe and adequate reception arrangements are not available. Children are granted UASC leave for a period of 30 months, or until the child turns 17 ½ years old, whichever is shorter. A significant number of children seeking asylum are granted this limited form of leave. They are eligible to appeal the refusal of asylum / humanitarian protection. Prior to 2013, unaccompanied children would be granted ‘discretionary leave’ on these grounds.<sup>168</sup>

**Limited leave to remain on family or private life grounds:** A child may also be granted limited leave to remain in the UK under the Immigration Rules or on the basis of the right to respect for private and family life under Article 8 of the European Convention on Human Rights. For example, where children and young people have been in the UK for many years, and developed significant ties to the country so that they would struggle to adjust abroad, leave may be granted on the basis that it is fair and right that the child or young person is allowed to stay. This form of leave is granted up to a maximum of 30 months at any one time.<sup>169</sup>

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<sup>165</sup> UNHCR, *Response to the All Party Parliamentary Group (APPG) on Social Integration’s Inquiry*, 17 March 2017, available at: [www.unhcr.org/uk/58e516fa4.pdf](http://www.unhcr.org/uk/58e516fa4.pdf).

<sup>166</sup> UNHCR, *Safe & Sound: what States can do to ensure respect for the best interests of unaccompanied and separated children in Europe*, October 2014, available at: [www.refworld.org/docid/5423da264.html](http://www.refworld.org/docid/5423da264.html) p. 22.

<sup>167</sup> Ibid.

<sup>168</sup> Apland, K. and Yarrow, E., *Children’s Voices, A review of evidence on the subjective wellbeing of children subject to immigration control in England*, November 2017, available at: <https://bit.ly/2x8Zmr0>.

<sup>169</sup> Ibid.

**Reception arrangements:** can be defined as the “measures adopted by a host country in order to meet the immediate needs of new arrivals” (including accommodation, food, clothing, medical services, and others) in order to ensure their welfare regardless of status, until their “referral to appropriate processes and procedures”.<sup>170</sup>

**Refugee:** A person who has claimed asylum is recognised as a refugee when the government in the country of their claim decides that they meet the definition of refugee under the United Nations Convention Relating to the Status of Refugees.<sup>171</sup>

**National transfer scheme:** A new voluntary transfer arrangement between LAs for the care of unaccompanied children who arrive in the UK and claim asylum, to facilitate a more even distribution of caring responsibilities across the country.<sup>172</sup>

**‘Looked after’:** A child is ‘looked after’ if he or she has been in the care of the LA for more than 24 hours. In England and Wales provision is made under the Children’s Act 1989 whereby a LA has obligations to provide for, or share, the care of a child under 18 years, where the parent(s) or guardian(s) are prevented from providing them with a suitable accommodation or care. A child is ‘looked after’ if he or she is provided with accommodation under Section 20 of the Act or taken into care through a care order (Section 31, which applies to children who have suffered, or who are suffering significant harm).<sup>173</sup>

Similar duties are placed on LAs in Scotland under sections 22 and 25 of the Children (Scotland) Act 1995.<sup>174</sup> The equivalent duties of Welsh LAs are set out in parts 3, 4 and 6 of the Social Services and Well-being (Wales) Act 2014.<sup>175</sup> The duties of Health and Social Care Trusts in Northern Ireland are set out in articles 18 and 21 of the Children (Northern Ireland) Order 1995.<sup>176</sup>

**Care-leaver:** A person who has been looked after by a LA for a period of, or periods amounting to, at least 13 weeks since the age of 14 and who was in care on their 16th birthday and is either an eligible, relevant or former relevant child as defined by the Children Act 1989.<sup>177</sup>

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<sup>170</sup> UNHCR, *The 10 Point Plan in Action, Chapter 4: Reception arrangements*, December 2016, available at: <https://bit.ly/2IrlAe5>. In the context of this study, “reception” arrangements are assessed by exploring children’s experiences of arrival in the UK holistically: from the point at which they arrive in the UK to the point at which they regularise their status.

<sup>171</sup> UN General Assembly, *Convention Relating to the Status of Refugees*, 28 July 1951. United Nations Treaty Series, vol. 189, p. 137, available at: [www.refworld.org/docid/3be01b964.html](http://www.refworld.org/docid/3be01b964.html).

<sup>172</sup> DfE and Home Office, *2017 Safeguarding Strategy*.

<sup>173</sup> Section 20, Children’s Act 1989, available at: [www.legislation.gov.uk/ukpga/1989/41/section/20](http://www.legislation.gov.uk/ukpga/1989/41/section/20); Section 31, Children’s Act 1989, available at: [www.legislation.gov.uk/ukpga/1989/41/section/31](http://www.legislation.gov.uk/ukpga/1989/41/section/31).

<sup>174</sup> Section 22, Children (Scotland) Act 1995, available at: [www.legislation.gov.uk/ukpga/1995/36/section/22](http://www.legislation.gov.uk/ukpga/1995/36/section/22); Section 25, Children (Scotland) Act 1995, available at: [www.legislation.gov.uk/ukpga/1995/36/section/25](http://www.legislation.gov.uk/ukpga/1995/36/section/25).

<sup>175</sup> Social Services and Well-being (Wales) Act 2014, available at: [www.legislation.gov.uk/anaw/2014/4/contents](http://www.legislation.gov.uk/anaw/2014/4/contents).

<sup>176</sup> Article 18, The Children (Northern Ireland) Order 1995, available at: [www.legislation.gov.uk/nisi/1995/755/article/18/made](http://www.legislation.gov.uk/nisi/1995/755/article/18/made); Article 21, The Children (Northern Ireland) Order 1995, available at: [www.legislation.gov.uk/nisi/1995/755/article/21/made](http://www.legislation.gov.uk/nisi/1995/755/article/21/made).

<sup>177</sup> The Care Leavers (England) Regulations 2010, available at: [www.legislation.gov.uk/uksi/2010/2571/made](http://www.legislation.gov.uk/uksi/2010/2571/made).

# ANNEX 2: IN-DEPTH INTERVIEW TOOL FOR REFUGEE AND ASYLUM SEEKING CHILDREN AND YOUTH

## Study on the Reception and Integration of Refugee Children in the UK

Name of researcher(s):		
Date:		
Location of residence (Town/ Village/ region)		
Local Authority		
Gender and age of respondent:	Gender:	Age:
Nationality/ Religion/Ethnicity/ Language		
Notes:		

Interviews should be held in a one to one setting (or two to one, including the translator). If the child being interviewed is more comfortable, it is okay for him or her to bring a trusted companion into the interview. Interviews should be conducted in a secure, quiet place.

Introduce yourself and the purpose of the study. Explain that the study explores the support available to young asylum seekers and refugees in the UK, and the actions taken by the government and other people to support children to settle and start a new life. Explain that we are looking to learn from the experiences of young asylum seekers and refugees so that we can find out what is happening in practice and what more could be done to support young people in similar situations the future.

Explain that participation in the study is voluntary, gain informed consent and advise participants about anonymity.

Does the child understand the nature and purpose of the study and their participation?

Yes  *continue with the interview*  
 N  *stop the interview*

Has the child given verbal consent to participate in the interview?

Yes  *continue with the interview*  
 N  *stop the interview*

### Section 1: Introductions

1. **Perhaps you could start by telling me a little about yourself.** (How old are you? Where are you from? Where did you grow up? Etc.)
2. **How long have you been living in the UK?**

### Section 2: Current living situation/ social environment

3. **Where are you currently living?** (Probe: how long have you been living here, where were you living before? Is this the first place you have lived in the UK etc.)
4. **Who do you currently live with?** (Probe: about the type of living arrangement and care).
5. **How happy do you feel in your current living environment? What do you like or dislike about where you are living? Why?** (Probe: about the physical environment as well as the relationships with other people at home etc.

6. **Do you feel you have someone in your current living environment who supports you?** (*Probe: for details, explanations and examples*).

- a. Do you feel you have someone in your current living environment who takes care of you when you are in need (i.e. if you were sick, in need of advice, or help of other kinds)? (*Probe: for details, explanations and examples*).

7. **Do you feel safe/ secure in your current living environment? Why/ why not?**

- a. **Has anyone ever made you feel unwanted/ unloved in your current living situation? Or hurt or harmed you in any way?** Physically/ mentally etc. (*Probe for details. Ask about experiences at home and in the community*).

8. **Do you feel that you have friends, neighbours, or other people around you in the community where you are living who you can talk to and/ or rely on for support?** Probe about who these people are, the nature of their relationships to the young person. Probe about whether the young person has any British friends.

- a. Is there anyone in your community who you feel is able to understand and relate to you? (*Probe, about why/ why not, who these people are, whether the young person know others from the same/ a similar cultural background etc.*)

9. **Are you currently attending college? Do you enjoy attending college?** Is life in a UK college what you expected? Why/ why not? Do you think your experiences in college are affected by being a refugee or asylum seeker? (*Probe about experiences of inclusion, discrimination or violence*).

- a. **Other than college what do you like to spend your time doing?** *Probe about different types of activities – e.g. playing on a sports team, or attending community events etc.*

10. **How does your current situation compare to places you've lived in the past? What are the main differences? What (if anything) do you prefer about your current situation? What (if anything) do you miss about your previous living situation?** (*Probe for details about previous living situations in the UK, and prior to coming to the UK, if relevant/ transferred through the VPRS, VCRS, or Dublin procedure etc.*)

### Section 3: Journey/ arrival in the UK

This section focuses on events and experiences on immediate arrival, and the first few days/ weeks after entering the UK.

Introduce this section by sensitively asking the young person whether they might be happy to talk a little bit about how and why they arrived in the UK. Acknowledge that some of the questions might be upsetting and explain to the young person again that they should not feel pressured/ obliged to answer any questions that make them feel uncomfortable.

11. **Would you feel comfortable sharing a little about the story of how and why you came to the UK?**

12. **Can you tell me about what you recall about your arrival in the UK?** *Start this question very open ended. As the child shares their story: ask about who they first encountered in the UK, where they were first living, what was their first encounter with authorities (which authority/ when/ nature of the encounter/ how they were treated). Ask about both objective events, and subjective experiences – how did they feel/ were they afraid/ who if anyone did they trust etc. etc.*

13. **What were your immediate needs/ wants/ expectations when you arrived in the UK? Did you feel that these needs/ wants/ expectations were met? Why/ why not?** *Probe about both material support (shelter, food, clothes, medical services) and emotional support (someone to talk to/ confide in etc.) that the child felt that they needed.*

**14. What information were you provided before or immediately after your arrival to the UK, about what you could expect about life in the UK, and support/ services available? Who provided this information? How useful was it? Looking back is there anything that you wished you had been told at the time that you weren't?**

**15. Looking back, do you think that there was anything that could have been done differently/ better at that time, that would have made your arrival to the UK happy/ easier? Ask the young person to explain their answer and give examples where possible.**

#### **Section 4:** Experience of integration support

This section focuses on experiences in the UK after the first few days/ weeks and to the present time.

**16. So we have been through what happened after you immediately arrived in the UK. Now talk me through what happened next?**

- a. *Probe about transfers to different forms of accommodation, to different locations across the UK etc.*
- b. *Probe about different experiences in accommodation/ care and relationships with caregivers. How do young people feel about the role of caregivers, and what are their feelings towards the relationships they may/ may not have built with them.*

**17. During your time in the UK have you been supported by a social worker? What has been your experience of the support you have been provided? Has it been helpful to you? Why/ why not?**

- a. Do you feel like you understand the decisions made about you by people in authority (education, housing, care arrangements, immigration status etc)? Do you feel like people listen to your opinion?

**18. Other than a social worker, during your time in the UK have you had any contact with other authorities? Probe about which authorities – e.g. police – and the nature of the contact.**

- a. Do you feel like you understand the decisions made about you by people in authority (education, housing, care arrangements, immigration status etc)? Do you feel like people listen to your opinion?
- b. Do you trust people in positions of authority in the UK? Do you trust the police?

**19. During your time in the UK have you been provided any legal advice, information and support? Overall what are your views about the quality of this support? Overall what have been your experiences in the legal system?**

**20. During your time in the UK have you been provided any English language support? Overall what are your views about the quality of this support? Overall what have been your experiences in the legal system?**

**21. During your time in the UK have you accessed any health care support? (Probe: how easy did the young person find it to access the healthcare they needed? Were there any barriers to accessing healthcare? What was the quality of support that they received?)**

**22. During your time in the UK have you been provided any counselling or support to help you cope with the challenges that you have faced (before, during and after arrival in the UK)? Has this support been helpful to you? Why/ why not? (If the young person hasn't had any support, ask them whether this is something that they think they would find useful).**

**23. Do you have any family members that you wish to be reunited with in the UK? Immediate / extended? How do you think reuniting with these family members might impact on how happy and settled you feel in the UK? Have you been provided any support to reunite with these family members?**

**24. Overall how safe have you felt since arriving to the UK? During your time in the UK have you had any times where you felt particularly happy or unhappy?**

- a. **Have there been any times where you have felt particularly safe/ unsafe?** *Probe for details about particular situations or events that the young person may discuss. Ask the young person why or why they have/ haven't felt happy or safe. Probe about any experiences of violence or abuse since arrival to the UK, and what, if any, support the young person received.*

**25. Overall how are things for you now? Have things improved for you since arriving in the UK?**

- a. Are there any new problems you are dealing with now? Is there anything in your life that you would like to change?

**26. Overall, looking back, at your experiences as a whole, how would you rate the quality of help and support that you have been provided in the UK?** What has been particularly helpful/ unhelpful? Is there any support that you would have liked but have not received? (*Probe for details*).

- a. Overall, how happy have you been since living in the UK? (*Ask the young person, if they can, to elaborate and articulate the reasons behind their answer.*

## **Section 5:** Looking forward

**27. How do you see your future? What are your goals, hopes and dreams?** (As about short, medium and long terms plans and goals. Probe about hopes in particular related to study and work).

**28. Have you spoken to someone about your hopes for the future?** What support do you think you might need to realise these goals?

**29. Do you have any worries about the future?** What are you most worried about, and what are you most looking forward to?

**30. In general, what do you think UK authorities could do improve the situation of asylum seeking and refugee children and young people?** Do you have any recommendations for what the [government] should do to make young people feel happier, safer and more welcome in the UK?

**Thank the participant for their time. Assure them one more time about anonymity, the goal of the research, and the way that the information that they have shared will be used.**

