

# Levelling the playing field

A UNICEF UK report into provision of services to unaccompanied or separated migrant children in three local authority areas in England



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# Acknowledgements

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## About UNICEF

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# Acronyms

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BAAF	British Association for Adoption and Fostering
BNP	British National Party
BUMP	Befriending Unaccompanied Minors Project, The Children's Society
CAMHS	Child and Adolescent Mental Health Services
CEOP	Child Exploitation and Online Protection Centre
CRB	Criminal Records Bureau
CTAIL	Child Trafficking Advice and Information Line
DfES	Department for Education and Skills
DRC	Democratic Republic of Congo
EAL	English as an additional language
EAZ	Education Action Zone
ECPAT	End Child Prostitution, Child Pornography and the Trafficking of Children
EEA	European Economic Area
EMA	Education Maintenance Allowance
EMAG	Ethnic Minority Achievement Grant
EMCAS	Minority Communities Achievements Service
ESOL	English for speakers of other languages
GCSE	General Certificate of Secondary Education
GP	General Practitioner
HNC	Higher National Certificate
IRO	Independent reviewing officer
IT	Information Technology
LAC	Look after children
NHS	National Health Service
NGO	Non-governmental organisation
PCT	Primary Care Trust
PEP	Personal education plan
PTSD	Post-traumatic stress disorder
SOCA	Serious Organised Crime Agency
UASC	Unaccompanied asylum seeking child
UKBA	UK Border Agency
UK	United Kingdom of Great Britain and Northern Ireland

## Definitions & concepts

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- Child – A child is defined by the 1989 United Nations Convention on the Rights of the Child and the United Kingdom’s Children Act 1989 as a person below the age of 18 years, who is accorded special rights and protection by virtue of his or her age.
- Child asylum seeker – A child who has applied for protection in the United Kingdom under the Convention Relating to the Status of Refugees.
- Child refugee – A child who has been granted refugee status under the Convention Relating to the Status of Refugees. If refugee status was recognised in the United Kingdom after 2005, the child is also likely to have been granted five years leave to remain.
- Children subject to immigration control – A child who is not a European Economic Area (EEA) national and who requires leave to enter or remain in the United Kingdom – but does not have it – is a child who is subject to immigration control<sup>1</sup>. Some children are subject to immigration control because they are, or were, the dependants of parents who are seeking leave to remain in the United Kingdom. Some of these children will have been born here but will not have acquired a right to British citizenship. Others may have been taken into care as a result of child protection concerns and are no longer dependant on their parents. Some may have been brought to the UK for adoption and may have been abandoned when the adoption order is refused or the arrangement fails. Further children are living in private fostering arrangements and have overstayed their leave to remain here or were illegal entrants. Some may have been trafficked into the United Kingdom for the purposes of labour or sexual exploitation or benefit fraud and are likely to have been brought into the United Kingdom illegally.
- Separated children – The UK Border Agency defines an unaccompanied asylum-seeking child as an individual who is under 18, has applied for asylum in his or her own right, is separated from both parents and is not being cared for by an adult who by law or custom has responsibility to do so<sup>2</sup>. This definition does not include children who arrived in the United Kingdom in the care of a parent or other adult (for example, a relative or family friend) who by law or custom has responsibility for the child, even if the child is no longer living with such an adult due to the subsequent breakdown of such an arrangement. The UK Border Agency does not have a definition for a separated child. Grants are only provided to local authorities to support children who fall within the agency’s definition of unaccompanied asylum-seeking children. Therefore Home Office Statistics and UK Border Agency grants will not apply to all children defined as separated within this report, which will include children who are living with relatives or friends who are not their legal or customary carers.
- Trafficking – Trafficking is the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion or abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation<sup>3</sup>. The recruitment, transportation, transfer, harbouring or receipt of a child for the purposes of exploitation shall be considered ‘trafficking in human beings’, even if this does not involve any of the means above<sup>4</sup> (extract from the Palermo Protocol 2000). Trafficking is different from smuggling, as it involves the movement of people with the intention to exploit. Smuggling refers to the facilitation of illegal entry for a fee paid to an agent.
- Private fostering – Private fostering is defined by the Children Act 1989 as “a child under the age of 16 (or 18 if disabled) who is placed for more than 28 days in the care of someone who is not the child’s guardian, or close relative, by private arrangement between the parent and carer”. Under the Children Act 1989 it is the duty of every local authority to satisfy itself that the welfare of children who are privately fostered within its area are being satisfactorily safeguarded and promoted.

1. Section 115(9)(a) of the Immigration and Asylum Act 1999.

2. Unaccompanied asylum-seeking children – local authority grant UK Border Agency 14 October 2009.

3. The Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (The Palermo Protocol), which is a supplement to the UN Convention against Transnational Crime 2000.

4. Article 4c of the Council of Europe Convention on Action against Trafficking in Human Beings 2005.

# Executive summary

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This report is based on research commissioned by UNICEF UK and undertaken in three local authority areas in England involving professionals dealing with unaccompanied or separated migrant children, as well as interviews with the children themselves.

The research was designed to investigate whether the services provided to unaccompanied or separated migrant children met their complex needs and also complied with domestic and international standards for the treatment of children.

The three areas were chosen to reflect their different geographical and structural characteristics, as well as the interest they had expressed in taking part in the research:

- Kent County Council has historically been host to a large number of unaccompanied or separated migrant children, most of whom entered the country through the port at Dover. It has a large and predominantly white population and is a mainly rural county.
- The London Borough of Harrow is an outer London borough with one of the most diverse populations in England in terms of ethnic, cultural and religious communities.
- Solihull Metropolitan Borough Council is located in the West Midlands. The number of unaccompanied or separated migrant children greatly increased when an Asylum Screening Unit was located in Solihull in 2002. It has a largely white population and there is one British National Party (BNP) councillor on the council.

The research revealed a variety of good, but different, practices in each of the three local authority areas in response to the needs of unaccompanied or separated migrant children in their areas. The report did not seek to compare the responses made by each of the local authorities. However, it did assess them against established international standards for the treatment of unaccompanied or separated migrant children.

The research also identified areas where improvements were clearly needed to ensure that this particularly vulnerable group were given the protection and support which they required.

The report's findings mirror some previous findings from similar research studies. However, the geographical range of the research was more diverse than other studies, and the findings raised some new issues.

These included the fact that unaccompanied or separated migrant children who were accommodated outside inner city areas with established ethnically and religiously diverse populations experienced greater levels of racism and social isolation. The negative attitudes towards these children were not limited to adult members of the public but also included members of their peer group and professionals working with them.

The unaccompanied or separated migrant children interviewed for the research came from a variety of backgrounds in terms of education

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and class, and this may have had a direct impact on their ability to adapt to life in England.

The local authorities also reported that they often struggled to maintain the quality of care demanded by both domestic legislation and international human rights norms as they were not provided with sufficient central government funding to meet the complex needs of this cohort of children and young people.

As a result of these findings, the following key recommendations are being put forward:

# Key recommendations

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## *Section 2: Unaccompanied or separated migrant children who are not claiming asylum*

Safe houses and safe foster care placements should be developed by the Department for Children, Schools and Families and local authorities to accommodate unaccompanied or separated migrant children who have been, or are suspected of having been, trafficked.

## *Section 3: Unaccompanied or separated migrant children accommodated by a local authority*

The funds provided to local authorities should reflect the actual cost of providing unaccompanied or separated migrant children with a level of care and support that reflects the standards established by the United Nations Convention on the Rights of the Child and the Committee on the Rights of the Child's General Comment No. 6 on Treatment of Unaccompanied and Separated Children Outside Their Country of Origin.

## *Section 4: Health and emotional well-being*

The Child and Adolescent Mental Health Services (CAMHS) and the Department of Health should develop a network of local services to meet the particular needs of unaccompanied or separated migrant children who have suffered mental trauma or who have an identifiable mental illness or psychological or emotional disturbance. These services should be developed in cooperation with professionals who have sufficient knowledge of the cultural attitudes to, and the practical experience of, psychiatric treatment in each individual child's country of origin. Services should be delivered using appropriate intercultural communication skills.

## *Section 5: Education*

Local education authorities and further education colleges should develop courses that combine the learning of English with subject-based courses so that unaccompanied or separated migrant children can build on the academic knowledge they have previously acquired.

## *Section 6: Racism and marginalisation*

Training should be organised for adults who are responsible for providing services to unaccompanied or separated migrant children in order to strengthen the acceptance that such children are entitled to the same level of support and funding as children who are permanently resident here.

## *Section 7: Sources of support*

An independent guardian should be appointed for every unaccompanied or separated migrant child as soon as they come to the notice of the UK Border Agency (UKBA) or a local children's services authority.

Further specific recommendations are included in the body of the report.



# Introduction

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The current research was designed to explore the care and support provided to unaccompanied or separated migrant children who arrive in England. No statistics are available about the actual numbers of children who fall within this category, or about the number of children who arrive in England each year. However, lawyers, social workers and non-governmental agencies (NGOs) working in this field believe that thousands of unaccompanied or separated migrant children are living in the United Kingdom.

There are statistics available for one sub-set of this group: unaccompanied asylum-seeking children. In 2008, 4,285 unaccompanied or separated migrant children arrived in the United Kingdom and claimed asylum. In addition, 1,400 other individuals applied for asylum in 2008 but their ages were disputed. By 2009, 785 of these individuals were still recorded as having their ages disputed: their asylum applications were therefore processed as though they were adults and they were also accommodated as adults<sup>5</sup>.

Unaccompanied or separated asylum-seeking children are now thought to represent around 10 per cent of all children in care and these children are mainly concentrated in London and the South-East of England<sup>6</sup>. Much less is known about the many other unaccompanied or separated migrant children who arrive in the United Kingdom but do not seek asylum, and the array of care and immigration settings in which these children find themselves can be complex and confusing.

Some unaccompanied or separated migrant children may have arrived as visitors with adults who are not their parents or legal or customary carers. They will have remained in the country without these adults ever obtaining further leave for them to remain here. Some may have arrived initially with their families, only to be abandoned later; others may find themselves separated as the result of family breakdown and may end up being taken into care or accommodated by local authority children's services departments due to child protection concerns.

There has been increasing focus on the situation of children who are being fostered under private arrangements without the involvement of a local authority, especially following the case of Victoria Climbié, who died in 2000. In addition, there is also evidence to suggest that many children being looked after in private fostering arrangements are exposed to abuse, and that some are the victims of child trafficking.

Being categorised within one of these groups – for example, as an unaccompanied or separated asylum-seeking child, or a trafficked child – affords these children a certain level of protection. However, some policy makers have questioned whether the needs of a trafficked child, for example, are so different to the needs of other unaccompanied or separated child migrants. Often the factors that make children vulnerable to trafficking are almost identical to those that trigger children's independent migration. In fact, rigid definitions are not helpful when the priority should be protecting any child from exploitation, regardless of whether or not they have been trafficked<sup>7</sup>.

In order to try and explore the experiences of a sample of these unaccompanied or separated migrant children, it was decided to

5. *Research Development and Statistics Directorate of the Home Office, 2009.*
6. *Birmingham City Council, et al., 2007.*
7. *O'Connell Davidson, 2007, p35.*

undertake some initial desk research and interviews with professionals working at a national level on issues relating to this group of children. Three local authorities were then selected that were geographically and structurally different from each other. Interviews were undertaken in these areas with a number of unaccompanied or separated migrant children and young people and the professionals working with them. Some interviews were also undertaken with young people who had previously been unaccompanied or separated children so as to assess their experience of the transition to adulthood.

One of these local authorities, Kent County Council, is responsible for one of the largest counties in England, with a population of over 1.4 million. Kent is often referred to as the 'gateway' to Europe because of its location in the South-East of England and the presence of the port of Dover. While almost three quarters of the county is rural, most people live in the main 18 towns, the largest of which is Maidstone, and also in the city of Canterbury. The majority of the population is white, but in areas such as Dartford and Ashford – where the population is expanding rapidly – there are many more people from different countries and cultures<sup>8</sup>.

The second local authority chosen was Solihull Metropolitan Borough Council, a small borough in the West Midlands in the centre of England. It has three main urban areas and extensive farmland, interspersed with rural villages. The area consists of people of mainly white ethnic origin but the ethnic composition of the borough is changing, with the latest population estimates indicating that 9.4 per cent of the population is from black minority ethnic communities. This is more than double the rate within the 2001 census. Solihull has a strong economy, employment is high and many people earn above the average wage<sup>9</sup>.

The third local authority, the London Borough of Harrow, is an outer London borough in the northwest of the capital. Overall it is relatively prosperous and, compared with London, unemployment is lower than average. However, there are big contrasts between the richest and the poorest people in Harrow and there are an increasing number of lower income families. It is ethnically diverse and has the highest number of different faiths and religions in England. Over half of the population is from a minority ethnic background.

The research found that the ethnic composition of the populations of these three local authorities had an impact on the experiences of the unaccompanied or separated migrant children accommodated by them. Those children placed in areas that were predominantly white experienced a higher level of racism and social isolation. However, each of the local authorities had developed programmes that were designed to assist those who were adversely affected by these phenomena.

The nationalities of the unaccompanied or separated migrant children who were accommodated by the three local authorities also had an impact on their particular needs and strengths. Therefore any conclusions drawn from this report should be restricted to unaccompanied or separated migrant children from these particular countries and communities. In particular, it should be noted that no unaccompanied or separated migrant children from Nigeria, Viet Nam or the Roma community were interviewed and therefore their particular perspectives are not reflected in this report.

The manner in which the three local authorities chose to meet the needs of the unaccompanied and separated migrant children for whom they were responsible varied according to their access to

8. Source: [oneplace.direct.gov.uk](http://oneplace.direct.gov.uk)

9. Source: [oneplace.direct.gov.uk](http://oneplace.direct.gov.uk)

resources and expertise. The report does not seek to compare their responses, as all three local authorities had their own particular strengths and innovative approaches. Instead the data gathered was considered in the context of the United Kingdom's international obligations as outlined in the United Nations Convention on the Rights of the Child, the United Nations Committee on the Rights of the Child's General Comment No. 6 on Treatment of Unaccompanied and Separated Children Outside of their Country of Origin and other relevant international human rights instruments.

In addition, the services provided were analysed with reference to the statutory duties and powers held by the local authorities and any policies published by central government. The conclusions reached were then used to formulate recommendations that may assist central government policy makers and other local authorities to ensure that the particular needs of unaccompanied or separated migrant children were met on a consistent basis and in compliance with the United Kingdom's international obligations and their statutory duties.

The conclusions also highlighted the need for additional central government financial support to local service providers to ensure the United Kingdom meets all of its international obligations. In addition, the research identified areas where it is likely that the Secretary of State for the Home Department will have to make further arrangements to ensure the proper discharge of any relevant functions concerning the need to safeguard and promote the welfare of children who are in the United Kingdom as required by Section 55 of the Borders, Citizenship and Immigration Act 2009.

## About the research

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In 2006, Jacqueline Bhabha and Nadine Finch published a report on their research, *Seeking Asylum Alone: Unaccompanied and Separated Children and Refugee Protection in the UK*<sup>10</sup>. This explored the experiences of unaccompanied asylum-seeking children going through the asylum determination process. During the course of the research, Bhabha and Finch found that many unaccompanied or separated young people were also anxious to talk about the services and support they had received while their claims were assessed. The study found that, despite improvements in the care and support that young people received, practice between local authorities still varied significantly. Few children had the necessary adult support to help them with their day-to-day welfare or long-term protection needs. It also found that few unaccompanied or separated children were accessing specialist mental health services such as counselling or psychiatric support.

Based on this evidence, and the priority ascribed to these issues by young people, a new study was identified to look at the ability of unaccompanied or separated migrant children to access local authority accommodation and health and education services, their experiences of these services, and to explore the factors that impede or increase their access to these services.

The research aimed to:

- Analyse the factors (for example, immigration and care legislation, economics, politics, racism and discrimination) that increase or decrease the ability of unaccompanied or separated children to access local authority accommodation and health and education services.
- Identify which particular children, or groups of children, are most and least able to access a full range of services.
- Document examples of good practice and make policy recommendations to ensure that the rights of unaccompanied or separated migrant children can be respected.

The research initially aimed to explore the situation of a range of unaccompanied or separated migrant children who were either looked after by a local authority or who were not being cared for by close relatives. These included: children who are unaccompanied asylum seekers; children who are recognised refugees; children who have been trafficked; children who have come into care because of child protection concerns; or children who have been placed in private fostering arrangements. This was in order to explore if and how their immigration status, or the label that has been ascribed to them, affects their experiences and access to services<sup>11</sup>.

10. Bhabha and Finch, 2006.

11. Due to methodological challenges discussed below, the researchers were only able to interview unaccompanied and separated migrant children who were seeking asylum.

## Research questions and themes

Several themes emerged from desk research into previous reports on unaccompanied and separated migrant children, as well as from interviews with professionals working with these children.

The themes identified as deserving attention in this report provide an indication of the issues that affect children's access to care and services and were used to devise the questions and themed discussions for practitioners and children and young people:

## Policy/legislation

Immigration status affects access to services. There is confusion and misunderstanding about relevant legislation and policies. This can impact on the policies and practices adopted in the Health Service and by the Department of Children, Schools and Families and local education and children services authorities. There are also clear contradictions between child welfare and immigration legislation.

## Politics

Asylum seekers and migrants can be politically and socially unpopular. There is often an emphasis on those who make unfounded applications for international protection as opposed to those with very real protection needs. There is also an increasing trend to introduce policies and legislation that differentiate between citizen and migrant children. Racism and discrimination can be an increasing problem for migrant children.

## Economic factors

Central government departments and local councils may be inadequately funded to implement the duties they have under different pieces of legislation.

## Practice issues

There were concerns about the appropriateness of guidance provided for needs assessments and the quality of practice in the assessments of need. In addition, there was a lack of coordination between departments or adequate team structures within service providers. Staff also felt the need for greater support and resources.

## Social supports

There was felt to be a need for more frequent contact with social workers and a greater diversity in types of placement and support within placements. Also mentioned was the need for stronger community links and the need for peer group support.

## Individual factors

Age and gender were said to affect access to services. Ethnicity can be the basis for discrimination. Unaccompanied or separated migrant children may lack the necessary social skills and education to access the services they need. Disability and emotional distress can also affect access to services. Unaccompanied or separated migrant children may be perceived to be failing to cooperate when their responses are deemed culturally appropriate in their countries of origin.

# 1. Methodology

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Given that the research aimed to explore a wide range of contexts and factors affecting unaccompanied or separated migrant children's access to services, the researchers identified three local authorities where they carried out detailed qualitative research. It was not the intention of the research to compare local authority practice across the three authorities, as this would have required more detailed quantitative research.

The criteria for the selection of authorities included: the existence of a large and diverse population of migrant children; authorities that, at the time of planning, were deemed likely to become a specialist authority as part of the UK Border Agency's *Better Outcomes: Way Forward Improving the Care of Unaccompanied Asylum Seeking Children* programme<sup>12</sup>, which was published in January 2008; and finally authorities where practitioners were willing to be involved and happy to work with the research team in accessing services and children to take part in the study. A number of authorities were contacted initially, and three were selected: Solihull Metropolitan Borough Council, the London Borough of Harrow and Kent County Council.

As a local authority close to the major ports of entry for asylum seekers, Kent provides accommodation for a significant proportion of all unaccompanied or separated migrant children. The Comprehensive Area Assessment<sup>13</sup> for 2009 noted that Kent County Council has "significant and growing numbers of new arrivals, both economic migrants and asylum seekers".

The Asylum Team in Solihull was created in 2004 in response to a significant increase in the number of arrivals of separated asylum-seeking children. In 2004, the team was receiving approximately 30 to 40 cases a year. This has grown significantly to around 90 new arrivals per year since 2005. Unaccompanied or separated migrant children in care account for around 40 per cent of the total number of looked after children in the borough. The Comprehensive Area Assessment for 2009 stated that Solihull Metropolitan Borough Council was "providing good services for unaccompanied asylum-seeking children. There was a UK Border Agency Regional Centre and between 2002 and 2004 there was an asylum screening unit in Solihull in addition to the ones in Liverpool and Croydon. Any unaccompanied children arriving in the region [without a place to return to elsewhere in the UK] will become the responsibility of Solihull Metropolitan Borough Council. Nearly 180 such children are being looked after by the Council, as well as about 160 individuals who are now over 18 but still in need of support by the Council."

The Comprehensive Area Assessment for 2009 said that the London Borough of Harrow has a large Indian Asian community and is often a place where new migrants choose to settle in London. Harrow values its unique identity, which is linked to the diversity of its local population and people are generally respectful of one another's cultures. There is also a wide programme of activities that supports people who already live in the area, as well as seeking to integrate new migrants who may not already have local support<sup>14</sup>.

12. The UK Border Agency subsequently decided not to implement this programme, as it could not persuade local authorities to participate in it when they were not being offered any additional funding to do so.

13. Drawn up by the Audit Commission.

14. Source: [oneplace.direct.gov.uk](http://oneplace.direct.gov.uk)

## Identifying children and young people to take part in the research

At a very early stage in the research, it became apparent that the research team would face a number of challenges in being able to identify and carry out research with unaccompanied or separated migrant children who were not seeking asylum, or who were not being looked after by the local authority's respective asylum team. These challenges were both methodological and ethical. Unaccompanied or separated migrant children are a marginalised and vulnerable group because they are separated from their parents or guardians, and their vulnerability is often compounded by their uncertain immigration status. From the outset, it was decided that the research would not seek to interview children who were victims of trafficking. While each of the authorities selected had experience of looking after children and young people who had been trafficked, the research team did not believe, from an ethical standpoint, that these children and young people were ready to be interviewed about their experiences. In addition, the study wanted to avoid the bias associated with accessing those children and young people who have been supported by the few national trafficking support projects. Their views have been sought previously and it would be unlikely that any new information would be forthcoming, or that this information would be representative of the experiences of those trafficked children who are looked after in the three local authorities. Instead, the research focused on the experiences of local authorities in looking after victims of trafficking.

Researchers experienced significant local authority resistance to exploring the issue of private fostering and there appeared to be real concerns that the research would uncover evidence of abuse or neglect. This level of resistance is not surprising given the outcomes of the Victoria Climbié case and treatment of social workers by the media in light of the Baby Peter case more recently<sup>15</sup>. National-level stakeholders alluded to a culture of panic due to the strains of departments that were under resourced and under staffed. Given these factors, it was decided that this study should focus primarily on the situation of unaccompanied or separated migrant children who are seeking asylum, as a follow up to Bhabha and Finch's report, *Seeking Asylum Alone*<sup>16</sup>. However, many practitioners were interested to explore issues surrounding other groups of unaccompanied or separated migrant children, and these issues are addressed within this report.

Given these limitations, the research aimed to explore the experiences of at least 20 unaccompanied or separated migrant children in each authority through a range of semi-structured interviews and focus group discussions. It also aimed to carry out semi-structured interviews with at least 20 service providers, covering children's services, health and education practitioners. In addition, semi-structured interviews were carried out with national-level policy makers and practitioners in order to contextualise the research findings.

The selection and identification of the unaccompanied or separated migrant children and young people who took part in the research varied slightly between each local authority. However, in order to devise a strategy for identifying them, a number of meetings took place in each authority with the head of the relevant asylum team,

15. For example, on 13 November 2008, *The Sun* called for everyone involved in social services in the Baby P case to be sacked.

16. Bhabha and Finch, 2006.



with team managers and with social workers in order to identify the best approach to take. These meetings also provided the researchers with an opportunity to present the research and discuss the methodology, and for practitioners to ask questions and raise any concerns they might have.

In each authority, an approach was agreed whereby social workers would discuss the research with their clients when they met with them and leave them with information about the project. An information leaflet was prepared and translated into seven languages including Pashtu, Tigrigna, Dari, Amharic, Mandarin, Farsi and Vietnamese. This leaflet was also sent out in a young person's newsletter in Harrow, and distributed among accommodation providers.

If the children and young people indicated that they were interested in taking part in the research, their contact details were passed on to the research team. In addition to this, in Solihull and Harrow, researchers visited accommodation providers and youth projects to present the research to children and young people. Interview dates were then scheduled with those who expressed an interest in taking part. In each local authority therefore, social workers acted as gatekeepers.

The sample was not random and it is likely that the children and young people identified have certain characteristics. For example, they may be seen to be coping better with their situation or thought to be less likely to criticise service provision, or have a better command of English. This was particularly the case in Kent, where team managers and social workers had concerns that taking part in the research would upset young people, especially those who were deemed to be emotionally vulnerable. As a result, only those young people who were identified by social workers as more resilient or able to cope were initially approached in Kent. It is likely that some degree of selection took place in the other two authorities as well. Although there are elements of selection in the final sample, the young people who participated nevertheless represented a wide breadth of experiences, which generated rich data.



## Research ethics and child protection

An ethical protocol was devised in order to protect young people's confidentiality and well-being. It was designed to ensure that the research was sanctioned by informed consent, cautious and protective, sensitive and flexible, consultative, empowering, confidential and accountable. The paramount obligation was to ensure that the physical, social and psychological well-being of children and young people was protected throughout the research process, as well as their rights, interests and privacy.

The ethical protocol was also central to the two days of training in research methods that the researchers took part in. The training helped to prepare the researchers to deal with situations when interviewees raised personal and potentially painful issues, as well as how to close sensitive discussions and provide further support and referral.

A child protection protocol was also devised and, if interviewees raised suggestions of abuse or maltreatment, these issues were to be fed back to the research manager and the local authority was to be contacted immediately. Young people were made aware of these obligations at the outset of each interview or meeting, along with the research aims and objectives. At the end of each interview, researchers were to talk directly to the person about their concerns, and discuss with them what should be done.

## Informed consent

The research was governed by a process of informed consent. It was a priority to ensure that all children and young people who agreed to participate in the research were fully informed about the aims of the research and the limit of confidentiality of what they said. Informed consent was an ongoing process. Initially social workers explained the aims of the research to the children and young people, and outlined what it would involve. They then had a choice as to whether or not they were interested in finding out more. When their contact details were passed on to the researchers, the researchers spent time explaining the aims and objectives carefully and clearly. Time was also taken to explain that the research was an independent project and that there would be no immediate advantages for them or those around them, or changes to current circumstances, if they took part. However, it was made clear that the findings would be used to make recommendations, which, it was hoped, would bring about more positive changes in the long term.

Researchers found that the children and young people were very clear when they reached a point in a narrative where they did not wish to continue. Issues were only explored to the extent that children and young people felt comfortable to talk about them. This invariably led to a variation in the level of detail provided and in the topics they chose to focus on in their discussions with researchers. Consent was also gained to use recording equipment when carrying out interviews. If the child or young person was not happy having the interview recorded, notes were taken. They were always asked whether they wanted to see the interview transcript. In three cases this was requested. In one case a child requested to be re-interviewed and for the initial transcript to be destroyed. Interviewees were offered the option of having an interpreter present. The majority did not choose this option, even when their English was fairly limited. Researchers

took this into account when carrying out interviews and in some cases the interview was more of an unstructured but steered conversation. At an early stage in the research, a decision was made not to interview children or young people who had been in the country for less than five months. This was because, during initial interviews with new arrivals, researchers did not feel that the consent gained was fully informed, despite the presence of an interpreter. This was thought to be because they were still overwhelmed by the myriad of professionals they had come into contact with since their arrival, which made it difficult to distinguish between the various roles, responsibilities and departments.

The children and young people were not offered incentives for taking part in the research, but were rewarded for taking part by being given a £5 high-street voucher or mobile phone top-up voucher. In one case, a researcher noted that a young person only seemed interested in taking part because his friend had been interviewed the previous week, so he knew about the reward.

## Research tools

Semi-structured interviews and focus group discussions were the main methods used in this research. Semi-structured interviews have been likened to a guided conversation. In this research the interviews were guided by a topic guide based on the key themes of the research (see Appendix 1). The children and young people were also asked to draw a timeline to help researchers keep track of the main events in their history and when they had taken place. Some children and young people also mapped out their social networks. This approach allowed them to explore the issues that were important to them and allowed them to find out more about the research and what it means.

In most cases, interviews were carried out in a location identified by the children and young people. This was to ensure that they knew where to meet, and that they felt comfortable there. When they met with researchers on a one-to-one basis, interviews always took place in a public setting, in line with the Child Protection Protocol. In most cases interviews took place in cafes. Some took place in hostels and other forms of shared accommodation, classrooms and youth clubs, and some took place in children's services offices.

The Asylum Team in Kent had initially expressed concern about interviews being carried out in public spaces such as cafes, and requested that researchers should book rooms in local authority buildings. This had a significant impact on the quality of the interviews. A number of children and young people appeared to feel very uncomfortable in these settings, and researchers did not feel able to build up a rapport with the young people in these cases.

The format of focus group discussions was based on the research themes and researchers could choose from a range of different activities. These activities were designed to be participative and inclusive, and used a range of activities including art work and drama (see Appendix 2).

In practice, the project encountered a number of obstacles to carrying out successful focus group discussions. Firstly, the sampling technique used meant that children and young people were often living in placements far apart from each other. Logistically it was very difficult to find a convenient date and time to bring them together, in addition to finding an appropriate venue. In total, four focus groups took place, and this was possible because children or young people were already present as a group at the supported accommodation provider and at an education centre.

A major limitation to the success of the discussions was that there had not been scope in the research to pilot the focus group discussions. The researchers found that the children and young people's ability and desire to engage with the methods and activities chosen varied significantly. It became very apparent that those who had no previous educational experience struggled with some tasks that included documenting experiences in a time-linear format. These children and young people were all male and over the age of 16, but they used the time to draw individually, and one commented that he had never before been able to draw freely as he wished. Conversely, others did not want to work together in a group setting, but wanted to carry out individual tasks.

## Interviews with practitioners and policy makers

Interviews were carried out with a range of children's services, accommodation, health and education practitioners in each local authority. Practitioners were identified through initial meetings with the asylum teams in each authority, and then through a process of 'snowballing', whereby interviewees were asked to recommend other practitioners who could be interviewed as part of the research. In addition to these practitioners, a range of national-level practitioners and policy makers were interviewed, including non-governmental organisations (NGOs) and government representatives. A list of practitioners who were interviewed is included in Appendix 3.

## Sample of young people

There were a total of 59 children and young people interviewed – ranging in age from 13 to 23 (see Table 1). The nationality of the children and young people interviewed for this research broadly reflected the countries that were consistently within the top 10 producing countries for unaccompanied and separated migrant children (see Table 2). However, it should be noted that Guinea was not in the top 10 countries in 2008 or 2009, and that Viet Nam, Pakistan, Algeria, Nigeria, Bangladesh and Zimbabwe did fall in the top 10.

*Table 1: Age of young people interviewed*

Age	Number of young people in Harrow	Number of young people in Kent	Number of young people in Solihull	Total
13		1		1
14		2	2	4
15		1	5	6
16	1	4	5	10
17	8	3	2	13
18	4	1	3	8
19	1	1		2
20	5			5
21	2			2
23		1		1
Age not provided			7	7
<b>TOTAL</b>				<b>59</b>

*Table 2: Nationality of young people interviewed*

Nationality	Harrow	Kent	Solihull	Total
Eritrean	3		5	8
Afghan	6	13	16	35
Iranian				
Iraqi				
Congolese (DRC) <sup>18</sup>				
Chinese				
Albanian				
Somali				
Guinean				
Sri Lankan				
<b>TOTAL</b>				<b>59</b>

18. Democratic Republic of Congo.

## Gender of young people interviewed

Only seven of the young people interviewed were female; six of these young women were living in Harrow. It is disappointing that the research was not able to interview more young women in Solihull and Kent, and it is likely that this is due to a combination of the following factors. Firstly, data suggests that boys and young men are more likely to travel by road and by boat than girls and young women. This reflects the situations in both Kent and Solihull, where the majority of unaccompanied or separated migrant children arrive by boat and by road respectively. Since Harrow is a London borough, it is likely that there are more female unaccompanied or separated migrant children present because of the proximity to Heathrow and Gatwick airports.

However, the research methodology also contributed to the lack of females in the data set. As discussed above, the research relied on social workers as gatekeepers, which meant that the selection of unaccompanied or separated migrant children was not systematic and was subject to social workers' time, access and relationships, as well as decisions about those young people they were willing to discuss the research with. It is likely that the reluctance of some practitioners to put forward for interview unaccompanied or separated migrant children who were identified as being more 'vulnerable' contributed to the lack of females interviewed.

*Table 3: Age and country of females interviewed*

Local authority	Age	Country of origin
Harrow	19	DRC
Harrow	17	DRC
Harrow	20	Albania
Harrow	18	Eritrea
Harrow	17	Guinea
Harrow	17	China
Solihull	18	DRC

However, the percentage of girls interviewed was not statistically atypical. There has been a marked decrease in the number of girls claiming asylum as a proportion of the overall number of children claiming asylum in recent years. In 2008, for example, 3,750 unaccompanied or separated boys applied for asylum compared to 530 girls, which means that there were seven times more boys than girls. In previous research published in November 2006,<sup>19</sup> it was found that 67 per cent of the children claiming asylum in both 2003 and 2004 were boys. The decrease is significant and calls for further research. However, one factor would appear to be the very high number of unaccompanied or separated migrant children from Afghanistan. Home Office statistics<sup>20</sup> show that there were 1,800 such children in 2008. In the first quarter of 2009, there were 480; in the second quarter, there were 375 and in the third quarter there were also 375. Information supplied by all three local authorities involved in this research indicated that the majority of the Afghan unaccompanied or separated migrant children in their care were boys. For example, in Solihull only 7 per cent of their Afghan intake had been girls. In addition, previous research noted that unaccompanied or separated girls were predominantly arriving from West African countries that were also known source countries for child trafficking<sup>21</sup>. It may be that the reduction in the overall number of girls seeking asylum indicates a shift in the manner in which human traffickers are bringing girls into the United Kingdom.

19. Bhabha and Finch, 2006.

20. Research Development and Statistics Directorate of the Home Office.

21. Bhabha and Finch, 2006.

## 2. Research findings: Assessment and placement of separated or unaccompanied migrant children

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### 2.1 Policy and legislative background

The rights and entitlements of unaccompanied or separated migrant children are laid out in various international conventions and national legislation.

#### *Article 3 of the United Nations Convention on the Rights of the Child states that:*

“In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.”

#### *Article 20 of the Convention also states that:*

- “1. A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.
2. States Parties shall in accordance with their national laws ensure alternative care for such a child.
3. Such care could include, inter alia, foster placement, kafalah of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child’s upbringing and to the child’s ethnic, religious, cultural and linguistic background.”

The Committee on the Rights of the Child’s General Comment No. 6 on the Treatment of Unaccompanied and Separated Children outside their Country of Origin states, at paragraph 12, that:

“The enjoyment of rights stipulated in the Convention are not limited to children who are citizens of a State Party and must therefore, if not explicitly stated otherwise in the Convention, also be available to all children – including asylum-seeking, refugee and migrant children – irrespective of their nationality, immigration status or statelessness.”

#### *Article 11 of the European Social Charter, drawn up by the Council of Europe states that:*

“Everyone has the right to benefit from social welfare services.”

#### *Article 12 of the Council of Europe Convention on Action against Trafficking in Human Beings states that:*

- “1. Each party shall adopt such legislative and other measures as may be necessary to assist victims in their physical, psychological and social recovery. Such assistance shall include at least:
  - a. standards of living capable to ensuring their subsistence, through such measures as: appropriate and secure accommodation, psychological and material assistance;
  - c. translation and interpretation services, when appropriate;
  - d. counselling and information ...
  - f. access to education for children.”

**Section 17 of the UK's Children Act 1989 states that:**

- "1. It shall be the general duty of every local authority ...
- a. to safeguard and promote the welfare of children within their area who are in need."

**Section 20 of the Children Act 1989 also states that:**

- "1. Every local authority shall provide accommodation for any child in need within their area who appears to them to require accommodation as a result of –
- a. there being no person who has parental responsibility for him."

**Section 11 of the Children Act 2004 states that:**

- "1. This section applies to each of the following:
- (a) a children's services authority in England;
  - (c) a strategic health authority;
  - (e) a primary care trust;
  - (f) an NHS<sup>22</sup> trust;
  - (g) an NHS foundation trust.
2. Each person and body to whom this section applies must make arrangements for ensuring that –
- (a) their functions are discharged having regard to the need to safeguard and promote the welfare of children."

In *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children* (2006),<sup>23</sup> HM Government states that:

"11.74 In recent years the number of migrant children in the UK has increased for a variety of reasons, including the expansion of the global economy and incidence of war and conflicts. Safeguarding and promoting the welfare of these children must remain paramount with agencies in their dealings with this group.

11.75 Local agencies should give particular consideration to child victims of trafficking and unaccompanied asylum-seeking children.

11.83 Local authorities have a duty to provide appropriate support and services to all unaccompanied asylum-seeking children, as these children should be provided with the same quality of individual assessment and related services as any other child presenting as being 'in need'.

11.85 The responsible local authority should provide services for unaccompanied asylum-seeking children on the basis [of their needs], irrespective of their immigration status."

22. National Health Service.

23. See also Department of Health, 1998.

## 2.2 Assessment and placement of unaccompanied or separated migrant children with irregular status

As discussed in Section 2, this study initially aimed to explore the situation of a range of unaccompanied or separated migrant children, including those who were seeking asylum. For the reasons previously outlined, it has not been possible to explore these issues in depth. However, the research findings did raise some interesting questions about definitions and categories, and the role of immigration status in determining initial access to support and services.

This section explores local authority assessment and placement of:

- migrant children who have not applied for asylum and whose status is unknown;
- separated children who have not applied for asylum and whose status is unknown;
- separated children in private fostering and kinship care arrangements; and
- separated children who are suspected of having been, or known to have been trafficked.

Section 4 explores the assessment and placement of those unaccompanied or separated migrant children who have sought asylum.

The findings suggest that some practitioners believe that numbers of unaccompanied or separated migrant children who are not known to the authorities could be in the thousands, and are likely to be more numerous than those unaccompanied or separated migrant children who are known to the authorities and who are seeking asylum:

*"I think the main point is actually just that when they are in the care of somebody else, they can be completely invisible. We had a child who ended up becoming completely destitute at one of our projects. He had been living with a guy who he said was his Uncle, who had then just gone off to Pakistan for six months and left him in the house on his own. He had no food, no money, he didn't even have a coat actually, and it was the middle of winter."*

### National NGO representative

The vulnerability of these hidden children can be twofold; some may have been abused, and many have been brought into the United Kingdom on false documents and so are here illegally, making it increasingly hard for them to access services or plan for the future. Examples given by practitioners included young people who came over with relatives many years previously, often on tourist visas, but have overstayed, or a child who came over with his family, but following a family breakdown, had not been home for several years. These young people find themselves in a situation where they cannot move on with their lives as they do not have any documents, according to one national NGO/legal advisory representative. This lack of documentation also means that they have no way of proving who they are, and they struggle to have their stories believed by the authorities.

There does not appear to be any standard approach in terms of how local authorities deal with unaccompanied or separated migrant children who are not claiming asylum. In some cases, they will be



looked after by the asylum team. However, because of the way the Home Office grant-reclaim system works, these cases are rare. In most cases, the children or young people will be looked after by the children and families team, sometimes with input and advice from the asylum team, unless at a later stage they decide to claim asylum.

In Kent, two examples were given of separated children who had come to the attention of the authority, but who were not seeking asylum. One young boy had arrived with his father from Iran at the age of nine. His father brought him to the mainstream Children and Families Team because he could not cope with looking after him on his own. After an assessment, it became apparent that the boy's father had been physically abusing him. The boy was put into a foster placement, and while the Children and Families Team was responsible for the boy financially, the Unaccompanied Asylum Seekers (UASC) Team dealt with the case. The second example given was of a 12-year-old boy who was found alone in a shared flat after being taken in by another boy who lived there and had found him alone at a Sikh temple. He told social services that he had come to the UK with his parents from India, but the authority believed that he had been trafficked, and he was being treated as an abandoned child. Like the first case, the Children and Families Team was financially responsible, but the boy was looked after by the UASC Team. In both cases, solicitors achieved limited leave to remain for the boys; in the first case, the boy was granted leave to remain until he is 18, and in the second case the boy was granted leave to remain until he is 14<sup>24</sup>.

Similar cases were identified in Solihull, where two boys from Bangladesh were being looked after by the UASC team, even though they were not seeking asylum. The Asylum Team solicitor was extremely concerned about the boys' status, because they were in the UK unlawfully. The UASC Team struggled to access services for them because they did not have the status of 'UASC':

*"The label of UASC leads to a certain level of understanding and opens doors in terms of services, so we've been having real battles about these children's access to health and education."*

#### **Social Services Manager, Solihull**

Evidence suggested that practitioners and policy makers struggled with how best to help and support young people who were undocumented and illegal. Children being looked after by the Children and Families Team may also miss out on the specialist care and immigration advice that they require even though they are also entitled to free legal help and representation.

*"The path is much clearer for asylum seeking children. Migrant children who aren't claiming asylum, I find much more confusing and you've obviously got to address the immigration issue but it's harder to work out on what basis you can regularise their status. The main thing is whether you can then put in an Article 8 [of the European Convention on Human Rights] claim on the basis of how long they've been in the country and what relations they've put down. But if they haven't been here very long ... I find it much less straight forward."*

#### **Legal advisory services representative**

24. Social worker, Kent: In both these cases discretionary leave to remain may have been granted merely because they were minors and it would appear that there remain unresolved international protection needs that still need to be addressed.

Some policy makers were concerned that unaccompanied or separated migrant children were being pushed to claim asylum by local authorities, without a review of their case and a decision whether or not claiming asylum is the best option for them. One of the reasons for this approach is thought to relate to funding, according to one national NGO representative. (Local authorities can claim from the Home Office for some of the costs of accommodating unaccompanied asylum seekers.)

*“For some of them we think it is particularly inappropriate that they are claiming asylum, because actually some of them are just automatically going to fail and putting them through the system to claim asylum, knowing that they are going to fail and then having to argue some other protection for them is quite damaging to them.”*

#### **National NGO representative**

The issue of funding is also thought to be a barrier preventing other non-asylum migrant children from being taken into care altogether. A few policy makers described a reluctance to take those who arrive with family members into care, because the local authority is not able to get funding for them. Cases include those who arrive with their parents, but the parents then return, or sibling groups, according to a national NGO representative. For example, a young person in Harrow had arrived accompanied, and a practitioner described the confusion over who should take responsibility for him, and how he had to push the authority quite hard to take the boy in<sup>25</sup>.

A further factor that seemed to cause confusion about funding and status is when children who initially sought asylum with their family became separated from that family. It can present a problem with their status as they become known to the Home Office as accompanied, according to a social worker in Harrow.

*25. Connexions adviser, Harrow. The boy had been in trouble with the police and concerns were then picked up around the fact that the adult with whom he was living was not a family member.*

## 2.3 Assessment and placement of unaccompanied or separated migrant children who are in private fostering and kinship care arrangements

A private fostering arrangement is one that is made without local authority involvement for the care of a child under the age of 16 by someone other than a parent or close relative, with the intention that it should last for at least 28 days<sup>26</sup>. The issue of private fostering has come to the fore in recent years because of evidence that many children in these arrangements are being exploited, and are sometimes victims of trafficking. However, policy makers and practitioners have been raising concerns about the practice for many years, in particular with regard to the lack of effective mechanisms to identify and monitor children who are being looked after in this way.

The local authority has a duty to make an assessment of the safety of the placement, including Criminal Records Bureau (CRB)<sup>27</sup> checks, and then to continue to monitor the placement at regular intervals<sup>28</sup>. However, actual notifications are not mandatory and are extremely low and do not represent the true nature of private fostering. According to one practitioner, there is data on approximately 1,500 children who are registered in private fostering placements, but it is estimated that at least 10,000 have not notified the authorities<sup>29</sup>.

All three local authorities involved in this research provided information about the legal requirements for private fostering on their websites and no privately fostered children were interviewed for the research.

However, national stakeholders interviewed identified a problem in the lack of incentive for private fosterers to notify authorities, as registering will involve police checks and intrusive interviews. This is especially unwelcome if there are immigration issues. In this situation, families are particularly reluctant to notify local authorities. Other stakeholders also acknowledged that there is little incentive for local authorities to proactively seek out private fostering situations, because of the cost implications, which could involve children being moved from 'free' private fostering into local authority foster care, which is far more expensive. The notification system is currently under review by the Department of Children Schools and Families.

*"The difficulty is that most families don't want social services involved nor do they want to be police checked. And if the family is here and there are immigration issues, then they certainly won't want to notify social services that they are here."*

### National NGO representative

While some thought that procedures were robust, where local authorities received notifications, others had concerns about huge variations in practice and approaches towards private fostering cases. There were suggestions that local authorities were often very resistant to the idea that they should take a child into care:

*"Some of them do very intense assessments, some do a very light touch, so there's inconsistency of approach. Some local authorities will have a dedicated person whose task will be to promote, go outside and get people thinking about private fostering, and then assessing. Others will just react when it becomes too stressful, so it's a very mixed bag."*

### National NGO representative

26. Section 66 of the Children Act 1989.

27. To ensure that nobody in the household has a history of criminal offences suggesting that a child should not be placed with them.

28. Section 67 of the Children Act 1989.

29. National NGO representative.

Some national stakeholders were concerned that social workers did not know enough about private fostering and suggested that there was a general understanding that, if the child wants to stay with the adult and if they are from the same country, then that is acceptable, according to one national NGO representative. They gave examples to indicate how child protection issues were not being picked up because of this:

*"I can think of one example which was actually a really horrid private fostering situation, and the young person ran away, ran to social services and she was given back to the people she was running from. So not all social services are sure how to deal with this because they don't know how to identify private fostering situations and how to deal with the parents."*

#### **National NGO representative**

Child protection issues were not the only concerns raised about children living in private fostering situations. Some stakeholders felt that even when children were living in safe and loving private fostering situations, issues such as immigration status, poverty and isolation also contributed to these children and families needing extra support and advice:

*"There are two children we are working with who are lovely, really bright and bubbly. Living with their cousin who took on the care of them when their mum and dad's relationship broke down due to domestic violence. I think their dad is actually in prison and the mum has gone back to the country where they came from, because she was so afraid and left the children with the cousin. The cousin is lovely as well, but really young and really struggling and needs some help from someone. Our project is providing her with as much support as possible. We are trying very hard to get social services involved, to take an interest. They are not at risk in any way, they are not at risk from harm or abuse, there is just a need for additional support and I think these sorts of things often go quite unnoticed."*

#### **National NGO representative**

There is no consensus as to how the system could be improved in response to these shortcomings, but a number of actions are being implemented, and practitioners had a number of suggestions regarding improvements. For example, it was suggested that a more sophisticated approach was needed that recognised the many different groups of children within the private fostering categories. To date private fostering has not been prioritised by local authorities because it is regarded as a very small issue confined to black and minority communities. However, recent research found that the majority of children in private fostering situations were British children sleeping on sofas<sup>30</sup>.

Many NGOs have been lobbying for the introduction of mandatory registration schemes, which carry a stronger requirement. However, there are debates about whether this would make a difference in practice. Some suggested the barrier is the lack of incentives for private fosterers to come forward. One national NGO representative gave an example of a local authority that achieved significant notifications through offering financial incentives.

Other actions that have been taken include measures within the Immigration Rules<sup>31</sup> to tighten up procedures so that children can only travel with a designated and named adult, and where information is given about the adults with whom the children live in their country of origin. Visa requirements are also being tightened for children who are applying to come to the country for longer periods of time, according to a Home Office policy maker.

30. National NGO representative, quoting Wirtz, 2009.

31. Paragraph 46A of the Immigration Rules HC 396.

In each authority, any children who are being cared for in private fostering arrangements are the responsibility of the Private Fostering Teams. While other teams do come into contact with privately fostered children, generally this is only at the time when the cases first become known to the authorities. Very few of the social services practitioners interviewed had experience of private fostering, or understood with confidence what this entailed.

Only one practitioner interviewed had direct experience of working with privately fostered children, and, in the example given, there were concerns that the child had also been trafficked:

*"We work with privately fostered children occasionally. Once we had a client – I think the aunt or step mum or somebody was actually taking care of them – before they were approved for financial support from social services, so that's how they were brought to our attention. We realised that maybe this person had been brought to the country to be like a domestic help, so we took them out of that environment. If an assessment is done and we feel that this person might be trafficked then we want to get them out of that situation and in that case they come to us as an unaccompanied asylum seeking child. I think we have a couple on our case load like that who have been taken out of so called family members' houses."*

**Accommodation manager, Harrow**

*"We don't have a huge amount of information about that and it is a real concern because it is one of the key situations that we find trafficked children in."*

**National NGO representative**

While few of the local authority practitioners had had contact with children in private fostering arrangements, they did have experience of young people who wanted to go and live with someone they knew. In all of these cases, the placement was treated as a kinship care placement, and it was clear that some practitioners were confused between private fostering and kinship care:

*"I'm a little unclear about what private and kinship caring is. We thought we didn't have any, because it's a private arrangement, isn't it? And then we got a list of things... but we do have people who live with relatives, who come here (to the Asylum Team) first and say I know a relative, or I've got a phone number of a relative."*

**Social worker, Solihull**

*"It's not private fostering when it's with a close relative. Sometimes it's hard to see how it fits, for example when an 'Uncle' turns up – it's not always the mother or father's brother."*

**Social services team manager**

It is arguable that it is a private fostering arrangement unless a child is placed with a grandparent, brother, sister, uncle or aunt (whether full blood, half blood or by affinity) or step-parent. Apart from in these cases, the individual will not be a relative for the purposes of Section 105 of the Children Act 1989 and should be monitored by children's services under Section 67 of the Children Act 1989. However, local authorities have developed a practice of placing children with more distant family members and other people under kinship placements.

In most cases, social workers carried out full kinship care assessments. This involves a long process of social services and police checks, CRB checks and viability reports. Social workers will visit the accommodation and try to find out more about the people

who live there and their relationships with each other. The final kinship report looks at the whole aspect of the family environment and the type of support that can be provided, according to one social worker in Kent. However, in some cases other approaches were taken, including carrying out some but not all aspects of the kinship care assessment, such as taking a detailed family history from each side, and obtaining information from screening interviews to verify facts and stories before they knew that their 'relative' was in the UK. In other cases, particularly when young people are over the age of 16, social workers in Kent and Solihull have sometimes just let the young person go, according to one Social Services Manager in Solihull.

*"On some occasions kids are being given the option, if you don't want to hang about for the kinship assessment and you want to take a chance that's up to you. We're saying we wouldn't support it so then you can sign yourself out of care but then that means you need to sign on, get yourself on benefits and so on and so forth."*

#### **Independent reviewing officer, Kent**

One barrier identified to carrying out the full kinship assessment was the lack of background information that would normally be used to assess a case involving a UK citizen child. There are rarely the relevant education or health records available, for example, and practitioners find themselves dependent on the information the child gives them to try and verify that this adult is really a relative, according to a team leader in Kent. One reason given was that the kinship care option was set up for citizen children who might be on the child protection register, and who are offered care from another relative. Sometimes there may be cause for concern, and the assessments are quite intrusive. Also, it may often place the child or his or her family in danger to try to obtain further information about those said to be relatives of an unaccompanied or separated migrant child.

*"The best we do is try to get information from the Home Office on screening interviews about relatives and where they said they lived. Sometimes there have been phone calls to Afghanistan to check."*

#### **Social worker, Solihull**

A further barrier preventing these arrangements from going ahead is financial. When separated asylum-seeking children are placed in kinship placements, they move from being 'unaccompanied' to 'accompanied' children. The authority no longer receives funding from the Home Office and the child does not have an allocated social worker. As one practitioner explained, the financial implications of taking on a 16-year-old adolescent cannot be underestimated. Unless the families have a 'decent income' coming in, they will find it hard to cope. To overcome this, the Social Services Manager in Solihull explained that the Asylum Team sometimes provided set up costs from their general Children's Services budget. However, generally, examples were given of situations where social workers felt that there was no reason for children not to be placed with their relatives. However, in order to go ahead, the families needed extra financial support. This means that young people are left potentially vulnerable and isolated, and this was strongly criticised by one practitioner:



*“In theory they shouldn’t (have social worker support) – as far as the Home Office is concerned. In reality, it doesn’t stop because we keep involved and I can’t see how, morally, we could do that. We do keep involved as much as we can... but that is the regulation of the Home Office – that if you’re placing a child with a relative they are no longer an unaccompanied child so why is the local authority supporting them? And that’s questionable in childcare law, I think. There can be problems at a later stage, as the young person gets older, if the relationship doesn’t continue after the age of 18, has the young person lost their entitlement under Section 24, if they want to remain in full time education? So it leaves all that very blurred about what rights they actually have.”*

**Team leader, Kent**

Some practitioners felt that, when adequate checks had been carried out, kinship placements were a very positive setting for unaccompanied or separated migrant children. Examples given included sets of brothers who had been separated on their journey to the United Kingdom. This was also evidenced in other studies, which have found that placement in care or with extended family members was positively associated with young people faring better in education and having stronger networks of social support<sup>32</sup>.

*“When it works it’s really good because with a relative, they’re with people of their own culture or religion and their needs are met in that way. I think most social workers would agree that it’s much more beneficial.”*

**Team leader, Kent**

*“A lot of them do very well with it. I think it’s very judgmental isn’t it, to think that everybody would want support. I mean, if my niece came over from somewhere I would want to look after my niece, I wouldn’t particularly want anyone else. But we do advise them of the risks. And we’ve done some lovely family reunifications. Others, the family just want contact, if it’s a second cousin or something, so we support the contact.”*

**Team leader, Kent**

However, practitioners also raised concerns about the vulnerability of young people in kinship care settings. As one explained, “in some ways it’s very nice, but on the other hand nobody knows who this person is and these youngsters are very vulnerable.” The confusion over what kinship care is and the checks that should be carried out, and significant evidence of links between professed ‘relatives’ and evidence of exploitation, and suspected or known trafficked cases, raises real cause for concern.

A significant number of the known or suspected cases of child trafficking that were described by practitioners involved ‘uncles’ or distant family relatives. As discussed in Section 8, even when young people were not going to live with these newly acquired family friends or relatives, practitioners were worried about the degree of influence and sway that they held over young people.

## Case studies

*“One situation I’m proud of – we had no intelligence but something didn’t smell right – was an under 16 year old in foster care. We let him have carefully managed contact with a relative who then wanted to take him to Pakistan for the holidays... the evidence we provided contributed to this ‘relative’ being convicted of people smuggling, he got 12 years. The social worker wasn’t convinced that this man lived where he said he did. There were no bills, no food in the cupboards. It’s difficult in terms of validity of evidence. But where you have so many unsure situations, you mustn’t dismiss your instincts. So we had to carefully manage and supervise the contact and undertake ‘counter grooming’. We need to ensure that there is a pull from us as well as from them, to try to stop young people disappearing.”*

**Social services manager, Solihull**

*“We had a situation where the solicitor referred the young person because of his age dispute. But he was living with an uncle who seemed really reluctant to let him engage with others. So then we took him to the local authority to try to get them to age assess him for accommodation. And that wasn’t easy to do, to get them to take our concerns seriously. Eventually they did check out the address, a little bit too late we felt, and they found that the address was a chip shop with no accommodation above it. So a false address had been given to us and we didn’t see the young person and the solicitor didn’t hear from him. He was lost at that point.”*

**Befriending and advocacy project representative, Solihull**

32. Wade, et al., 2006.

In one example given by a community support worker in Kent, a man had claimed to be a family friend of a Vietnamese girl. He claimed that he was a friend of her grandmother's, yet the only evidence was that the girl had a piece of paper with the man's phone number on it. While the full kinship care assessment might be time-intensive and not always easy to apply to young people from abroad, the research found evidence to suggest that cutting corners and not always carrying out the relevant checks and assessments, can expose young people to vulnerable settings and possibly exploitation:

*"We ask them questions about where they lived. We did one recently where the answers were so perfect... A second child then wanted to go there to live. We found that social services had also referred young people there and had rehearsed answers. We didn't let him go so he discharged himself at 16. Something smells funny about that situation. But social services are not as advanced or aware of these issues as other authorities."*

**Social services team manager, Solihull**

## Case studies

*"Another example is a case of a young child who has been in our care for some time now. Quite recently, an Uncle came from somewhere saying that he's got parental responsibility for him. And we had suspicions about possible trafficking. We're working very closely on the Home Office with this. But he went to court on private proceedings, wanting a residence order. The social worker did a viability assessment on the Uncle, which we didn't feel was viable. And therefore we didn't support his application for a residence order. And the Judge was concerned and read between the lines and without us asking, actually granted us an interim care order."*

**Social services team manager, Harrow**

*"One girl was coming back from college and was accosted at X station by someone from her country and said that they were an Uncle from the Midlands and that they would like her to move up there, gave her a phone number and kept calling. She spilled everything out to the social worker and set a whole thing going which the police followed up very quickly."*

**Independent reviewing officer, Kent**



## 2.4 Assessment and placement of unaccompanied or separated migrant children who are known or suspected to have been trafficked

There is evidence to show that significant numbers of unaccompanied or separated migrant children who arrive in the UK have been brought in by traffickers who intend to exploit them. Research carried out by the Child Exploitation and Online Protection Centre (CEOP) in 2006 found that of 330 identified cases of child trafficking, 50 per cent were unaccompanied or separated migrant children. Some of these children present at ports of entry on their own, while others might arrive with adults who purport to be their legitimate guardians<sup>33</sup>. Some of these trafficked children claim asylum on arrival, on the instructions of their trafficker or agent, as the asylum process and protection systems provide an avenue for children to acquire a temporary legal immigration status in the UK<sup>34</sup>. It also provides a means for the trafficker to avoid the risk of entering the country with them.

All child victims of trafficking are entitled to the same level of care and protection regardless of their immigration status. Local authorities have duties and powers under the Children Act 1989 to provide suitable and appropriate care, to meet their needs and to take protective measures where that is necessary. However, questions have been raised about the quality of care that children at risk of trafficking receive, especially in light of evidence that significant numbers of suspected victims go missing from care. One study found 55 per cent of the total number of suspected victims had gone missing, while another found 64 per cent had gone missing, and a general absence of specialist care, accommodation and legal advice has also been noted<sup>35</sup>.

All three local authorities involved in the research were part of a pilot project being run by the London Safeguarding Children Board, using the London Safeguarding Trafficked Children Toolkit. By December 2009 this project was in the monitoring phase and it was hoped that the London Safeguarding Children Board Safeguarding Trafficked Children Guidance would be published in the middle of 2010. The toolkit incorporates a list of key indicators for practitioners to look out for when working with children to improve identification and understanding around the issue. The initiative also aims to promote joint working between local authorities and enable 'handholding' in those local authorities facing more significant struggles in implementing the new strategy. A manual is also being produced, with funding from the Association of Chief Police Officers, in order to establish best practice in the area of child trafficking. The guide also promotes cooperation between different child protection agencies, including social services and the police, to promote understanding and intelligence sharing amongst all professionals who are likely to come into contact with this vulnerable group. As the three local authorities were part of this pilot project, it was not surprising that awareness of the issues was fairly high.

33. Kapoor, 2007, p40.

34. *ibid.*

35. Beddoe, 2007.

## Experiences of working with child victims of trafficking

Many of the local authority practitioners interviewed had come across suspected cases of child trafficking. Nearly all the cases discussed involved Chinese and Vietnamese young people, and a few suspected but unconfirmed cases included Afghan young people and young women from West African countries. In confirmed cases, exploitation had involved criminal activities such as cannabis cultivation and other forms of exploitative labour. No practitioners had come across cases of domestic servitude or benefit fraud.

As has been highlighted in much of the literature on child trafficking<sup>36</sup>, in the majority of cases the first indication that a child may have been trafficked was when they went missing from care.

*"We lost one of our 12 year olds who has been missing from care for over a year. We don't know where he is. And we've had another one go missing this week. Someone you met on Tuesday has gone missing already, so... we know he's nearby, he's phoned, but he's not saying where he is."*

### Education practitioner, Solihull

*"Knowingly I've only encountered about three of those (trafficked cases), the rest are probably the ones that clear off before you ever get a chance to meet them."*

### Independent reviewing officer, Kent

Unaccompanied or separated children often went missing in the first two days after they had arrived. There was particular concern for Chinese and Vietnamese children, who frequently went missing very soon after arrival, and from a variety of accommodation placements including foster care. As has also been documented elsewhere, there was evidence that children and young people were particularly vulnerable to disappearing if they arrived out of hours. In Solihull, children have gone missing from emergency foster placements in these circumstances:

*"The last one we had, I think it would have been ok, but he came in out of hours and I think that's how he slipped through and we did say in the team meeting that we've got to be a lot more pro active and careful with out of hours. I mean, we've told foster carers what they need to look out for and to try and talk to them, but we have lost a few."*

### Social worker, Solihull

Practitioners in Solihull and Kent noted that young Afghan boys also went missing, but often got back in touch with social services to explain where they were or gave reasons for leaving. In contrast contact was rarely, if at all, re-established with Vietnamese or Chinese children.

Previous studies have noted a lack of practitioner awareness of the issues of child trafficking. However, practitioners interviewed in this research often had quite detailed knowledge of the issues surrounding child trafficking and in many instances very quickly identified concerns about particular cases. Each of the asylum teams had undergone training sessions with End Child Prostitution, Child Pornography and the Trafficking of Children (ECPAT) UK. In Harrow in particular, professionals identified the London Safeguarding Trafficked Children Toolkit as having made a significant impact on their understanding of and ability to recognise child trafficking:

<sup>36</sup> See, for example, Beddoe, 2007 and Kapoor, 2007.

*“It’s really, really made the system much easier for identifying victims of trafficking. I...worked with one person about two and a half years ago and she came and it’s obvious now with the information we had... now we know that actually she was a victim of trafficking.”*

**Social worker, Harrow**

*“The assessment tool kit has really helped us identify trafficked children. In the past even if you suspected that something wasn’t right, that you thought a child might have been trafficked and we wanted to approach the Home Office to say that we felt they should be granted asylum based on the fact that we think that they’ve been trafficked we didn’t have anything like that (the toolkit) to show that something wasn’t right.”*

**Social worker, Harrow**

*“Now sometimes when we’re doing an assessment, things stand out that two years ago nobody would have been thinking about. We’d just have thought ‘he’s just another unaccompanied asylum seeking child’, but now you have indicators which you can use to help these people and recognise them as trafficked.”*

**Accommodation manager, Harrow**

An additional source of support identified by some practitioners was the NSPCC’s Child Trafficking Advice and Information Line (CTAIL). Practitioners from two of the three local authorities had recently sought advice from this information line. Training provided by ECPAT was also identified as an important service for practitioners in assisting their understanding of trafficking, according to one social worker in Kent.

There was also evidence of joint working between teams and other services, as well as evidence to suggest that local authorities were increasingly drawing on each other’s knowledge and expertise:

*“We had regular professional meetings with the trafficking team and all of the other agencies involved. It was actually a good example of joint working, there were lots of people involved and we met on a regular basis and shared information so I think that was quite helpful.”*

**Health practitioner, Harrow**

*“When we thought that X had been trafficked – that was the one I dealt with – we did get in contact with London and we had a strategy meeting here straight away, and we got in touch with the Home Office and police and things. We found that London group very useful, they came straight up here.”*

**Social worker, Solihull**

Practitioners also provided examples of initiatives that they had developed when working with suspected victims. For example, ensuring that social workers can meet with young people who arrive out of hours and explain the risk of going missing; placing those they feel are vulnerable in more rural or isolated foster care placements to that they are not ‘scooped up by traffickers and taken off’, according to a social services manager in Solihull; and giving all young people telephone numbers so that if they leave or go missing and find themselves in difficulties, they have a safe number they can contact, according to a team leader in Kent. That young people continued to go missing appeared to be linked to a lack of specific accommodation and services, rather than a lack of awareness of the issue.

A couple of examples were given of victims of trafficking who had come into contact with children's services because they had been picked up by the police and involved in criminal activities such as cannabis cultivation. Evidence from practitioners suggested that unaccompanied or separated migrant children who had been trafficked and were being exploited in criminal activities continued to be treated as criminals rather than victims of trafficking:

*"Most of the young people we have had, that have been trafficked, have come via prison, so they have actually come to this country, committed a crime, been arrested for it and served time for it, before they actually come to us. And that is usually cannabis cultivation and or prostitution."*

**Accommodation provider, Solihull**

*"We've got a young person at the moment who is going through criminal proceedings because he was looking after cannabis in an attic and his needs, his history... I mean, he was trafficked before he was trafficked to do this and has had an awful life up until this point and it doesn't look like it's going to get much better."*

**Befriending and advocacy project representative, Solihull**

Through increased awareness of and exposure to cases of child trafficking, some practitioners had been able to identify particular traits and signs that they felt indicated that a child may have been trafficked or may be at risk. As described in discussions on kinship care above, many practitioners had come across cases where distant 'relatives' had emerged that had made them feel uncomfortable about the actual relationship and the intention of the 'relative'. Other indicators included young people arriving wearing new clothes despite having been on long journeys, and young people showing signs of being under significant amounts of pressure to make contact with people as soon as they arrived in the United Kingdom.

*"There's a sense of fear, 'I need to make contact, I need to make contact' because of fears of threats that are being made to their families... knowing that their traffickers want to know where they are at every point in time is really hard."*

**Social worker, Harrow**

Further indicators included erratic school attendance records, no record of registering with a doctor, a history of frequent movement around the country and a determination to leave the care system in order to seek employment and earn money. Indeed, a number of practitioners highlighted fears that the desire to earn was not only linked to pressure to earn for parents but to a need to pay off adults in the United Kingdom:

*"Think that they are coming to work, to go to university or whatever, have been duped, conned – they know they're coming here illegally as they've paid an agent to get them here without a visa, parents might have had to pay a lot of money – £5,000 or maybe £7,000/ £8,000 / £10,000 – it can be a lot of money... and they think that the agent's their friend and they go in and claim asylum, their passports and papers are taken away from them and they are taken off in 24 hours. So that scenario is very common."*

**Policy adviser, Home Office**

*“Sometimes you cannot help thinking why are they so keen to work, is it because they want to help, or they tell you that they want to help their family back home, but sometimes they get so stressed out because of that, so much so that you begin to wonder is it just that they want to help or there could be someone else who is like chasing them.”*

**Social worker, Kent**

In Harrow, evidence had come to light of an alleged trafficking ring that pushed young people into potentially exploitative labour situations. As part of the multi-agency response, the Serious Organised Crime Agency (SOCA) became involved, along with a range of agencies. It is thought that the trafficker owned a number of businesses. Practitioners described how they had found it really ‘random’ that a number of young people had suddenly wanted to work in these businesses and complete relevant courses and that it became apparent that many of the young people knew each other from somewhere else.

*“They’ve got their mind set on it and they’ll do anything to get what they need to do it. It’s almost like, not a desperation but an urgency in it and it’s a bit worrying. And especially when there are a lot of young people who suddenly all know each other and have some sort of link to each other...”*

**Youth practitioner, Harrow**

## Barriers in responding to suspected cases of child trafficking: local authority team structures

There was evidence of good practice responses to cases of child trafficking in the asylum teams of all three authorities studied. In each asylum team, there was a designated lead on trafficking who dealt with all cases and advised social workers of steps that they should be taking. In response to the trafficking toolkit, teams were developing multi-agency responses to identifying, supporting and safeguarding victims.

However, some concerns were expressed by NGO representatives and policy makers that the set up and structures of teams could act as a barrier to identifying potential victims:

*“I think one of the issues that we find is that local authorities that take a disconnected approach that perhaps only rely on social work duty teams to pick up on issues, are failing and they are in the majority<sup>37</sup>.”*

Evidence suggested that in one of the authorities, the growing expertise on child trafficking was limited to the asylum team. When asked about trafficking and whether any cases had been identified, a team manager from the Looked After Children’s Team replied, “I couldn’t tell you that, because (the other team) deals with that.” This is particularly concerning given that the Looked After Children’s Team looks after unaccompanied and separated migrant children under the age of 16.

Practice also varied between authorities in terms of whether trafficked children were looked after within the asylum teams or within other teams, such as the Children in Need or Children and Families teams. When suspected cases were identified in Kent, team meetings were

*37. Q3 Ms Dean in Uncorrected Transcript of Oral Evidence to be published as HC729-i House of Commons Minutes of Evidence taken before Home Affairs, Missing Unaccompanied Asylum Seeking Children, 2009.*

held with the child protection and safeguarding teams. In most cases, an unaccompanied or separated child who had been trafficked would be treated as a child in need, but would remain with the asylum team, which would receive advice and input from the Children and Families Team, according to a social worker in Kent. In Solihull, if unaccompanied or separated migrant children were not deemed to be asylum cases, even if they had been trafficked, they would go through the mainstream care system.

## Terminology: trafficking, smuggling, child protection and child abuse

The research findings suggest there is still some confusion amongst frontline practitioners over terminology and the differences between trafficking and smuggling. There were a couple of cases where practitioners clearly did not understand the difference between trafficking and smuggling:

*“I mean, all children coming in are clearly trafficked, but we don’t tend to get children who are trafficked for the sex market or that sort of thing.”*

**Education adviser, Kent**

Many practitioners explained how their understanding of trafficking issues was blurred due to their inability to uncover all the facts surrounding a child’s arrival in the United Kingdom. A team leader in Kent raised concerns about being unable to grasp the full picture of the child’s circumstances. A significant concern raised by policy makers was that this confusion and preoccupation with identifying facts or evidence meant that practitioners overlooked safeguarding or child protection needs:

*“One of the other social workers, or one of the other workers, said ‘Oh, I don’t have any cases like that, I don’t have any trafficking cases’. And then on deeper investigation it turned out that she did have some cases where these Vietnamese kids were coming into the country and they were all living in one house, but it was really confusing. And another woman said ‘Oh, I’ve got this girl and she’s not really registered anywhere and her family’s taking her all over the country – but we don’t have any trafficking’.”*

**Government policy adviser**

*“And then it’s like ‘we’ve got some concerns actually’ or ‘we ought to look into this problem’ and ‘in fact we do have quite a lot of Roma kids and other kids and they’re just showing these symptoms or indicators and we’re not really sure if it’s trafficking’.”*

**Government policy adviser**

Some national-level stakeholders suggested that there had been too great a focus on the term trafficking at the expense of broader child protection and exploitation issues.



*“Why call it by a different name? It’s almost like when we’ve got an indigenous child that’s being abused we just call it child abuse but when we’ve got a foreign kid we call it trafficking. So, in fact, there’s a lot to be said for the label of trafficking and how perhaps even that alienates. So where they are picking it up, even if they aren’t calling it child trafficking, they’re picking up because they are identifying safeguarding concerns and they’re not fazed by the cultural differences in that community. It’s going past that and saying – child protection is child protection – the same standard for everybody. And if people say ‘what should we do with this kid? What should we do with that kid?’ normally you just turn around and say ‘well what would you do with an indigenous child in the same situation?’.”*

**National NGO representative**

*“A lot of the work that the Child Trafficking and Advice Information Line do is actually reminding professionals that this is a child protection issue and should be dealt with as a child protection issue rather than as an asylum issue. I think that the services really vary depending on the different local areas and also in terms of how much experience an area has and how much knowledge an area has, about the issue of trafficking really.”*

**National NGO representative**

Certainly, evidence from the research suggests that there are many situations where young people are not necessarily victims of trafficking, but are in vulnerable or exploitative situations that need to be addressed through a child protection lens.

*“It’s a battle even to get some statutory support, children’s services, to recognise a trafficked child as a child protection issue and go down the child protection route.”*

**National NGO representative**

One practitioner described how they had had ‘quasi-trafficking’ cases, particularly with Afghan boys who frequently disappeared into the community:

*“We’ve learnt that you need a sophisticated framework to view it, you can’t get stuck looking at trafficking in a linear way. You shouldn’t be surprised by anything... it’s a fluid thing and not always clear. Sometimes there appear to be trafficking elements, sometimes exploitative elements.”*

**Social services manager, Solihull**

It was suggested that there is increasing pressure on social workers to work in concrete evidence-based ways. However, this approach is particularly at odds with the approach needed when working with cases of child trafficking. Social workers have to react very quickly when they have concerns, and often action has to be taken based on hunches and suspicion, rather than evidence:

*“I don’t think we ever get the facts, the true facts. You see, when they come in, they don’t meet the criteria for trafficking. What they do meet is the criteria for high vulnerability.”*

**Team leader, Kent**

*“Sometimes it’s about working with the hypothetical and working imaginatively and piecing it together.”*

**Social services manager, Solihull**

Some social workers described how they applied more of a child protection approach:

*“With my girl, protection was put in place, she was taxied to and from college and things like that, just in case. I think there would have been good calls to believe she had (been trafficked), but it wasn’t substantiated.”*

**Community support worker, Kent**

## Lack of specialist support for trafficked children

At a fundamental level, one key shortage of specialist support that was identified was the availability of appropriate housing placements for trafficked children. All practitioners identified specialist foster placements as the best placement for suspected victims of child trafficking, yet these were rarely available. In two cases, young people who were possible victims of trafficking had been put in inappropriate accommodation. In one, the young person went missing almost immediately. In the other case, the young person was known to have been trafficked yet was still living in semi-independent accommodation:

*“The other case I’m working with is a young person in semi-independent living accommodation and that’s completely inappropriate. And social services are saying she’s been there for a long time now and she’s about to turn 18 so won’t move her now and that’s a real battle.”*

**National NGO representative**

*“We don’t have placements with foster carers who have received training on trafficking, not even holding placements.”*

**Social services manager, Solihull**

*“We also need specialist foster care placements, particularly for cases where we have suspicions of trafficking.”*

**Social services manager, Solihull**

*“I think in particular in relation to trafficked children, there needs to be more consideration given to safe placements to trafficked children... the ideal placement would be specialist foster carers. The accommodation need is a very critical issue.”*

**National NGO representative**

Although the recognition is there that the need for safe accommodation is a problem that needs to be addressed, the lack of resources to make this a reality is very worrying.

## Lack of victim identification

In spite of improvements, national practitioners believe that the issue of victim identification also represents a significant and fundamental challenge to meeting the needs of these children and young people. If trafficked children are not identified, no matter how many targeted services are in place they will not be reaching those who are in greatest need of them.



*"I think that initial identification is just a huge barrier; they're not being identified; they're still being hidden and because of what they've been told or coached about authority figures and social workers and the police, they're not able to speak up."*

**National NGO representative**

This quote also highlights how a lack of identification can be exacerbated by children's distrust of public figures. This in itself is a further challenge to meeting the needs of trafficked children. Many professionals expressed concerns around the lack of time given to trafficked children, who have experienced extreme trauma, to establish trust with adults in order to share information regarding their ordeals.

*"For children who've been migrants, understanding their perceptions and experiences will be different. If their experiences of people in authority are dangerous, and that people in authority hurt you, then a social worker coming in you are not going to trust. So it's partly about taking the time for the social workers to be trusted. And it's about recognizing what the child's assumptions are and work with that when you get there. But that's not different for any abused child, but issues of trust may take longer."*

**National NGO representative**

*"I think a really, really key thing is the amount of time with a trafficked child that you need to just work with them and build up trust."*

**National NGO representative**

This echoes concerns raised at a national level and yet policy makers have noted that it can often take several days or weeks before an allocated social worker is provided for a child. It has been suggested that if a child who is suspected of having been trafficked is immediately allocated a key worker for and subsequently has a guardian appointed for them, then the trust relationship that is required in order to provide intelligence could be developed<sup>38</sup>.

Further to problems of trust and identification are those of a general lack of community buy-in, as highlighted by one participant in particular:

*"And the other issue is, and we've done a lot of work around this, is raising awareness in the African community to say: 'look, these are the indicators of child trafficking, so when you see these indicators you know you have to do something'. The problem is that a lot of people don't want to get involved. It's not that they don't care, it's that they don't see it as their problem, they don't want to get involved with the police."*

**National NGO representative**

## Lack of joined up working across agencies

In spite of some positive examples of joint working, it must be noted that a number of practitioners raised frustrations about the difficulties they had had getting the police and immigration services involved in suspected cases of child trafficking:

"The police didn't want to know anything. I went with my photocopy of the trafficking protocol and with my checklist and the assessment framework triangle. The immigration officer and the custody sergeant were there. It didn't occur to them that we'd be interested in the

38. Q10 David Davies in Uncorrected Transcript of Oral Evidence to be published as HC729-i House of Commons Minutes of Evidence taken before Home Affairs, Missing Unaccompanied Asylum Seeking Children, 2009.

telephone numbers they had taken off the other two men to help us establish the position and identity of the child. I needed to experience their indifference for myself, so now I understand better what my social workers have to deal with at the police station.”

Team manager, Solihull

That young people are particularly vulnerable soon after arrival raises cause for concern about the poor practice among immigration staff at Birmingham International Airport noted by one practitioner. A young boy had just arrived at the airport and was standing in a queue when an Afghani man came and took him away. Although in this particular case investigations found that it was not a trafficking case, concerns were raised about the lack of implementation of child protection policies among immigration staff.

While the London Trafficking Network had provided invaluable support and guidance to many practitioners, others expressed their frustration at the lack of existing networks for accessing support from other professionals on the issue of child trafficking:

*“I’m not aware of any networks that exist... the forum just gives us the chance to share ideas but there is nothing in terms of support or suggestions of how to improve our services. So you have to do it on your own.”*

**National NGO representative**

## Recommendations

1. Training should be organised by the Department for Children, Schools and Families in conjunction with the British Association for Adoption and Fostering to inform local authority social workers about the variety of children who may be in private fostering arrangements and the need to identify and monitor these placements.
2. Unaccompanied and separated migrant children should not be placed with adults who are not close relatives unless it is under the auspices of a private fostering arrangement notified to a local authority or if a full kinship care assessment has been carried out and the placement has been approved by a local authority.
3. Unaccompanied and separated migrant children who arrive in a local authority area out of working hours should be placed in safe and secure housing to minimise the chances of their being contacted and abducted by traffickers.
4. A number of safe houses and safe foster placements should be developed by the Department for Children, Schools and Families and local authorities to accommodate unaccompanied and separated migrant children who have been or are suspected of having been trafficked.
5. Where it is suspected that an unaccompanied or separated migrant child is a victim of trafficking, they should be allocated a dedicated social worker immediately.

## 3. Assessment and placement of unaccompanied or separated migrant children and young people who are seeking asylum

### 3.1 Local authority team structures

The structure of the services provided to unaccompanied or separated migrant children seeking asylum in each authority differed in a number of respects. The evidence suggested that structures had a significant impact upon the ethos, approach and remit of a team.

In Solihull, the UASC team provide an end-to-end service and describe their team as a 'one stop shop'. Children are allocated a social worker on arrival, and this social worker should stay with them until they turn 18, when they are moved to the specialist Leaving Care Team.

In Harrow, unaccompanied asylum-seeking children under the age of 16 are supported by the Looked After Children's Team with direct input from the UASC Service, which provides advice and guidance on all matters relating to children who are subject to immigration control. Unaccompanied asylum-seeking children who are over the age of 16 are supported by the UASC Service. All children placed within the Looked After Children's Team are provided with a foster care placement, and those who stay in education can remain with this team until they are 24, according to the Social Services Manager. The UASC Service usually places the unaccompanied or separated migrant children and young people they work with in supported accommodation, usually in one of a number of former hotels that are semi-independent, supported accommodation with foster care as an option. However, it is very rare that children older than 16 are placed with foster carers unless there is a suspicion that they may have been trafficked, according to a social worker.

Practitioners had different views about the effectiveness of these arrangements. A social worker from the Looked After Children's Team felt that they had good working relationships with the children, Children's Services and the Home Office, as well as the Asylum Team. However, others felt differently:

*"I still feel that the UASC who are under 16 should fall under the Asylum Team as well just for that specialist immigration input that they need. It's always been set up this way though."*

#### **Social worker, Harrow**

Unaccompanied or separated migrant children are allocated social workers on arrival and this is seen as positive, as it means that they develop relationships with the child from the beginning.

*"Not only would it mean going through the whole process again, of trying to establish some kind of relationship with the young person, but it would also make it difficult because they feel that they've just explained their story to your colleague and now they have to explain the same thing again to you and they don't really understand it."*

#### **Accommodation manager, Harrow**

Within Kent's structure, all unaccompanied or separated migrant children are looked after by the Unaccompanied Asylum Seeking Children's Team, regardless of their age. This team is a distinct department within Children's Services. Within the team there is a

Reception and Assessment Team as well as a Transitions, Looked After Children and Care Leavers Team. When children arrive they are placed in reception centres where a needs assessment will be carried out and where they can access health services. There are different reception centres to reflect the identified needs or vulnerability of individual children. Those who appear more vulnerable or in need of support will be placed at Appledore. Once children have been assessed, they are transferred to the Transitions, Looked After Children or Care Leavers Team. While this system has probably developed in response to large numbers of arrivals in Kent, some were critical of the system:

*"I would love some of our Duty Workers to spend a bit more time on the other end of the process and do the long term work to see what's happening to these kids but that doesn't seem to happen. So you get people doing the assessment and then handing it over. I think that's a weakness in the system; there should be some kind of rotation really."*

**Independent reviewing officer, Kent**

A social worker in Solihull explained how they had operated a similar system initially, but that this was changed because those who were not doing intake assessments were being 'deskilled' and caseloads were unmanageable.

Past studies have found that, where support was provided by children's teams, or, to a lesser extent, by dedicated support agencies, the overall package of support for these children was less distinguishable from that provided to other looked after children, and that better and more needs assessments were generally undertaken in children's teams<sup>39</sup>.

## 3.2 Age assessment

Research has shown that many unaccompanied or separated migrant children are denied access to support and services because their age is disputed, either by an immigration officer or by the local authority. Home Office statistics show that 1,400 individuals had their age disputed in 2008.

Eleven of the unaccompanied or separated migrant children or young people interviewed for this research study had had their age disputed since their arrival in the United Kingdom. One boy had his age disputed on arrival by the immigration service. In all the other cases the child's age was disputed by the local authority. Two of these were girls from Eritrea and China, and the other nine were boys from Afghanistan.

In two cases, the children claimed to be 13 and 14 respectively, but the local authority disputed this and believed them each to be a year older. According to one social worker from Solihull, disputes about whether or not a child was 14 or 16, or 12 or 14, were most common. While this decision did not seem to affect their access to support and services at this stage, some policy makers identified this as a new trend that related back to the issue of the cost and resources involved in delivering a Looked After Child service:

39. Wade, et al., 2005.

*“There is a big issue on age disputed children who are accepted by the local authority to be under 18, but not accepted to be the age they are; so they might say they are 14 or 15, but the authority decides they are 16 or 17. The nature of the service is often based on age rather than on assessment of needs, so of course it is not a complete coincidence that all the over 16 year olds are deemed to be more able to look after themselves, and only the very vulnerable ones would go into a fostering or residential placement. I would say it has increased, the issue of the dispute being about an age under 18.”*

#### **NGO representative**

Many policy makers and practitioners were sceptical about age disputes, and expressed the view that authorities sometimes dispute ages because of case loads and the resources that a Section 20 looked after child requires:

*“I guess if you can possibly say that they look over 16 then they will be – because that’s a resource issue. If you can possibly say they’re over 18, then even better. So yeah, the challenges for that are very hard to do and the quality of age assessments is not very good, but it doesn’t matter, because nobody challenges them.”*

#### **Health practitioner, Solihull**

Ultimately, age disputes are a highly political issue at the centre of debates that involve issues of resources and asylum seeker numbers:

*“The Reform Programme<sup>40</sup> has been complicated, and policy issues in this area are challenging. People think that delays have been down to the UASC team at UKBA being slow, but it’s not that simple. It is a complex piece of policy, the crux of which rests around age determination.”*

#### **Government policy adviser**

## **Age disputes: impact on children and young people**

Evidence shows that disputes over age have significant implications for the way that a child’s asylum claim is dealt with, as well as for their ability to access services and support, and to be protected from abuse by others. If a child is incorrectly identified as an adult, he or she is not entitled to the full protection of international law or able to benefit from procedures for child protection. This means that the principle of the best interests of the child will be undermined. As their case is dealt with within the adult asylum system, they may be dispersed to areas where they have no contacts or support, and they will not have entitlements to leaving care services<sup>41</sup>. Age disputed children were identified as being among the most vulnerable by professionals interviewed for this research. The age dispute can affect their whole identity, the way their asylum application is dealt with and their ability to access support and services, as well as their emotional well-being. It can also result in some children being put at risk as they are treated as adults and housed in adult accommodation.

*“Age disputes are one of the biggest reasons why children don’t get access to the services they need and why children are placed at risk. And I think that there is a cutting back of services for this group of children, particularly the Refugee Council’s Children’s Panel is being cut so they won’t be working with them anymore. That is something that is really catastrophic, that that service is being cut back.”*

#### **National NGO representative**

<sup>40</sup>. Devised by the UK Border Agency but not implemented, the programme would have led to unaccompanied or separated children being dispersed to specialist local authorities around the country.

<sup>41</sup>. Crawley, 2006.

A number of other practitioners were concerned that the Refugee Council had had funding withdrawn so that they were no longer able to provide a vital service for this particularly vulnerable group. In all of the eight cases where a child's age had been disputed, the dispute was over their stated age under 18, rather than whether or not they were an adult or a child. Therefore the dispute did not actually affect these children's access to the appropriate asylum determination process. Because of the nature of the disputes, they did not affect their placements either, and those who claimed they were under the age of 16 were put in foster placements. However, in some cases the disputes did affect their initial experiences of accommodation. Four of the children were confused and frightened by what was happening to them when they first arrived. They were moved between adult accommodation centres and hostels, supported accommodation and reception centres, and foster placements during their initial few weeks in England.

Section 6 of this report reviews unaccompanied or separated migrant children's access to education. Age is one of the main factors that can affect the level and quality of education that children receive. Those who are assessed as being under 16 can usually access school education, while those who are over 16 will only be able to access English for speakers of other languages (ESOL) classes. One child also found that his age dispute had made it difficult for him to access certain resources at college:

*"I don't even have ID at the moment. When I go to college I can't open my computer because I need a password and to get the password I need an ID and they ask me to bring a letter from the Home Office, but the Home Office doesn't bring me a letter."*

#### **Malik, 16-year-old boy from Afghanistan, Kent**

Another boy had been put into a class that was a year ahead of his age at school, and once the dispute was resolved and his own date of birth accepted, he was moved down a year.

Agencies and services differ in their approaches to age disputed cases, and there can also be disputes within services. This is particularly the case for health services, where age disputed young people may struggle to access emergency health care in hospital accident and emergency departments<sup>42</sup>, but may not have problems accessing other services such as the Child and Adolescent Mental Health Services (CAMHS). However, practices and approaches vary significantly between authorities. CAMHS in Harrow, for example, accept the child's stated age and will sometimes keep the case on after they have turned 18. In other authorities, age disputed cases are often sent to adult services.

Not only does a dispute impact upon a child's ability to access a service; it can also affect the way they are treated. One service provider described how one boy had experienced other children at school coming up to him and telling him he was a paedophile, as well as suffering other forms of abuse and racism from the children and their families. The age dispute was over whether the boy was 14 or 15.

Some of the children who were age disputed were confused and hurt that they had not been believed.

*"In terms of my experiences of being here, I have experienced certain difficulties; they don't give us visas, they don't accept our age and most of the time we are jobless, just hanging around."*

#### **Malik, 16-year-old boy from Afghanistan, Kent**

### **Case study: Ping's story**

Ping, a 17-year-old girl from China, became quite tearful about her experiences during the interview with researchers, although she was keen to continue and talk about what had happened to her.

*"It's been quite tough since I arrived here. When they took me to the Home Office for the first time the office was shut; then we went back the second day and I was put in a big house, and after a while, after another meeting, they told me to go back to Harrow. When I got back there the people in Harrow had already packed my bags and taken my stuff to their office, and I was told I had to leave and they just sent me to East Croydon. Then, when I went to East Croydon, all I had was a letter from Harrow. I didn't know who to talk to; I didn't speak the language. I felt like they were treating me badly and just trying to get rid of me; they didn't even allow me to pack up my own stuff."*

*"I've been moved a few times since I arrived. I came to Harrow and then I was moved to East Croydon and I lived there for two months and then I was moved to Manchester for over a month and then I was written to and told to come back to Harrow. In East Croydon, I was living in a hostel with two or three people sharing a room. There were older women there and also older men there; all different ages. I didn't like it there, I didn't have a social worker and there was nobody to explain or interpret the situation to me. When I was moved to East Croydon I was given a letter from the people in Harrow to give to my solicitor and the solicitor told me that the reason I was being moved was that people did not believe my age. From what I understand, my age has now been accepted."*

<sup>42</sup> National Health Service (NHS) treatment given in an Accident and Emergency situation is free, irrespective of the person's immigration status.



A social worker also described the negative impact that age assessment can have on a child's outlook:

*"For us, engaging with the [child] sometimes when they are fixated on the age assessment, on what we say their age is... it is much harder to engage with the [child] and I've had one [child] about a year and I don't think I'm any further forward because of this age assessment problem. We went to sign on benefits yesterday and as we came out he said, 'I'm going to be prosecuted', I said, 'What for?' 'Well, I've just signed to say I'm 18 and I'm not'. And I said, 'but you are!'."*

**Community support worker, Kent**

While undoubtedly there are adults who are trying to use the system and claim that they are children, there are also children for whom age is an arbitrary measure that has not had any significance in the past and who struggle to work with such a linear format and assessment tool. A number of practitioners used the example of Afghanistan to illustrate the genuine mistakes that children make when giving their age:

*"Obviously, as well, the calendars run differently (in Afghanistan), so when we have a baby, it is one month old, if you have a baby in Afghanistan, from the day it is born it is one... I've done a couple that have been nice, because if you add up their years, you can show them that they've added it up wrong and that actually, if this is what happened, you were two years here and three years there... I feel much happier writing that they are older in those situations."*

**Social worker, Solihull**

## Age assessment: UK Border Agency practice

All of the age disputed cases outlined above had come to the attention of the local authority. However, whether or not a child's age is disputed by a local authority or by immigration can have a huge impact on the child. In cases where immigration officers decide that a person is significantly over 18, they do not automatically get referred to a local authority. According to one policy maker, they are not even told that they have a right to an age assessment by the local authority. These children are often put straight into adult accommodation and will have their cases determined within the adult asylum system. Where these cases are identified, there can be huge challenges in getting local authorities to carry out an age assessment:

*"Those not looked after by local authorities who are age disputed are so vulnerable. They get passed from pillar to post and nobody's going to take responsibility for them apart from the voluntary sector. Our big problem is getting local authorities to age assess at all. So when you've got a child who is in the adult system, we believe that they're a child, lots of other services do – doctors, solicitors, teachers – but we can't get the local authority where they're living to age assess."*

**Befriending and support project representative, Solihull**

In contrast, according to one practitioner, if they know that a child's age is being assessed by a local authority, they will hold off on a decision until the child has 'been here for longer and can be assessed'. However, this was not the case for one boy who had been detained for four weeks when he arrived:

*42. National Health Service (NHS) treatment given in an Accident and Emergency situation is free, irrespective of the person's immigration status.*



*"I was detained and I didn't understand why they had detained me and when you're young it's very hard to be in detention; nobody helped me. I had no contact with social services. It was just my solicitor who came in. He said he would help me. I was in detention four weeks and after that I was sent to Appledore (Reception centre). I was telling them that I was 15 but they didn't listen and they sent me back to detention and the solicitor told me I'd been assessed as 18. I went back to Appledore and I was offered a house to live independently."*

**Malik, 16-year-old boy from Afghanistan, Kent**

One child's age dispute was connected to the police interview. He described how, after having travelled for many hours in the back of a lorry, he found himself lost in the middle of town. He was taken to the police station where he was interviewed, and became very distressed when he realised they had recorded his age wrongly:

*"They interviewed me at night when I came, it was something like 11 o'clock and they didn't give me a chance, I was so tired. They fingerprinted me and because it was too late, all the people had gone. There was only one interpreter – he spoke a different language, not my language – so they recorded my date of birth wrong. You know, the interpreter managed to interpret my date of birth... I saw him trying to work it out using his fingers, and I thought, 'My God!' but I couldn't ask anything because no one could understand my language. He recorded my age, making me one year older."*

**Mohammed, 15-year-old boy from Afghanistan, Solihull**

This child struggled to find someone to help him amend the situation. He found that neither his social worker nor his solicitor took the issue very seriously – perhaps because the dispute was over whether he was 12 or 13. However, it was an issue that he felt very strongly about. Eventually, after one and a half years, the Home Office sent him a letter saying that they accepted that his age had been recorded incorrectly. However, they have not sent him any new identification papers, so he still has his old ID card with the incorrect date of birth.

## Age assessment: local authority practice

The practice of age assessment is a contentious issue and many social workers spoke of their reluctance to be involved in this area, and their lack of confidence in being able to make such a judgement call. The outcomes of an assessment can have a critical impact on an unaccompanied or separated migrant child in terms of their immigration case and their support and access to services. Many practitioners were scared by the responsibility that such decisions carried:

*"We're the gatekeeper. If you let adults into a Children's Service, you're screwed. They don't come with any ID so you need a skilled bit of work to get to the point of entry. Benefit of the doubt you often hear. They're all human, I mean, nobody wants to say, 'Well, you've got this far, now we're sending you to Dover to a lock up'. Some kids are returned to us who have been assessed to be adults. Returned saying, maybe we should look at them again. And that's good, but in the meantime they've been locked up with a load of adults, which often does more damage than the journey here."*

**Independent reviewing officer, Kent**

*"I stay out of the age debate, because I'm not trained. I doubt the whole validity of it anyway, because if you look on a cultural perspective, if you have to work very young, and maybe do a lot of adult things at a young age... I think we would all have aged physically..."*

**Social worker, Solihull**

*"I'd say we are very – not keen on age assessments, on doing them. And partly because for us here, they are a huge piece of work. I don't know what they're like elsewhere. I don't know – how do you tell someone's age?"*

**Social worker, Solihull**

Age assessment is ultimately an individual judgement, and external practitioners were critical that without the proper tools and training, some social workers were basing their decisions on unprofessional sources of information:

*"Their age assessment was so non-compliant. They quote 'The Book Seller of Kabul', which is a fictional work. They quote bits out of this book as proof that UASCs can't count higher, can't count the passage of time and that they don't know how old they are and that therefore they're two years older than they say they are. They make everybody two years older, everybody."*

**Health practitioner, Solihull**

In *Seeking Asylum Alone* (2006)<sup>43</sup>, the model of age assessment adopted by Kent Social Services was identified as a more sustainable approach to age assessment than that taken by many other authorities at that time. An unaccompanied or separated migrant child who arrives at Dover is granted temporary admission to and accommodated by Kent Social Services for an initial period while a detailed age assessment is carried out by social workers. If the young person is assessed to be over 18, they will be returned to the adult asylum determination system. If the child is accepted as being under 18, they will be accommodated by Kent.

Kent also receive referrals from the Dover removal centre, cases that may have already been assessed as an adult by another authority or third country applicants, for example. The benefits of this approach are that age disputed children are not detained or placed in adult accommodation, where they may be in danger of abuse, while their age is determined. It also means that the local authority is able to minimise the risk that an adult posing as a child will be placed with other children<sup>44</sup>. In practice, Kent's Team Manager said the age assessment is incorporated as a component within the Child in Need assessment, or the Core Assessment, and is based on in-depth observations of their behaviour with their peers, for example.

*"If they give a date of birth, a claimed date of birth when they first come to the UK, within their first couple of weeks of being here they will undergo their first interview and it's quite an in-depth interview when their age is assessed. It's a Merton compliant age assessment and the social workers in liaison with the education workers, Reception centre workers, will come up with a date of birth that they think is suitable for the [child]."*

**Community support worker, Kent**

Three of the cases of age disputed children in Kent who were

43. Bhabha and Finch, 2006.

44. Bhabha and Finch, 2006, p59.

interviewed for this research had been sent for a medical examination to resolve the issue. While this approach is more child friendly than practices in other authorities, it nevertheless continues to have a negative impact on children, not only in terms of the outcome, but in terms of what they feel is the arbitrary nature of the process and the decision. One child explained:

*"I told my age as 15 but they assessed me as being 18 so I was sent to a paediatrician and he assessed me and said I was 15 but they didn't accept it; social services did not accept the paediatrician's age assessment of my age and they changed their previous age assessment from 18 to 17 – I was then told I was 17, so even now I still don't know what age I'm supposed to be because I've been told I could be 18, 17 or 15."*

#### **Malik, 16-year-old boy from Afghanistan, Kent**

While the authority attempts to resolve age disputes as quickly as possible, the boy whose age had originally been disputed by immigration had still not had the dispute resolved one and a half years later. There were further complications to his case, as there was evidence to suggest that he was a third country applicant. He had recently spent two weeks in a detention centre:

*"I arrived here more than a year ago. I was in Gravesend first, living in a hotel or reception centre or something. Then I was moved to Appledore and from there I came to this foster placement. My age was not accepted and is still being disputed. There have been some disputes about my fingerprint; my fingerprints were found somewhere and I've just spend two weeks in detention. They wanted to deport me on 24th September, but I was then released. I still don't know what's going to happen."*

#### **Sayid, 17-year-old boy from Afghanistan, Kent**

According to Kent, around 50 per cent of age disputed children/ young people are assessed as being over 18. This correlates with the research findings that five out of thirteen young people interviewed in Kent had had their ages disputed.

The Asylum Team in Solihull do not carry out age assessments as a matter of course, but only where there is 'cause for concern'. They apply the benefit of the doubt and accept children's ages 'on the basis of what age they say they are', unless the Home Office or others indicate concerns. Immigration services are apparently reluctant to become involved, so most age disputes take place when other practitioners such as dentists, teachers or foster carers contact the authority with concerns that a child or young person is presenting signs, such as behaviour or physical attributes or development, that indicate he or she is older than they have stated.

*"I had a call from a dental practitioner with huge concerns about the young person's dentition in terms of his wisdom teeth. She wasn't able, as a professional dentist, to accept him as a child, due to him having four wisdom teeth plus very visible decay and wear on his teeth. So although there were no concerns from my work with him or even from the Home Office, this was triggered by a dentist."*

#### **Social worker, Solihull**

When unaccompanied or separated migrant children or young people are age disputed by the immigration service, they are usually sent to National Asylum Support Service. They are then referred on to the Refugee Council, which will contact Solihull Children's Services to carry out an age assessment.

When they are required to carry out age assessments, social workers described a range of different guide resources and case law, including the pro forma developed by the London Borough of Hillingdon, which they use to support an assessment:

*"I use the legislation that's come from the Merton-Compliant guidance. There's a form that gives you guidelines of the assessment and I look at case law. There's a growing body of evidence, like 'When is a Child not a Child?'. Then there's bits of different UASC guidance and there's also protocol within the agency – that's more about process. But it's using a mix of those things."*

**Social worker, Solihull**

Harrow social services, like Kent, also assess the ages of all unaccompanied or separated migrant children, regardless of whether there is a dispute or not. In Harrow, the age assessment is the first assessment that takes place. It is not integrated into other assessments as it is in Kent.

*"Normally the age assessment is the hardest for them and having to talk about their experiences and what they've been through, so that's why we like to assign the person who does the age assessment as the social worker who is going to hold the case. Two social workers always do the interview and we always have face to face interpreters; we never do an age assessment alone with a child."*

**Social worker, Harrow**

## Challenging age disputes

A High Court Judgement in 2009 that discredited medical evidence had an immediate impact on age dispute cases<sup>45</sup>.

*"One of our young people who we're really concerned about – that was his new bit of evidence. He's just failed his asylum case based on him being an adult. So he's now at risk of being deported because they can't challenge his age dispute because they can't use that (medical) evidence anymore. So he's at risk of being deported and we might be deporting a child."*

**Befriending and support project representative, Solihull**

## 3.3 Assessment of need

All of the unaccompanied or separated migrant children interviewed were looked after under Section 20 of the Children Act 1989, or were receiving Leaving Care support under Sections 23C and 24B of the same act. Professionals within each authority were able to reflect back on previous practice and see dramatic improvements in the service:

*"Harrow has implemented the changes really well. We absolutely recognise our clients as children first and foremost before immigration status. It's very straightforward and it doesn't cause confusion and it's been nice to see the change."*

**Social worker, Harrow**

<sup>45</sup> Since then, the House of Lords has given judgement in the case of *R (on the application of A) (FC) (Appellant) v London Borough of Croydon (Respondents) and another* [2009] UKSC 8 and held that it is the role of the court to decide whether a child is a child and the role of social services to decide whether the child is in need. It also held that, when considering whether a child is a child, a court could take into account a whole range of evidence, including medical evidence.

*"I think since 2006 ... young people really became 'looked after'; before that they were only supported under Section 17 and now they are supported under Section 20 as looked after children – it's a big change, you can see there's been a real change in the service they receive. And all under 18s are under Section 20."*

**Social worker, Harrow**

*"In Solihull our system for UASC is modelled on what all children get. The money we get is minimal, but we have a duty to meet their needs as we do any child in care."*

**Social services manager, Solihull**

However, the research findings showed that age was still the determining factor in assessing unaccompanied or separated migrant children's needs and subsequently the placement and level of support provided. Gender was also a factor, and in most cases girls were placed in foster care; in most cases this is a default practice in response to a lack of appropriate mixed accommodation.

A social worker in Kent explained that, when a child or age disputed child in Kent is identified, someone will go down to the port and make a professional judgement – 'we don't even call it an assessment' – about where the child should be placed. If they appear to be under 16 they will go into foster care. If they appear to be 'borderline' or a bit vulnerable, they will be placed in Appledore<sup>46</sup>. All children will then have their initial 'looked after child' review within a 28-day timescale. At that review, the social worker will present a plan concerning where they should be placed in the future. For unaccompanied or separated migrant children in foster care, the plan is usually straightforward and they will remain in that placement. If they are at Appledore, if they appear to be older than 16 and able to manage in the community, arrangements will be made for them to move to appropriate accommodation, according to a social services manager in Kent.

In Solihull, assessments and placements are also based on unaccompanied or separated children being able to enter mainstream education. The difference between being placed in foster care or semi-supported accommodation can therefore be based on the time of year a child arrives in the UK. This will affect whether, as a child who has just turned 16, they can access a school place. However, the aim is to place all secondary school-age children into foster care, and to use vulnerability as criterion that may also indicate that foster care is the preferred option, even if the child is 17.

It is worrying that placements are made before social workers have met with the children concerned, in many cases. Very often, little information will be fed through to children's services from the UK Border Agency when it informs the local authority that a child has applied for asylum. If a child is, or appears to be, under 16, then a social worker will go down to collect them while a foster placement is found. If the child is, or appears to be over 16, a housing provider might be sent down to collect them.

There appeared to be some flexibility in this approach. If and when specific needs were identified at a later stage, placements could be adapted, for example, where assessments revealed specific emotional or health needs that required extra support, children over the age of 16 were placed in foster care:

*46. A residential centre run by children's services.*

*"It's initially down to age, but then, once you've established the biological age of someone, you've also got to establish their emotional age... so you could have a 17 year old in foster care because emotionally they are so damaged or traumatised. This kid, X, had quite bad cancer when he arrived; they didn't know that's what he had, but he looked so terrible that they had him seen. So he went into foster care at 19 because of the treatment and so on. There's no way he could have lived on his own in the community."*

**Independent reviewing officer, Kent**

However, the overwhelming evidence showed that age determines support above and beyond any identified needs. Some of the unaccompanied or separated migrant children or young people interviewed had pertinent needs and were placed in independent shared accommodation or hotels and hostels, where their needs were clearly not being met sufficiently. Unfortunately, even where social workers were aware of these needs and concerns, there does not appear to have been the flexibility to review placements:

*"And I'd have loved to have had her in a foster home actually. She was 17 when she came and I did worry about her in the hostel an awful lot. All the girls were going out all day at college, and she was sort of left there by herself and I have to say she worried me."*

**Social worker, Solihull**

Independent organisations were critical of the needs assessment process:

*"The nature of the service is often based on age rather than on assessment of needs, so of course it is not a complete coincidence that all the over 16 year olds are deemed to be more able to look after themselves, and only the very vulnerable would tend to go to a fostering or residential placement."*

**National NGO representative**

*"There is a failure to take children's needs into account when placements are made, especially as they get older... children are just expected to fit in, rather than the service [being] provided around their needs."*

**National NGO representative**

Many social workers themselves are also critical of this practice:

*"When you see a badly burned saucepan thrown away because the child did not know to add water before cooking rice, despite being part of his cultural diet, it clearly underlines our failure to teach and foster those basic life and domestic skills."*

**Accommodation officer, Kent**

*"I think that in an ideal world, there would be an option where... if they want to live in a family or supported accommodation, then that should be looked at and considered; maybe more than the financial aspect of getting four children to live in semi-independence because that's the cheapest option. But that's an ideal world, not the world we live in at the moment."*

**Community support worker, Kent**



Each authority carries out full Children in Need assessments and regular Looked After Children Reviews. Most children interviewed were aware of these assessments and reviews taking place and many had positive experiences of their social workers or support workers. This is good practice and it is clear that, despite the pressures of caseloads and lack of resources, local authorities are committed to providing a service.

Unaccompanied or separated migrant children are also allocated a social worker and/or support worker. In most cases, support workers are allocated to those children who are in semi-independent accommodation. However, they are also allocated to children in foster care and supported accommodation due to staff shortages. In most cases, social workers are responsible for assessments, pathway plans, looked after reviews and all the statutory requirements. Support workers are responsible for the more practical issues, for example, sorting out registration with a General Practitioner (GP), accompanying the child to appointments and helping to integrate them into the community. However, roles and responsibilities appear to be fluid within and between authorities and depend on individuals and managers.

These systems are rarely clear to unaccompanied or separated migrant children, and a number of them experienced regular and disruptive changes in their social or support workers, which impacted on their ability to form trusting relationships. This was the case for unaccompanied or separated migrant children and young people across the placement spectrum.

*“So, that’s how I lost trust with them because I didn’t know who I could talk to. Because, you know, you get used to one person and then they change you, in the same service they change you to another person.”*

**19-year-old female from DRC, Harrow**

*“Since I’ve had a social worker it’s been so much better; they’ve helped a lot with my application. I didn’t have one for five months when I first arrived. Having a social worker from the beginning would have been really helpful. The five months without a social worker was [sic] hard.”*

**16-year-old boy from Afghanistan, Solihull**

*“I had many support workers; they were alright; they were kind to me. I didn’t realise at the time that they weren’t actually social workers. Once I had a social worker things got done quicker. If I asked a support worker for help, they took longer and had to talk to a social worker.”*

**18-year-old male from Afghanistan, Solihull**

Nearly all social workers were frustrated by their caseloads and the amount of paperwork required, which they felt left them with little time to develop a close and supportive role with individual unaccompanied or separated migrant children and young people.

*“It takes a lot of time and you need to organise the interpreter. That means that sometimes, we don’t have time to chat, do anger management with them, talk about bereavement issues, basic counselling stuff, life work story.”*

**Social worker, Kent**



One practitioner observed that, while the 'basic needs' are usually covered – 'food, clothing, a roof' – fulfilling the role of the corporate parent and spending time with a child is not. 'There are simply not enough resources,' according to an accommodation officer in Kent.

Unaccompanied or separated migrant children's experiences of their social workers, and relationships with them varied, often in relation to their placement. These issues will be explored in the following sections.

### 3.4 Placements

Assessment of need, and subsequent accommodation placements, are critical in defining the level of care and support that unaccompanied or separated children receive. Those who are placed in foster care receive intensive help and support from their foster carers, and also receive regular visits from their social workers. Those in supported accommodation generally receive help and support from a social worker or support worker but often on a less regular basis. Key workers employed by the accommodation provider are also expected to provide a supportive role. For those in semi-independent accommodation, the level of support available appears to be more of a lottery.

The quality of placements varies hugely, and each of the authorities had concerns about the general lack of appropriate placements. Problems identified included cost and quality of housing, a general lack of available and appropriately trained foster carers, and concerns about the actual levels of 'support' that were provided by private accommodation providers in supported accommodation. In addition, Kent's unique geography has meant that they continue to, struggle to meet the demand for placements due to fluctuating but large numbers of arrivals.

*"It's an unpredictable service. (In the past) we've had to use hotels, which haven't been very good. Now we have two facilities we can rely on plus foster care options. We know there are staff on 24/7. Before, we used to have kids placed goodness knows where and the quality wasn't good; nobody was happy with it. But what do you do if you've got people pouring through the doors and you haven't got anywhere for them to go?"*

**Independent reviewing officer, Kent**

#### Foster care

Almost without exception, practitioners thought that foster care was the best placement for unaccompanied or separated migrant children; they are seen to get a 'far better deal'. They get taught about 'expectations, routines, rules, respect, how to treat women, how to be respectful to others, taking responsibility for themselves, supported to get up in the morning, making sure their school uniform is washed'. These things are seen as being accomplished sooner and more successfully, because of the more intense support that foster placements provide.

*"They get them into schools, with the right support, and open up a huge vista. Language and education provide a huge head start. They are often quite resilient young people, but education and language boosts this. Young people are helped more in a foster setting."*

**Social services manager, Solihull**

*“Their English is better instantly. I don’t know if it’s politically correct to say this, but they look more Westernised more quickly with their haircuts and their turn of phrase, and are actually able to cope and fend for themselves a bit better.”*

#### **Befriending and advocacy project representative, Solihull**

Successful foster placements in particular are seen to contribute towards unaccompanied or separated migrant children’s success in education. An education service provider from Solihull observed that foster placements provide children with somebody to sit and work with, ‘even if it’s just ten minutes reading a day’ – support that is seen as crucial in enabling children to succeed with education much more quickly.

Those children in foster care who succeed in education and are still in full-time education at 18 find themselves in the position of being able to stay in the foster placement, which becomes a ‘lodgings’ if the carer is happy to continue, according to a social worker in Kent. The contrast in terms of support, security and continuity is stark compared to the majority of those who are placed in semi-independent accommodation. In addition, practitioners felt that young people in foster placements were better prepared for independent living in the future:

*“I have two young boys who are thriving in the community and I have a young girl who is thriving because they get that... independence training and respect for people’s properties while in foster care. They know what the expectations are. They love it, because they’ve been taught the basic things. You can see the difference in how they keep the flats, how they budget their money, food, they’re more respectful for the property and take more responsibility for themselves.”*

#### **Social worker, Kent**

Unaccompanied or separated children who are in foster placements also receive greater social worker support. Social workers work closely with the foster carer, according to a Kent social worker, and in many cases the responsibility for schooling, health, social and leisure activities falls on the foster carers because they ‘have more time’, while social workers are there to ‘support and guide’. Only one child in foster care had had a negative experience – a 14-year-old Afghan boy called Abdul who lived in Solihull. This was because, despite having been in the United Kingdom for six months, he had yet to be allocated a social worker. Nearly all of the young people in foster placements were positive about their relationship with their social worker or support worker, describing them as ‘really nice’, or ‘really helpful’.

*“I’ve got a really, really nice social worker. Very good, she’s been very nice, help for education, health, the immigration process.”*

#### **Mohammed, 15-year-old boy from Afghanistan, Solihull**

## **Foster placement shortages**

In Kent and Solihull, a major concern was the lack of available foster placements. In Kent, the Asylum Team was not allowed to use Kent County Council foster carers, as there are not enough foster placements for citizen children. A social worker explained they use independent fostering agencies, mainly Barnardo’s. In Solihull, only a handful of foster carers are from Solihull Metropolitan Borough Council. The rest are from independent agencies and are out of the

borough. One social worker estimated that there are no more than 25 carers in Solihull, and that most of them had only become involved with unaccompanied or separated migrant children by chance:

*“They’re people who’ve done ‘citizen children’ as we call them, and then on an emergency basis they’ve done it (asylum). And because they found they quite like it, because they’re near to our building, there’s a little bit of extra support, [because] we’re here. So they’re mostly people nearby.”*

#### **Social worker, Solihull**

One foster carer interviewed also gave her own reasons for being hesitant in taking on the care of an unaccompanied asylum-seeking child. She suggested that many foster carers were influenced by the negative image of asylum seekers portrayed in the media:

*“They’ve got no experience of asylum seekers but I have said to them when they’re without a placement, think about it. I can see it from a different side now and I’ve come round to it. I think it’s just the word Afghanistan asylum seeker – it’s scary. You see you’re picking up the paper every day and you’re reading stuff on the news.”*

#### **Foster carer, Solihull**

A further issue raised by a social worker in Kent was that some foster carers have “the attitude where young refugees should ‘be grateful’ for what they are getting in this country – that is difficult.” The lack of foster placements available means that it is hard to match unaccompanied or separated migrant children with appropriate carers, and this can lead to disruption if placements break down. In some cases the lack of placements has disrupted education, or alternatively foster placements have not been established because none have been found near enough to the education establishment where children are settled. One 14-year-old boy from Afghanistan, Mustijab, described how his foster placement had been changed twice. The first time because the carer did not ‘spend the money that she should have’. The second time because ‘I was far from my friends and from college.’

*“... his placement has to end and they hadn’t managed to find a suitable placement near to the school so they ended up having to move out of Borough completely. So all his education was disrupted again... it’s very disruptive for the child but their hands are tied by the placements that come up in the timescales they need.”*

#### **Education practitioner, Solihull**

The need to place children out of borough adds to social workers’ workloads. They have to learn about new set ups, source new schools and support services. Some described having to ‘fight’ to get children registered with new GPs, for example. The manager of the Unaccompanied Asylum Seeking Minors Team in Solihull described how they were trying to address the overall shortage of foster carers through a process of placement commissioning with Warwickshire and Coventry: making arrangements for a guaranteed supply of foster placements from the independent sector. They are also trying to recruit more local foster carers.

The research findings echoed what the Department for Education and Skills, as it was then called, recognised in the White Paper Care

Matters: Time for Change. Namely, that “foster carers are central to many children’s experience of care. It is essential that we value and support them and ensure that they are properly equipped with the necessary range of skills”.

## Trans-racial placements and cultural issues

The cultural and racial background of foster carers and the children placed in their care is a further factor that impacts on the ability of social workers to make successful placements. For example, a social worker in Solihull mentioned one boy from Somalia who was placed in a Sikh family and did not feel comfortable there. This issue is a particular problem in Solihull, which is primarily a white working-class area, and where social workers have concerns about racial tensions and the presence of a British National Party (BNP) councillor.

*“I’ve got a young Afghan boy who is placed about an hour from here in a very white area – he’s the only Muslim in his school, in a white family who have only fostered one other UASC person and that broke down. I really feel his needs are not being met in that placement; he doesn’t have access to a mosque.”*

### **Social worker, Solihull**

This was true for a number of the unaccompanied or separated migrant children interviewed who had been placed in foster care. They described ‘feeling uncomfortable’ and ‘being unhappy’. One 14-year-old boy from Afghanistan explained:

*“I was living with an English family for about a week when I first got here. Then I moved to an Asian family who I’m still with now and I like it. I moved from the other family because I never spoke to anyone, because we couldn’t understand each other – when they talked to me I just shook my head, so I wanted to move. Where I am now there are two other Afghan boys also living there so they help me. We get on, me and the other Afghan boys.”*

### **Abdul, 14-year-old boy from Afghanistan, Solihull**

For many of the unaccompanied or separated children, the presence of other children of their age, nationality or ethnicity seemed to be a factor in determining whether or not placements were a success. It seemed that, especially in Solihull, which is geographically dispersed, primarily white and where placements were occasionally in out-of-borough rural locations, the presence of another child from a similar background was a real source of support.

*“There are two other Afghan boys living with me now, in the same house and we get on. In my first placement I was the only Afghan boy in the area.”*

### **Mehdi, 15-year-old boy from Afghanistan, Solihull**

*“I’m living with an old man called X. There are two of us, me and another Afghan boy – who’s a different ethnicity to me, he’s an Uzbek. I am happy there.”*

### **Hamid, 15-year-old boy from Afghanistan, Solihull**

Another social worker from Kent described struggling with a young boy who wanted to leave his foster placement and live in the community, despite her real concerns that it would not be appropriate. She believed that the reasons he wanted to leave were because

he missed aspects of his culture that could not be met in the foster placement. To address this, they had arranged for him to have regular contact with an uncle in the United Kingdom, with the hope that this would meet his cultural needs while still continuing his foster placement so he had 'a better chance at his education'.

However, the success of placements was not always about having the same cultural or religious outlook. In Solihull, a social services manager described how they found that placements with South Asian carers had not always been successful, whereas middle-class white foster carers 'stuck out in the sticks' had responded really well.

A foster carer explained her concerns about taking on an unaccompanied asylum seeker:

*"You know, he really should go to a Muslim family because of the Halal and you shouldn't really be where you are because you're isolated and there's not many... the ethnic match, there's all white around here. But against the odds, it worked and all I did was change my way of thinking about the food, on the Halal meat. It wasn't a big issue."*

**Foster carer, Solihull**

## Supported accommodation

Supported accommodation is for unaccompanied or separated migrant children who are over 16 and who are assessed as not needing the intense support of a foster placement, but are not ready to live independently. It can also be used to provide support to children who are leaving foster care and will eventually be placed in semi-independent accommodation. Supported accommodation should mean some form of residential care where key workers are present for a number of hours a day. However, in practice the term is used loosely, and each of the authorities used the term 'supported accommodation' to mean different things.

In Solihull, supported accommodation was provided by private accommodation providers in the form of hostels and shared houses with 'floating support'. There was some 24-hour staff provision and the staff worked with the children to help them develop skills ready for independent living. In most cases young people were expected to cook for themselves.

In Harrow, supported accommodation had historically been in the form of a dedicated unit for unaccompanied asylum seekers in what was previously bed and breakfast accommodation. The dedicated unit for those under 18 years old was 'secure', in the sense that 'the support is there for them', the proprietor is often on the premises and there are one or two members of staff who are there 24 hours a day, according to an accommodation manager. There are also two other bed and breakfast properties, which the UASC Service uses as temporary transition accommodation for children when they become 18. Whilst in supported accommodation, the children are entitled to the full support given to looked after children, life skills training in cooking, shopping and budgeting, and support to enter education.

In practice, nearly all the unaccompanied or separated migrant children who are over 16, and therefore looked after by the UASC Service, are accommodated in dedicated and supported former bed and breakfast accommodation. These premises are often full to capacity and it is of concern that some of the asylum seekers also there are over 18. However, those who remain in the accommodation after turning

18 are entitled to additional transitional assistance to help them live independently.

Three of the unaccompanied or separated migrant children interviewed had sustained serious injuries while cooking for themselves. Two had burnt themselves badly, one during a life skills training session, the other due to a health condition that impacted on her ability to stay conscious while cooking a meal. The former had to receive treatment in hospital and the other received treatment for her condition and was provided with a safety cooker. Another cut his finger badly with a knife. At the time he did not speak English and there was no one in the hostel to help him. He had to wander out into the street to find help and directions to the hospital.

There were also general concerns that, as the result of pressures on resources and caseloads, accommodation providers were often 'commissioned to do a social work job', according to an accommodation provider in Solihull. Staff were there to 'keep an eye' on the unaccompanied or separated migrant children, find out what was happening and provide counselling or support when it was needed. This was described as an 'enhanced' level of support for those children who needed more time or attention than they would get if they were living in the community in shared accommodation. In Solihull in particular, the team had concerns about the levels of support children received from providers. In order to address this, they were trying to develop more detailed specifications when commissioning accommodation for unaccompanied or separated children over 16, to raise the quality of support they receive.

*"We are constantly disappointed with private providers; what they tell us they'll do is very different from what they do. The problem is a hugely varied level, and the standards of care are not up to standard across the board."*

#### **Social services manager, Solihull**

*"To give you an example, I went to one of my girls – she moved out the other day – and she invited me to a housewarming party. And I happened to have a little atlas on me, and we were looking at the map coz they like to look at where they've come from. And they asked me, 'where are we now' and 'where do you come from', so I was explaining that I'm from Birmingham. So I showed them the map of England and the excitement from all those children to see where we were, and it suddenly hit them that we were in the Midlands – they all came from a housing provider – that we were in the MIDDLE of England – and they got so excited, they were saying 'MIDLANDs, that's why it's called Midlands!'. And they'd been here a year some of them. And I was thinking, that is awful. As if you can't do that as a housing provider. You know, basic things like you have their flag, you have their language up, you put where you are in England, where your football teams are. Little things that would make such a difference, but there's nothing like that."*

#### **Social worker, Solihull**

One service provider suggested that children's services are too 'trusting' of accommodation providers to deliver a service and support.

*"I think some of these housing providers can talk the talk but don't necessarily walk the walk... if a young person isn't seeing their social*



*worker very regularly because they are in a housing provider where they're supposed to be getting key worker support. But the problem is the key worker support isn't there, and they are coming to see us instead."*

### **Befriending and advocacy project representative, Solihull**

These concerns reflect some unaccompanied or separated migrant children's experiences; in Focus Group 2 in Solihull, for example, some said that key workers 'just don't care about us', they just 'care about rules and their jobs.'

The injuries outlined above also raise questions about unaccompanied or separated migrant children's practical competence in relation to day-to-day tasks and expectations that they should be able to cook for themselves. One young boy explained how he had never cooked before and so ate take-away food instead. He became sick last year and his doctor told him he should try to cook for himself a bit more. As he still cannot cook, he continues to eat take-away food.

Social workers generally reported positive feedback from unaccompanied or separated children living in supported accommodation. Young people made friends and liked the social element, according to a health practitioner from Harrow. Twenty five of the children and young people interviewed were living in supported accommodation. They were between the ages of 16 and 20. They reported mixed experiences. The majority enjoyed living with other children and young people that shared similar experiences to them, and many had made good friends. There was often a mix of nationalities, but they particularly appreciated being able to mix with others from a familiar background:

*"I'm happy living with other young people, there are also other Eritrean people here which is good."*

### **Biniam, 18-year-old male from Eritrea, Harrow**

A number of young people, however, found living with others disruptive, and complained about the noise. Others complained about the size of their rooms and the cleanliness of the bathrooms. Biniam (quoted above) said he did not have a desk in his room and had to study on his bed, which gave him a bad back. These issues were most pertinent for unaccompanied or separated children in Harrow, where the practice is to keep children in former bed and breakfast accommodation until they turn 18. In practice, young people remain there until they receive a final decision on their asylum application. Nearly all of those interviewed in Harrow had been living in B&B accommodation for a number of years, and many were desperate to move into independent accommodation.

While most of the unaccompanied or separated migrant children in supported accommodation had good relationships with their social workers, some did not think that they saw their social workers regularly enough and they were very aware of their social workers' busy caseloads. None of those in supported accommodation in Harrow mentioned the support of key workers at their accommodation, and evidence suggests that, when key workers are present, they play little more than a receptionist role. In contrast, the children in supported accommodation in Solihull particularly mentioned the role of the key worker in providing help, advice and basic support. Children in supported accommodation also appeared to be more isolated in terms of other forms of social support (these issues will be discussed further in Section 8 of this report).

*"We don't get to see them face to face, just on the phone."*



## Focus Group 1, Solihull

*"I don't think my current social worker gives me quite enough help; sometimes I call her for something but she just tells me that she's busy."*

**Hassan, 18-year-old male from Afghanistan, Harrow**

### Semi-independent accommodation

Seven of the children or young people interviewed were living in semi-supported accommodation and their ages ranged from 16 to 22. Most of them generally seemed happy in their accommodation, and some had made it clear that they wanted to live in such a set up, rather than in foster care arrangements.

*"I didn't want to have foster carers or other adult carers, I was happy to have my own apartment. I'm living with my friends, we get on well."*

**Waris, 17-year-old boy from Afghanistan, Kent**

However, the findings raised a number of concerns about both the quality of semi-independent accommodation and the support that is provided to those living independently. Identifying appropriate accommodation is a struggle. Few landlords are willing to rent their properties if they know that asylum seekers will be living there. This is despite being guaranteed an ongoing tenancy and paid invoice each month. The quality of accommodation ranges hugely, and some of the unaccompanied or separated migrant children and young people commented on the dirty environment or damp patches. Many do not understand why one of their friends might be in a nice new flat, while they live in a 'tatty old house' with bits of damp everywhere, according to a social worker in Solihull.

In Kent, where unaccompanied or separated migrant children are initially accommodated in reception centres, attempts are made to place them with friends they have made, or at least to place young people who speak the same language together. These attempts are not always successful and many unaccompanied or separated children described feeling uncomfortable or threatened by the others they shared their accommodation with. One 19-year-old from Afghanistan called Mohammed was placed in a shared flat in Kent with two smokers, despite the fact that he was allergic to cigarette smoke. He also found them noisy and did not like it when they had friends over and drank alcohol. It had caused problems for him at college when he had been late for classes due to being kept awake at night by the noise.

There are many problems associated with semi-independent accommodation, and real concerns about the well-being – both emotional and physical – of those who are placed there.

*"Older children find themselves in particularly isolating forms of semi-independent accommodation."*

**National NGO representative**

Those in semi-supported accommodation got less support all round; they did not have a foster carer or resident key worker to help with their daily needs, and because they were deemed to be more independent, many social workers commented that their time was taken up with children in foster care who were seen to be more 'needy', while support workers worked with those in independent accommodation. Social workers 'struggled' to get round all the properties each month and instead visited them every quarter,

according to an accommodation worker in Kent. This correlated with what unaccompanied or separated migrant children or young people experience. Despite good relationships with their social or support workers, they did not get to see them often enough, and felt that they were not always a priority:

*"I see my social worker every three to four weeks. I like him but he often seems to forget things."*

**Farid, 17-year-old boy from Afghanistan, Kent**

*"My social worker does help me sometimes like if something is messed up in the house, broken down or not working then they will arrange for someone to come and fix it. But sometimes it doesn't feel like full support."*

**Malik, 16-year-old boy from Afghanistan, Kent**

To prepare them for independent living, the arrival and assessment team at the reception centres in Kent provide unaccompanied or separated migrant children with training that includes skills for independence, life skills and basic English support.

*"When they first come out into the community, depending on their needs, it's once a fortnight or it could be once a week. Then what we try and do is to reduce contact after, when they're coming up to their third review. By their third review they should be independent and should be able to do other things on their own, like accessing the doctor. Their English should be improved so we don't necessarily see them once a month, as long as we follow our statutory duties."*

**Social worker, Kent**

This training was found to be helpful by 17-year-old Malik from Afghanistan, but was clearly not always sufficient to support all young people – many of whom have never lived away from their families and who have never had to budget or cook for themselves or organise themselves domestically.

*"Although the people in Maidstone had taught me things like cooking and cleaning I didn't really feel ready when I came here. I had to teach myself a lot of things."*

**Waris, 17-year-old boy from Afghanistan, Kent**

Social workers frequently commented on the mess and damage to properties that was created:

*"Our boys don't respect the properties and we can't be round there 24/7 saying clean the kitchen, clean out the fridge."*

**Social worker, Kent**

This issue is particularly pertinent given that the overwhelming majority of unaccompanied or separated migrant children are young men from Afghanistan, the majority of whom will have never carried out any domestic chores in their home country because of the very strict gender divisions of household tasks.

One accommodation officer in Kent has questioned the logic of this approach altogether and believes it incurs much greater costs – for Kent County Council, the community and the children themselves in the longer term. He described how they are not equipped to live independently and do not have the life skills nor the cultural understanding to be able to live successfully in the community. The result can be unpaid bills, dirty accommodation and huge costs for the authority:

*“Putting a disorientated youngster from the slums of Mogadishu with poor domestic and life skills into a £250,000 plus house to get on with it, is really asking for trouble and we should not be surprised at the problems that rapidly and repeatedly occur.”*

**Accommodation officer, Kent**

While a lack of sufficient training for children and young people before they are placed in the community is one of the factors identified as contributing to the problem, the accommodation officer felt that the problem ran deeper. He said what is needed is practical, cost-effective accommodation where they all move into a community house for a probationary eight to twelve week period. He envisaged a five or six bedroom house rented in each location where children are currently placed. “Renting one large house as a supported home for six to eight clients would be a substantial saving on renting three or four smaller properties and all their attendant costs at present,” he said. This house would have daily staff support and training. A social worker in Solihull also identified this kind of model as the best approach:

*“The ideal accommodation for this group (16–18) would be small, house like hostels, but where there were really caring staff, and where they did lots of... you know, took meals together and went out with them for the day.”*

**Social worker, Solihull**

However, it is worth noting that many of the children and young people wanted to live on their own, in semi-independent accommodation. According to one practitioner, being “looked after 24 hours a day doesn’t suit all children. It wasn’t what they wanted or why they came here”. However, when this conflict was raised, most stakeholders agreed that, despite yearning for independence, the benefits of being in foster care were much greater. Yet social workers sometimes had to struggle to convince children that they would be better off in foster placements or supported accommodation:

*“There’s a structure here and I don’t really think he’s understanding the way things are in the big wide world on your own and all the budgeting, you know? He’s got everything literally handed to him on a plate here, and I think he’s going to struggle.”*

**Foster carer**

An education worker emphasised her dismay when unaccompanied or separated migrant children were successful in persuading their social workers to let them leave foster care early, as she had frequently seen a drop in their school and college attendance soon afterwards.

*“Social workers are really firm and clear that they’re not supposed to move out of foster care until the end of the academic year. It’s not when you turn 16, you have to wait until July and you have to stay there whilst you’re in mainstream education. But we’ve had quite a few who, when they’ve turned 16, have kicked up such a stink that they’ve been allowed into semi-independent living and then their attendance always goes off and it’s rubbish.”*

**Education practitioner, Solihull**

It is also often an appropriate form of accommodation for those young

people who are leaving care and ready to make the transition from foster care and supported accommodation. Social workers struggled to juggle the desires and choices of young people against their own assessments of their needs.

### 3.5 Leaving care support

Once an unaccompanied or separated migrant child (between the ages of 14 and 18) has been accommodated by a local authority for a 13-week period after they became 14 and when they cease to be accommodated after they reach the age of 16<sup>47</sup>, the local authority becomes responsible for providing them with accommodation and some financial support once they turn 18. This is dependent on whether they remain in education or training or to the extent that their welfare requires it<sup>48</sup>. This responsibility can last until the young person is 21 or even 24 or older in certain circumstances, if the young person is still in education or needs accommodation to make the transition into employment. Many practitioners and NGOs have raised concerns over recent years about this transition time<sup>49</sup>; unaccompanied and separated migrant children are particularly vulnerable when they approach their eighteenth birthday, because not only are they making the transition from children's services, but they are waiting for the outcome of their asylum application.

There are real challenges for local authorities in delivering this service, because the grant provided by the Home Office for Care Leavers<sup>50</sup> is significantly less than that provided for looked after children. Local authorities receive £100 a week for a care leaver and this has to cover the costs of their accommodation, living expenses and all other requirements. While citizen children who are care leavers are able to access state benefits, unaccompanied or separated migrant care leavers are only able to do so if they have refugee status or still have discretionary leave to remain here. Practitioners identified a significant gap between what they received from central government to cover the costs, and the actual costs that were being covered by the local authority. It is also an effect of this 'funding gap' that unaccompanied and separated migrant children are generally encouraged to remain in accommodation provided by the local authority under Section 20 of the Children Act 1989 until they become 18, even if their status does not preclude recourse to public funds. Other children living separately from their parents or other family members, on the other hand, may be assisted to apply for their own local authority tenancy<sup>51</sup>.

Practitioners explained how the differences in grants for looked after children and for care leavers resulted in the creation of two different systems:

*"Because of the cut in budgeting from the Home Office, you've got two systems. You've got the Leaving Care and you've got the Asylum Team. And you know what? How we treat young people in the Leaving Care, it can be different to the Asylum Team, and that's not fair. I think we need to treat children as children and they need to get the whole service."*

#### **Social worker, Solihull**

Some unaccompanied or separated migrant children who are granted discretionary leave to remain and who are therefore entitled to public funds are expected to apply for public housing. However, they often struggle to access social housing because they are not seen as 'vulnerable enough' even though care leavers as a category are deemed to be in 'priority need' for housing if they are homeless<sup>52</sup>.

47. Children who are resident in the United Kingdom may leave local authority care between the ages of 16 and 18 and live independently, but this is rarely the case with unaccompanied and separated migrant children.

48. Sections 23C and 24B of the Children Act 1989. 49. Howarth, 2003.

50. See UKBA Grant: UASC – Leaving Care Costs Financial Year 2008/09.

51. Children leaving care after 16 are not entitled to claim income support or job seekers allowance until they become 18 and remain the responsibility of the local authority that accommodated them under Section 20 of the Children Act 1989 or took them into care under Section 31 of the same act.

52. Homelessness (Priority Need for Accommodation) (England) Order 2002 SI 2002/2051.

*“Most of them even though they are classed as vulnerable have problems with social housing. They’re either not classed as vulnerable enough – they’re not female, they’re not disabled – but they are more or less vulnerable children and the waiting lists are endless.”*

**Accommodation officer, Kent**

In order to overcome this problem, young people often have to register as homeless. This was described as an ‘awful’ process that did not make sense:

*“They (leaving care team and accommodation provider) serve them notice; they send a letter saying you have to leave the property. And they are then supported to take the letter to housing. And there’s a difference between roofless<sup>53</sup> and homeless<sup>54</sup>. If you’re roofless they have to find a place for you that night. If you’re homeless, it’s less of a... so it’s not a good system. What they say is, do you have anywhere to stay? And they will say, yes, I’ve got my friend’s. And really they need to be educated to say no, I’m sleeping in the park. I don’t know enough about it. I know it is a big problem what happens to them afterwards if they have no means to benefits or work.”*

**Accommodation officer, Kent**

Children in transition from children’s services were described as a ‘high risk group’ because of the sudden change in the level of support they receive. Young people can phone in and access support with benefits and housing, or other problems, but if they do not make contact, it will be assumed everything is all right. Evidence from this research shows that, at a time when many young people are in need of greater support because they have transitioned and are now care leavers, they receive much less social worker support. The lack of support was acknowledged by social workers, many of whom were extremely critical of the practice:

*“There are lots of questions around the level of social work the young person gets between before turning 18 and afterwards, although there is support in this team. So those who’ve had a Section 20 service with regular reviews then move very suddenly to Section 24, which is very different and they have to fend for themselves. They have to declare themselves homeless having been in quite a comfortable, supported environment.”*

*“One of the things I don’t agree with, is these children get looked after exceptionally well up to the age of 18, once they are 18 it’s ‘goodbye’ and they get standard benefit rates. They have been living a very looked after life and then it’s ‘go it alone’ at 18. And just because a boy has got one day older does not mean to say he has changed or he is more able to do anything. Although they get a service until they are 21, it is more of a verbal service than a financial one.”*

**Accommodation provider, Solihull**

*“The poor young people, there’s a frustration from the 18+ group, that social workers do far too much and don’t prepare them for independence, and there’s a bit of frustration from our side, that they just abandon people really and that’s no disrespect to the individuals, it’s because of the system we’ve set up.”*

**Social worker, Solihull**

The impact on the young people is significant. Examples were given

53. Having no accommodation at all.

54. Having no legal right to a place where they are living or being in imminent risk of losing their accommodation.

of the disruption caused during transition, which was often sudden and for which young people were unprepared. In a number of cases the transition significantly interrupted young people's education, both physically and emotionally. As a result of the upheaval, for example, young people were too upset to go to college:

*"Two days before he was due to start University they told him he had to move out and they weren't funding his foster placement anymore. He'd done no preparation for independent living, he'd done no budgeting work, he hadn't done anything."*

#### **Health practitioner, Solihull**

*"They're not equipped to deal with what they need to be dealing with. Because it's hard work once they reach 18 and if they're getting into local authority housing and dealing with Job Centre workers who are angry with them and telling them that they can't get a job because their English isn't good enough. And they've got to start signing at the Home Office<sup>55</sup> [and may also be], signing contracts for laptops and mobile phones they can't afford."*

#### **Social worker, Solihull**

In an attempt to overcome some of these disruptions, in Kent they try to ensure that the support worker who takes on their case when they move to Section 24 care has worked with them before, while they were still looked after under Section 20, so young people receive support from someone they already know.

Some described the number of people working in the leaving care team in Solihull as 'minimal' and more like a Duty Team, compared to the Children's Team. However, staff shortages in the main Asylum Team were always prioritised above leaving care services. According to one social worker in Solihull, this is because "you've got indicators<sup>56</sup> and whatever, this is the one that's judged more, isn't it?" An education provider from a befriending and advocacy project in Solihull described a recent conversation with a social worker who was under pressure to work with the under 16s, even though he felt they were well provided for in foster care. He felt that it was the older children who needed the most support, especially with their immigration cases.

It was suggested that a better approach would be to move young people up to leaving care services before they turn 18. Again, the barrier to this change was thought to be resources:

*"They've got all that change, their status, housing, money, social worker, it's all too much and in a normal leaving care team they'd get there sooner. Quite how that would work with resources... Whether some of us will shift into it, I don't know. But I think we're going to have a team day about that, because it's acknowledged that it's not happening well at the moment."*

#### **Social worker, Solihull**

However, one social worker acknowledged that there was some flexibility and went to panel<sup>57</sup> to request that one of her clients continued to be supported by the Asylum Team:

*"That's again the flexibility with Solihull that I don't think you'd get anywhere else. At 18 she wasn't ready, she would have been entitled to housing because she has status, so she would have gone out of our care and she would have been under the care of social housing and benefits and normally that happens round about when they're 18. ... (but) I wanted her to go to a housing provider where I knew it was a*

55. Children are not expected to sign with the Immigration Service on a regular basis while they are asylum seekers and many will also have been granted a period of discretionary leave to remain until they are 18 or at least 17 and a half and will have had leave to remain here until that point.

56. Children's services department have increasingly been set targets in relation to service delivery with certain indicators to be achieved to show that they are delivering a good service. This means that increased emphasis will be placed on delivering services mentioned in such indicators.

57. A funding panel within the local authority's structure that could authorise spending that had not previously been budgeted for.



*really good place. She needed that. And I had to go to panel for it, I had to put in the papers, but at 18 they moved her on there, and they're still supporting her."*

**Social worker, Solihull**

*"She had really pertinent needs, and any child that's in care generally, would have those kind of provisions. I have no doubt about it, it wouldn't have been questioned."*

**Social worker, Solihull**

Again, in this context, the level of support that young people receive can be down to the commitment of individual social workers. One social worker on Solihull's Asylum Team described how she did not like 'letting go of mine' and while it is extra work, it meant that the young people still had access to someone they knew.

### 3.6 Factors affecting assessment and placement

The findings above illustrate how the service unaccompanied or separated migrant children and young people received from local authorities depends on a number of factors, including the individual authority's approach towards assessment, the commitment of practitioners, the availability of placements and factors relating to the individual child or young person, such as their age, gender and assessed ability to cope. However, social workers and other practitioners also identified a range of other factors that affected their ability as professionals to provide a service. The main factor identified was a lack of sufficient funding and resources. This is not a new finding and the issue of the Home Office grant has become a highly contentious political subject over the last few years. Yet it is not the only issue. Other factors, such as the structures of Looked After Children's teams, relationships and dynamics within the team also play an important role, particularly in being able to encourage and support overstretched social workers. Relationships between teams are also important and can influence the knowledge that social workers have of these children and young people's rights and entitlements, and their ability to access a broader range of support and services for unaccompanied or separated migrant children.

#### 3.6.1 Team structures and dynamics

Relationships and dynamics within teams was an issue raised by many practitioners, who emphasised the importance of support from colleagues and managers in helping them to work in an environment where capacity and resources were continually stretched:

*"I think they are making the most of their resources; they do have twice the number of social workers but it's also that they're very organised and they've got their priorities right."*

**Befriending and Advocacy Project Representative, Solihull**

Many practitioners identified the ethos or mentality and commitment of individual social workers, managers or teams as being an important aspect of determining the level of service that the unaccompanied or separated children received. Without exception, social workers in Solihull felt a strong sense of team cohesion, and praised senior management for being understanding of the needs of these children



and young people and sympathetic to unique requests for support.

*"I can't honestly think of anything at the moment that I can't access already but I think that's down maybe to the team we're in."*

**Community support worker, Kent**

*"If they are interested in cricket we will find money to pay for them to do it, as we would do for another Looked After Child<sup>58</sup>. We are mostly successful in getting what we apply for. We are careful about putting claims in."*

**Social services manager, Solihull**

In Harrow, social workers we spoke to also tried to push to get extra support for young people:

*"Sometimes that's been a challenge and sometimes going to management to explain that you need something extra for a certain client is difficult."*

**Accommodation manager, Harrow**

And in all authorities, practitioners praised responsive management and the ability to feed concerns into weekly meetings and shape the development of new policies and regulations.

*"I think it's a lot to do with the managers. Managers can stop a lot of things, in my experience whoever holds the budget tends to. But I can get a lot of things, which is incredible really. I mean I've worked in social services for about 30 years and when I want the extra money for gymnastics, for cricket club – for the gear – I got it. You have to argue your point, you have to argue that these children are entitled to what all looked after children are entitled to, and I think it's a case of making sure they get that."*

**Social worker, Solihull**

Many social workers are committed to providing this level of service. This was noted by external service providers in Solihull and Harrow<sup>59</sup>. However, providing a service at this level is challenging and involves working overtime and making demands that are not always popular.

A number of professionals suggested that this level of service came down to the individual involved and their commitment: a Connexions<sup>60</sup> manager from Harrow described this as having 'dedicated personnel' who 'understand the issues that they are going through, and have the communication skills to engage with these young people'. A national-level policy maker from CEOP observed that within many local authorities there are 'champions' who are proactive in pushing for change and have a 'want to do something about this' attitude.

*"You can give this level of service, you have to put in the hours, but yeah, you can."*

**Social worker, Solihull**

As discussed in Section 7, politics at the local level had a direct impact on social workers' sense of worth and self belief, and confidence in being able to ask for support or resources. The impact of the political environment appeared to be particularly negative for practitioners in Kent (see Section 7 for further information), whereas it was noted in Solihull that there had been increasing recognition of asylum at a political level more recently:

*"Political leadership in the borough is increasingly taking on the role*

58. A child who was in care under Section 31 of the Children Act 1989 or accommodated under Section 20 of the Children Act 1989.

59. Accommodation provider, Solihull; befriending and advocacy project representative, Solihull; independent reviewing officer, Kent.

60. A comprehensive service providing information and advice, including careers advice and guidance, for children and young people between 13 and 19 (and up to 25 when the young person has a disability), which is now funded through local authorities.

*of corporate parent. They have recognised that the issue of UASC is not going away, and Solihull is having to come to terms with this corporately."*

**Social services manager, Solihull**

*"I think the whole set up really, even higher than managers, the fact that children are automatically put into Section 20 accommodation – there's no question if a foster placement isn't right that we'll (find another), we buy in provision... which you'd really struggle to do in some of the other authorities where I've worked."*

**Social worker, Solihull**

## Knowledge of legislation, rights and entitlements

National-level policy makers had concerns that many practitioners were not aware of what unaccompanied or separated migrant children are entitled to, and that there is confusion when their status or age is disputed.

*"I think if you want to say what is the difference between policy and practice, it is that children subject to immigration control have to access services in the context of an explicit policy on immigration to deter lawful entry and to design measures that will deter people from coming to the UK as pull factors in a way that settled children don't have to contend with; a set of policies that actively work to deter people."*

**National NGO representative**

This suggestion was evidenced by practitioners themselves who were able to provide a number of examples that illustrated confusion over policy and entitlement, as well as discrepancies between the entitlements of citizen looked after children, and unaccompanied or separated migrant children. These included access to leisure facilities, and financial support for travel:

*"One carer asked about a freedom (bus) pass for the child they were fostering. The information they were given was that UASC can only get this if aged 11 to 16 and in school. However, it turned out that the general information in the small print stated that ALL looked after children and those leaving care up to the age of 20 are entitled. So 16+ citizen children had been accessing these passes and the other teams knew this all along, but their team lead said that UASC did not have the same entitlements."*

**Social worker, Kent**

*"Looked after children and those leaving care up to 21 are entitled to a leisure pass giving them free access to leisure centres, but again, the UASC Team was not told about this by the Head of Policy... the practitioners get left in the dark and this results in the children and young people missing out."*

**Social worker, Kent**

*"They need more information about what the citizen children looked after by Kent get, to then be able to advocate for 'their' children to get the same. Often they are left out and are the last to find out about entitlements for the young people."*

**Social worker, Kent**

*“You can have situations where people just actually don’t know what separated children are entitled to; professionals don’t know perhaps that there isn’t a difference.”*

**National NGO representative**

An independent reviewing officer in Kent described how he tried to overcome this problem by carrying a caseload of children from within the mainstream Looked After Children (LAC) Team to enable him to keep up to date with practice and ensure that asylum-seeking children got what they were legally entitled to.

*“There is no specific training for working with unaccompanied minors – the training is general and I have to modify it in my way that I think and how I can adapt what they’re teaching me.”*

**Social worker, Kent**

Some described a feeling of being isolated as a team, or being treated differently. This permeates through into all areas of work; from relationships and joint working with other teams and services, to knowledge of children’s rights and entitlements.

*“The asylum team have always been over there somewhere; that’s why we’re in this building. We’re completely different and maybe we need to integrate.”*

**Social worker, Kent**

*“...often they feel like they are treated like the ‘poor relative’ by other teams within the local authority.”*

**Social worker, Kent**

*“We are on the margins of mainstream services, and there are both advantages and disadvantages to this. We have a kind of semi-detached status. We have tried to overcome it and the Care Matters agenda and corporate parenting is a key issue.”*

**Asylum Team manager, Solihull**

Finally, a number of practitioners indicated that there was animosity between mainstream LAC teams and asylum teams and that it came down to ‘two different groups of children competing for the same resources’. Politically people felt angry when unaccompanied or separated migrant children were mistakenly perceived to be the ones getting the better deal. One social worker described feeling particularly affected and concerned by the attitudes of mainstream services:

*“Since 2006 we’ve been trying to join up the service so that anything they’re entitled to our young people, under Section 20, are also eligible to receive. But, you know, there is so often this different attitude towards our clients and it’s not right. They’re just viewed as parasites – taking, taking, taking.”*

**Accommodation manager, Harrow**

61. See, for example, House of Commons, *Uncorrected Transcript of Oral Evidence to be published as HC729-i House of Commons Minutes of Evidence taken before Home Affairs, Missing Unaccompanied Asylum Seeking Children, 2009.*

## Economic factors and resource constraints

One of the major barriers impeding children's services ability to provide services within a Section 20 framework is funding. This has been highlighted in numerous research studies and has been raised at a political level by local authorities and NGOs<sup>61</sup>. A grant is paid to local authorities from the Home Office for unaccompanied asylum-seeking children and former UASC care leavers. However, there have always been and continue to be great tensions surrounding the payment of this grant. The grant payments do not take into account the individual needs of children and are rarely in line with the actual costs incurred by the authority, particularly in London and the South East where the majority of unaccompanied or separated migrant children arrive and are looked after. For care leavers, the grant payment is even more limited and not available for those who have exhausted all their appeal rights to live in the United Kingdom, even if the immigration service has not issued directions for their removal<sup>62</sup>. In addition, there is a distinct time lag between the payment of the additional grant and the immediate demands on services<sup>63</sup>.

While most councils report pressures on their services, very few have quantified the costs. Pressures on mainstream services such as housing, education and advice services for unaccompanied or separated migrant children are absorbed by stretching other budgets and the financial impact is hard to measure<sup>64</sup>. In general, however, strategic planning has been identified as being harder for this group of children than for others, and some councils and the UK Border Agency differ in their views about the levels of services that should be provided within normal funding allocations or that should be grant funded<sup>65</sup>.

The grant structure was criticised by both social service practitioners and national-level policy makers and practitioners, who felt it impeded the delivery of a good service as well as more fundamentally, compromising social workers' ability to deliver a service within the Children Act (1989) framework:

*"Provisions are in some way compromised by current arrangements for refunding local authorities through the Home Office budget. So irrespective of the statutory provision, the reality is that it is pre-configured by the level of reimbursement of the local authorities through what the Home Office assesses to be a reasonable amount per child. That is a conflict, in my view, between the best interests of the child and the duties of the local authority."*

**National NGO representative**

*"I think Kent are quite supportive of young people in a way that not many other authorities seem to want to do. But I think that's financial at the end of the day. Because it costs us a fortune but they're deemed children before they're asylum seekers, which is the way it should be really."*

**Social worker, Kent**

The lack of sufficient resources and financial support has a direct impact on the placements and services that young people are able to access:

*"This grant does not cover the full cost of looking after a child..."*

**Social worker, Kent**

62. Birmingham City Council, et al., 2007.

63. Institute of Community Cohesion, 2007, p3.

64. Institute of Community Cohesion, 2007, p5.

65. See Safeguarding Children, 2005 and Birmingham City Council, et al., 2007.

As local authority practitioners explained, the grant does not in any way come near to covering the costs of a foster placement:

*"We can spend a set amount per child per week, including accommodation, living money and any extras. Those who live in a shared house for example receive between fifty and ninety five pounds a week. A foster placement costs four thousand pound a month."*

Social worker, Kent

*"The cost of having a young person in foster care is huge compared to what the Home Office is prepared to pay Kent to do the job."*

**Education adviser, Kent**

In addition to funding, the looked after service under Section 20 requires a lot more social worker time, and therefore has wider resourcing implications. This often means that in reality social workers looking after unaccompanied or separated children have higher caseloads than those who work with citizen children, according to a national NGO representative. Social workers in each authority felt at the limit of their capacity in terms of case loads:

*"18 is the average, if we go over, we're busy. They try to keep us to 18 if possible."*

**Social worker, Kent**

*"I've been in this job for like five months, but I understand that 25 is like normal. I do feel like I've got 50, just because of the nature of the demands."*

**Social worker, Kent**

*"I have a caseload at the moment of about 30 young people. This is the most I've ever had."*

**Community support worker, Kent**

Because of the pressures on social worker recruitment, the solution may be to allocate qualified social workers to children who are under 16, or those where there are specific health or welfare concerns. Those children who are over 16 are frequently allocated a personal adviser or support worker who is not a qualified social worker. The deficit in Home Office grants has to be met by the council budget, and the amount that each authority is able to access varies significantly. In Solihull, unaccompanied asylum-seeking children account for approximately 40 per cent of children in care. In contrast, while they have similar numbers, in Birmingham they only represent around 8 or 9 per cent of the looked after population.

*"The economies of scale are hugely different. Budget-wise they have access to huge pots of money, while we only have a few deprivation indicators, so we don't score highly so we don't get extra income."*

**Manager of the Asylum Team in Solihull**

As a gateway authority, Kent particularly struggles under very high numbers of arrivals and caseloads, against a deficit of resources.

*"I don't think that Kent County Council had any other choice, somebody had to foot the bill. What option do you have but to allocate funding as 'looked after children' and as 'leaving care children'."*

**Community support worker, Kent**

There were suggestions from some practitioners that a further factor affecting the ability of social services to resource its services for unaccompanied or separated asylum-seeking children was discrimination on the part of the authority. Asylum teams were often acutely aware that they were in 'competition' for the same resources with the mainstream looked after children team, and this could cause tensions.

*"I think historically it's caused problems in Kent because the amount of extra funding that has had to be provided or people's perceptions of the amount of funding, shall we say. I think they think that asylum seekers get given everything and that isn't the case."*

#### **Community support worker, Kent**

*"I think that there are instances that we have come across, where the difference in treatment is purely on the basis of their immigration status and it is systematic, so discriminatory in the very way that it is applied. We have recently been working with a local authority that has had some pressures on its budget and has identified this group of children in particular as an area to cut."*

#### **National NGO representative**

*"At county member level, county members are constantly fighting that battle about funding. The reason we have a team for UASC is because they are funded by the Home Office. It's not funded locally, but the funding from the Home Office isn't enough to deal with that."*

#### **Education adviser, Kent**

Most social workers were aware that the issue of grants was the main reason that the UK Border Agency had not been able to implement its plan to house unaccompanied or separated asylum-seeking children with specialist authorities<sup>66</sup>.

*"There isn't a 'well that's how much it costs us and that's how much they'll give us'. That's not how it works, which is why the northern authorities don't want to know because they know the Home Office won't fully reimburse them. So whilst the idea of moving the young people into other areas is a fabulous idea and they may get more choice then, the reality of it is that nobody else wants to foot the bill that Kent foot at the moment."*

#### **Community support worker, Kent**

*"Nobody's going to do it until they're clear about payment. Because I think, they've said very clearly in that paper<sup>67</sup> that there's not going to be a problem for your 18 pluses, because they're all going to be returned. That's not realistic. We're going to get a lot of people who aren't. And depending on whether you think the leaving care legislation trumps the immigration legislation... because the Home Office will have refused people with no leave, but we still owe a leaving care service."*

#### **Social worker, Solihull**

Working within these resource constraints is challenging and stressful. As discussed previously, social workers felt over-stretched and unable to deliver the service that they would like to. The majority had a full capacity of caseloads. These constraints are compounded by recruitment and staff retention issues, which all amount to a stretched service for children and young people:

*"We should be asking questions about support staff levels, teaching and practice skills, because at the coal face there really is not the staff, skills, time or motivation to go around."*

#### **Accommodation officer, Kent**

66. Better outcomes, UK Border Agency, January 2008.

67. Op cit.



*“The number of children that the key worker is expected to address means there’s little time to go over the basics and they’re trouble shooting a lot of the time. It’s costly, but if more time was spent in those early stages, it would make things easier later on.”*

**Team leader, Kent**

This is particularly a problem in Kent. The Head of Intake and Assessment in Kent described the struggles of managing fluctuating numbers of arrivals – from 20 to 90 a month – with keeping on board the right number of staff, finding accommodation and ensuring that health and education assessments can be carried out.

Complex filing systems and paperwork requirements also constrain practitioners’ ability to support children:

*“It’s a nightmare. I think that to be on top of our paperwork, like right on top of it, we wouldn’t see the children. And you get so far then go out and do visits for a couple of days and that just creates more paperwork.”*

**Social worker, Kent**

*“Everything has to be prepared or it has to be typed in an order into electronic filing so it’s difficult sometimes as much as you want to be out there with young people, you have to create time. The way I work is maybe in a week I give myself one day in the office to do all the electronic filing, but it’s not enough.”*

**Social worker, Kent**

*“Because what’s important, well according to how we are assessed, is they use what’s on the paperwork or what’s on the system so whether you like it or not you have to spend more time doing it otherwise you’d seem like you weren’t carrying out your duties even though you are actually doing it because you are actually practically helping the boys.”*

**Social worker, Kent**

Another pressure alluded to relates to the cases of Victoria Climbié and Baby P. One social worker from Kent explained how the issues raised by these cases, and the blame levelled at social workers, made her scared. She described the case of a young boy who went missing from care and her fear about what would happen next and ‘how would we be answerable’.

## Covering costs

The UK Border Agency is the central government department responsible for providing funds for the accommodation and financial support provided to unaccompanied asylum-seeking children by local authorities before they reach 18<sup>68</sup>.

Between 1 April 2009 and 30 September 2009, the UK Border Agency was offering local authorities a maximum daily rate of £108.18 for unaccompanied asylum-seeking children who were under 16 and £48.45 for those who were aged between 16 and 17. This grant was paid monthly in arrears in respect of all relevant expenditure necessarily and legitimately incurred by a local authority.

Between 1 October 2009 and 31 March 2010, local authorities were entitled to claim 100 per cent of their actual direct costs at a daily rate

## Overcoming resource constraints: Solihull

In an attempt to manage these constraints where resources are short, Solihull has adopted an approach whereby those children and young people who are seen to be coping well are assigned to duty workers, to make sure that those who are most in need have dedicated [social] workers, according to a befriending and advocacy project representative.

Solihull local authority has also recently approved the creation of ‘advanced practitioner’ roles. It is hoped that this will enable the team to support the development of more challenging areas of practice, such as age assessments .

<sup>68</sup> Undated letter from the UK Border Agency to the Chief Executives of local authorities & UK Border Agency’s Grant Instructions to Local Authorities Financial Year 2009/10 UK Border Agency Grant: Unaccompanied Asylum Seeking Children (UASC), 21 August 2009.



level that is not higher than that claimed in 2008/09, which was also £108.18 per day for a child under 16 and £48.45 for children between the ages of 16 and 17. They were also entitled to claim indirect costs of up to £35 per day for each child under 16 and £30 per day for those who were aged between 16 and 17.

However, no grant is payable for unaccompanied asylum-seeking children who:

- (a) initially arrived in the United Kingdom in the care of a parent or other adult (e.g. a relative or family friend) who by law or custom had responsibility for them;
- (b) arrived alone but subsequently lived with a parent or other adult (e.g. a relative or family friend) even in the event of a subsequent breakdown of this arrangement;
- (c) are entitled to the nationality of an EEA state, including British citizenship;
- (d) are the children of an unaccompanied asylum-seeking child.

This means that potentially a local authority would not be entitled to a grant for a number of unaccompanied or separated migrant children who might come into its care as a result of its duties under Section 20 or even Section 31<sup>69</sup> of the Children Act 1989. In addition, if a child's age is disputed and they are found to be 18 or over, a local authority can only claim for 21 days of accommodation and support.

The local authorities that participated in the research reported that the daily rates on offer were not sufficient to meet the children's actual needs. It was said it was not enough to retain a child in foster care once they became 16, even if their welfare needs indicated that this was where they should remain and had led to the development of supported accommodation that did not potentially meet all their needs. In addition it was said that the grant did not include funds to pay for specialist health, education or youth service provision, which unaccompanied asylum-seeking children may require. As a consequence, they reported that they were providing additional funding out of their own resources to ensure that they were complying with their duties under the Children Act 1989. Local authorities also reported difficulties with late receipt of funds and disputes over the amounts they were entitled to.

The UK Border Agency also provides local authorities with some grant aid for unaccompanied asylum-seeking children who become former relevant children for the purposes of Sections 23C of the Children Act 1989<sup>70</sup>. No grant is available for the first 25 care leavers in this category. For the others, a grant of £100 a week is available. This is not seen by local authorities to be sufficient to meet these young people's needs.

In addition, the grant is also only available if that young person has been granted:

- refugee status
- indefinite leave to remain
- humanitarian protection
- discretionary leave
- exceptional leave to remain

Or has

- an outstanding application for further leave that was submitted before his or her previous leave expired

69. *The duty to protect children from significant harm at the hands of their parents or those in whose care they were living.*

70. *Letter from UK Border Agency to Chief Executives, dated 21 August 2009 & UK Border Agency Grant Instructions to Local Authorities Financial Year 2009/10 UK Border Agency Grant: Leaving Care Costs, 21 August 2009.*

- an outstanding appeal against refusal to extend his or her leave that was submitted in time.

And the young person is not an EEA national or someone who is in breach of the immigration laws and has no outstanding application for asylum pending.

In reality there are other former unaccompanied asylum-seeking children who cannot return to their countries of origin for a variety of reasons, including difficulties in establishing their identity or nationality or the refusal by their country of origin to re-admit them. Local authorities retain duties towards them but receive no grant aid to assist them to do so.

In response to this report, Simon Bentley, Assistant Director of the UK Border Agency's UASC Reform Team stated that it had "pointed out that in the year 2008/9 the three local authorities [featured in this report] reported that they spent £19.2 million on the cost of supporting UASC. UKBA had provided these local authorities with £18.7 million towards the costs of that support".

The Local Government Association and some local authorities are presently in negotiation with the UK Border Agency about ways in which the total budget for both grants could be increased to meet need, but no firm proposals have yet been made. It has been suggested that funds held by other government departments for community cohesion purposes should also be used to assist this group of children and young people.

## Recommendations

1. An unaccompanied or separated migrant child's need for foster care should be assessed on the basis of his or her individual welfare needs and not merely on his or her chronological age.
2. Where there are any concerns about an unaccompanied or separated migrant child's well-being, he or she should not be placed in semi-independent or fully self-catering accommodation. Local authorities should also ensure that they are able to understand the basic principles of healthy eating, can cook appropriate meals for themselves and are able to live on their own without any concerns about compliance with health and safety requirements.
3. Supported accommodation, where an adult lives on the premises and support workers are available on a daily basis to assist those living there, should be developed for unaccompanied or separated migrant children over the age of 16 who have recently arrived in the United Kingdom or are not mature enough to live without adult supervision.
4. The funds provided to local authorities should reflect the actual cost of providing unaccompanied or separated migrant children with a level of care and support that reflects the standards established by the United Nations Convention on the Rights of the Child and the Committee on the Rights of the Child's General Comment No. 6.

## 4. Health and emotional well-being

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Children and young people and practitioners were asked a range of questions regarding their experiences of and access to health services. This included primary health care, such as general practitioners and sexual health services, through to more specialised mental and physical health needs and provision. In their discussions, the overwhelming majority of young people chose to discuss issues of emotional well-being, as well as their experiences of general practitioners. Only two young people discussed their experiences of sexual health services and only a handful had experienced hospital services.

### 4.1 Policy and legislative background

*Article 24 of the United Nations Convention on the Rights of the Child states that:*

“1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.”

*Article 23 of the Convention states that:*

“1. States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child’s active participation in the community.”

*The Committee on the Rights of the Child’s General Comment No. 6 states at paragraph 47 that:*

“In ensuring the access [of unaccompanied and separated migrant children to health care] States must address the particular plight and vulnerabilities of such children. They should, in particular, take into account the fact that unaccompanied [and separated] children have undergone separation from family members and have also, to varying degrees, experienced loss, trauma, disruption and violence.”

*Article 25 of the Universal Declaration of Human Rights states that:*

“Everyone has the right to a standard of living adequate for health and well-being of himself and his family, including food, clothing, housing and medical care.”

*Article 11 of the European Social Charter drawn up by the Council of Europe, and ratified by the United Kingdom on 11 July 1962, states that:*

“Everyone has the right to benefit from any measures enabling them to enjoy the highest possible standard of health attainable.”

## 4.2 Emotional well-being and mental health: children in Harrow, Kent and Solihull

Unaccompanied or separated migrant children are generally identified as being a particularly emotionally vulnerable group. Among the hundreds who arrive in the United Kingdom every year to seek asylum, many will have come from situations of armed conflict and violence. Others will be escaping direct persecution and some will have experienced dangerous and exploitative situations on their journeys. The vast majority of children arrive alone, without parents or family, and have to learn to quickly adapt to strange new cultures and contexts. They find themselves having to navigate a complex asylum system that will determine their futures and many find that every aspect of their identity is questioned, from their accounts of their histories, to their age.

Many of the unaccompanied or separated migrant children interviewed described the emotional challenges that they had experienced since arriving in the United Kingdom. These challenges included worries about their families, traumas associated with their journey or previous persecution and loneliness in the United Kingdom and anxiety about their asylum applications. Of this group, nine were suffering from severe depression, post-traumatic stress disorder (PTSD) or quite severe anxieties. Some had sought medical treatment and assistance for this; others had not.

Practitioners also described how many of the children and young people they knew or worked with suffered from headaches, sleeping disorders and other symptoms of low-level depression. A significant number of the young people also mentioned this:

*“Most of them are depressed because of the ordeals that they would have gone through to come here or the families that they would have left back home. They don’t know whether they’re safe, anything could happen to their family and they might not know what’s happening.”*

**Social worker, Kent**

*“Once they first arrive in the country, everything is a big novelty and it is quite new and amusing. But very quickly it dawns on them that this is it now, this is it, for life. They are not going to see their mum again; they are not going to sit around with their friends, so sort of six weeks into the journey of being here, it sort of hits them like a slap in the face, really. And it’s very difficult, because of resources.”*

**Accommodation provider, Solihull**

This mirrors other studies, which have also found that, where unaccompanied or separated migrant children suffer from mental health problems, symptoms include depression, suicidal thoughts, PTSD, repetitive and intrusive thoughts, sleep problems and poor concentration, fear about the future and worry and guilt about the past and those they have left behind<sup>71</sup>.

For some of the young people interviewed, concerns and anxieties often manifested themselves psychosomatically and they described headaches, physical pains and problems sleeping.

*“I’ve been awake at two in the morning, four o’clock, five o’clock, all night. I’ve been walking at one in the morning to try and get my head sorted.”*

**Mangal, 20-year-old male from Afghanistan, Harrow**

71. Kohli and Mather, 2003, pp201–212.

*"I just have really, really bad... my head's really, really bad, but if I do something wrong I just don't like it. I really worry about it."*

**Faiz, 18-year-old male from Iraq, Solihull**

*"Yesterday I spoke to my social worker because sometimes I can't help getting very, very angry and upset a lot of the time and I feel down. And sometimes I also have kind of blackouts. I've only just told my social worker and she said she'd find someone to help me."*

**Mehdi, 15-year-old boy from Afghanistan, Solihull**

Other young people felt a kind of low-level depression which impeded them from engaging with friends or at school or college:

*"I said to my social worker today, I just can't concentrate on my education, it's really affecting my education, it affects my life. I don't know my future."*

**Mohammed, 15-year-old boy from Afghanistan, Solihull**

Nine of the children and young people interviewed for this research exhibited signs of severe depression and mental illness. One young person had self-harmed and was on medication for depression. He showed his scars to the researcher. Another had been diagnosed with PTSD. Three of the young people who had experienced depression were girls.

*"I feel bored, every day I wake up and I don't feel like to do something. I always stay home. Doing nothing, always this. I also harm myself, you see, cut myself, depressed every day."*

**Mohammed, 15-year-old boy from Afghanistan, Solihull**

*"The thing they diagnosed me with was post-traumatic stress disorder. I'm still broken internally, I'm in pieces, I'm very emotional."*

**Mangal, 20-year-old male from Afghanistan, Harrow**

Practitioners also described young people feeling suicidal and self-harming. One befriending project had concerns about a young person who was repeatedly self-harming:

*"It's the not knowing where his Mum and sister are. His Dad's been murdered. And he watches programmes on the television that he shouldn't watch about things that are going on in Iraq, to see if he can see them."*

**Befriending Unaccompanied Minors Project run by the Children's Society**

It is of concern that three of the children and young people who were struggling with their mental health were living in semi-independent or bed and breakfast accommodation. While the sample size was too small to draw firm conclusions, it was interesting to note that only one of the children in foster placements exhibited signs of mental illness, beyond worries about their status and fears about their family back home. This confirms a study that found that separated children who are placed in foster care as opposed to semi-independent accommodation are 18 per cent less likely to suffer from symptoms of PTSD<sup>72</sup>.

However, the current research also found that, despite their experiences of disruption and trauma, many children and young people appeared to be coping very well emotionally<sup>73</sup>. Practitioners expressed awe at their ability to cope and attributed this to having had positive family backgrounds that equipped them with good coping skills.

<sup>72</sup>. Research undertaken by Matthew Hodes, Senior Lecturer in Child and Adolescent Psychiatry at Imperial College London, 2003/04 cited in Bhabha and Finch, 2006.

<sup>73</sup>. This confirms findings of other research. See for example, Chase, Knight and Statham, 2008.

*“They are very resilient people really. If you think about what they’ve left behind and what they’ve experienced in their home country, it’s amazing how they overcome their individual problems and traumas and have the ability to focus on what their aims are.”*

**Team leader, Kent**

## 4.2.1 Emotional health: concerns and anxieties

Children and young people in this study were not asked about their past experiences, nor were they probed for detail about their emotional well-being. However, when they talked about their concerns and volunteered information about their well-being, some key themes emerged. While some children and young people talked about the past and their concerns for their family, their greatest concerns and anxieties appeared to be linked to present circumstances, to their overwhelming concerns about their asylum applications and to their loneliness and isolation.

*“The hardest thing is loneliness when I don’t have any friends around, so it can be hard.”*

**Malik, 16-year-old boy from Afghanistan, Kent**

*“I was really lonely, I was all by myself, I didn’t understand nothing, I wasn’t given any support.”*

**Mangal, 20-year-old male from Afghanistan, Harrow**

For some young people, it was the initial weeks and months after arrival that they struggled with.

*“The most frightening cases we see tend to be happening at the beginning of their time here when nobody is taking responsibility for their mental health.”*

**National NGO representative**

Twenty-year-old Blehdi, a young man from Albania living in Harrow, described how he did not understand a word that was said to him, struggling to learn English and being completely ‘lost’. For him, like many others, his situation began to turn around once he started college and he had a structure to his day, a social network and support in learning English. A 15-year-old boy had a similar experience, and found that the support of his foster family helped him to overcome his loneliness and initial confusion:

*“When I first arrived in the UK I was very, very upset and angry all the time. But since I started coming here (to an Education Unit) and met other Afghan lads and also since I started to speak a bit of English and the fact that I’m living with a family and not in the hostel has made me happy.”*

**Noor, 15-year-old boy from Afghanistan, Solihull**

For at least eight of the children and young people interviewed, their feelings of anxiety were associated with fears about their asylum application. They described how they did not feel able to ‘get on’ with life or plan for their future, and they were distracted in everything that they did. Some felt that it was not worth pursuing education and did not feel able to engage with life in the United Kingdom. Practitioners were especially concerned about the impact that the asylum process had on the well-being of children and young people, particularly for

those who were 17 and a half and whose discretionary leave to remain as a child had expired, and who were either applying for further leave on another basis or appealing a decision to refuse them such leave.

*“Whatever I do, my immigration situation haunts me. Whatever I do, even if I’m at school or college I’m worried thinking about what might happen to me.”*

**Sayeed, 17-year-old boy from Afghanistan, Kent**

*“The Home Office have to change. They’re the one who is traumatising people. They give you headache.”*

**Hanna, 18-year-old female from DRC, Solihull**

*“You’re going to be 18 and you don’t know what your status is. That creates a lot of depression and anxiety.”*

**Connexions adviser, Harrow**

One young person who had recently been granted status described how his anxieties then lifted, and how he no longer required medication:

*“It was stressful waiting for a decision on my asylum claim... I was an unhappy person because I had to go to the doctor a lot and take a lot of medication. But now I’m a happy person because I have had a positive decision on my asylum claim.”*

**Zamire, 20-year-old male from Afghanistan, Harrow**

Practitioners working with unaccompanied or separated migrant children also observed a dramatic turnaround in young people’s emotional well-being after they were granted status:

*“He was self harming and there’s no way he would accept that he was not going to be granted status; he was so worried. And he’s just been granted status and the turnaround is amazing. He’s back, because he was defaulting on college, not compliant with anything really, and the turnaround has been amazing. He’s now into everything and wanting to get on. A totally different outlook.”*

**Health practitioner, Harrow**

## 4.2.2 Approaches to mental health: community-based support versus therapy

The research findings suggest that practitioners view and address the emotional and mental health needs of unaccompanied or separated migrant children in two distinct ways. One national NGO representative expressed the view that these children are actually very resilient, and that any mental health needs they have derive from their isolation, lack of support and low-level depression that no one is picking up on, rather than trauma. The concept of resilience has come to the fore in recent years, with studies suggesting that separated asylum-seeking children actually have the capacity to ‘respond robustly’ to the stresses around them, and actually have huge inner resources of strength and capacity<sup>74</sup>.

As has been noted in other studies<sup>75</sup>, a number of practitioners identified unaccompanied or separated migrant children as being much more resilient than citizen children in care, who often come from quite difficult family backgrounds.

74. Kohli and Mather, 2003, pp201–212.

75. Ibid.



In Solihull, the team manager described their approach to mental health as follows:

*“Our approach to these problems is that we need to re-establish a pattern of normal life through establishing relationships. It is our job to help them re-build their lives and with that comes improved mental health. We have one young person at CAMHS<sup>76</sup> and six or seven at the NSPCC Time Out service. We have IROs<sup>77</sup> jumping up and down saying ‘they need counselling’, but often they don’t need it as the other relationships kick in. No one here really uses CAMHS or the ‘Solihull Gardening Service’.”*

#### **Social services manager, Solihull**

Through this approach, social workers place importance on ensuring young people are supported in their placements, identifying their interests and encouraging these, and other hobbies, to be developed.

*“The money we get is minimal, but we have a duty to meet their needs as we do any child in care, and we also see it as an integral part of enhancing their mental health. If they are interested in cricket we will find money to pay for them to do it.”*

#### **Social services manager, Solihull**

There is evidence to suggest that this kind of support is integral to ensuring and fostering young people’s emotional well-being in many cases. Research has found that support that is practical as well as nurturing and that connects young people into the social fabric of society is one of the key aspects in the promotion of resilience<sup>78</sup>. The evidence from the present research suggests that this supportive role is not always played by social workers, but by a range of different professionals, friends and community members (these relationships are explored in greater depth in section 8).

The alternative view expressed by a number of stakeholders is that the vast majority of these children have the need for specialist mental health services.

*“So when they arrive, I think every single one of them is traumatised. And what have we got? One or two resources.”*

#### **Independent reviewing officer, Kent**

*“If you’ve got a young person with emotional issues and they feel isolated and lonely, they’re not seeing their social worker much... they’re not feeling capable of making friends and are only going to college a few sessions a week. They might spend the whole evening being upset or self-harming and then can’t get up in time for college so have days of isolation.”*

#### **Social worker, Solihull**

There was concern that all too often practitioners and service providers do not acknowledge the trauma that these children and young people have been through, and that as a result there is not enough pressure to develop services that are adapted and respond to the needs of unaccompanied or separated migrant children. It was suggested that many children come from cultures where you do not complain and they do not always feel able to disclose that they are not coping, and if they are offered help, they will often not take it, according to one national NGO representative. As other studies have cautioned, children and young people can ‘weave protective membranes’ around themselves that have the outward appearance of disconnection or vagueness, regression or politeness, and which can be taken as a sign that they are coping in adversity. Practitioners

76. Child and Adolescent Mental Health Service within the local Primary Health Care Trust.

77. Independent reviewing officers are employed by children’s services departments to chair Looked After Children Reviews and Child Protection Conferences and make sure that the local authority is meeting its statutory safeguarding duties towards looked after children.

78. Kohli and Mather, 2003.

who raised these concerns also expressed fears and frustration that, by focusing on the social support as the primary means of meeting their emotional needs, there is little pressure to develop services that are able to effectively respond and adapt to more deep-rooted psychological needs that may require a medical response.

*"I don't think there is always an understanding that as children they have the right to overcome the trauma they experience. I think the trauma is downplayed quite often in terms of what support services they need."*

**National NGO representative**

### 4.3 Specialist psychiatric services: unaccompanied or separated migrant children's experiences

All the unaccompanied or separated migrant children interviewed for this research who were experiencing more severe mental health problems had been able to access, or were in the process of accessing, some kind of support for their problems. However, not all of them had been able to access specialist services and some were being treated by their general practitioners. Their experiences of the services were mixed. Four of them had and were still receiving support from counselling or psychological support services and they found that this had been helpful.

*"I've been in Mind<sup>79</sup> a couple of times, because I was stressed and everything. And then I used to see a psychologist. It was good, they did help me a lot. I did a lot of talking and a few trips that did help me a lot. Because there are things that I didn't explore before. They actually gave me that chance, to get to see other people around, to get to talk about my own experience."*

**Miriam, 19-year-old female from DRC, Harrow**

*"At the beginning, being a first time Mum, I find it really difficult to wake up at night, to feed her. And that time was so stressful, and ... I was taking like, depression tablets, like every month I went to see a doctor. For twelve months I had counselling, so they helped me a lot with this. To calm me down, to take off my stress and everything."*

**Mirela, 20-year-old young female from Albania, Harrow**

*"When I came I wasn't really, really ... I mean healthy and I was like ... a lot of worries, stuff like that. So today I'm seeing a counsellor and ... we have to go like to the GP and stuff like that. They were really nice."*

**Mohammed, 15-year-old boy from Afghanistan, Solihull**

Two young people who were receiving treatment for PTSD and severe depression did not think that the help had made any difference and worryingly, one was no longer seeking help and said he wanted to 'deal with it on my own'.

*"My depression come, all the time, my depression, and sometimes, I'm not control myself. At night, I'm going out you know? I can't sleep properly. At night when I get angry I kick the bed, I kick wall, everything. It's just, see a doctor, every week, every two weeks, just see how I am going here. And then nothing change, just keep going, I don't know why."*

**Naseem, 20-year-old male from Afghanistan, Harrow**

79. A national mental health charity with local projects around the United Kingdom.

### 4.3.1 Factors affecting access to specialist health services: availability

Many stakeholders were of the opinion that all mental health services, particularly CAMHS, but also other forms of counselling, were stretched and overwhelmed, and only able to take very urgent cases. Most had experienced long waiting lists when trying to access a service for children and young people, according to a team leader in Kent.

*“It is notoriously difficult to get hold of mental health provision because it’s stretched full stop. Not just for asylum seekers, I think mental health services are stretched to their limit.”*

**Community support worker, Kent**

*“I think you’d find there is a weakness in the child and adolescent mental health services; it’s not working well and again you’d find places where it is but you’d also find complaints around the services.”*

**Policy adviser, Home Office**

Specialist services that have been developed specifically to respond to the needs of this group of young people – for example, services for victims of trauma or of PTSD, such as the Medical Foundation for Victims of Torture – are particularly rare, and those that exist are overstretched. While the experience of the social services manager in Solihull is that not many young people need this level of service, for those who do, a ‘good targeted’ service is missing.

Sometimes the authority could only access services that were a considerable distance away. In Solihull, they frequently pay for young people to travel by taxi to these services:

*“We got her counselling sessions as well, but because they were full we put in a request and made a special provision for her and she gets a taxi there and back.”*

**Social worker, Solihull**

Because of the lack of availability, young people’s access to mental health services is also dependent on the involvement of a supportive social worker (or other adult) who is willing to push quite hard to ensure that the young person is able to access the services they need:

*“It’s really about them not liking to seek help. You have to go up to them and tell them that you’ve got this help, that they can access this help, this information. You really have to offer it.”*

**Connexions adviser, Harrow**

## 4.3.2 Immigration status and service providers' understanding of rights and entitlements

Research shows that, despite asylum seekers' and refugees' full legal entitlement to National Health Service (NHS) care, they may experience many barriers to using health services, including language barriers and the limited availability of information about eligibility to use services<sup>80</sup>.

*"Recently we had a young person who needed to access a drug service there and he saw a GP who scolded him a bit and wasn't particularly sympathetic. And it turns out that you can't access this Shared Care Service, which is a drug worker who works alongside your GP at the Asylum Seekers Health Team. The only GP surgery [where] he could access it was at the other surgery – in the same building – but he wasn't allowed there because all asylum seekers are supposed to go to the Asylum Seekers Health Team."*

**Befriending and advocacy representative, Solihull**

*"I have ongoing pain in my leg and I told my doctor and he said that when I turn 18 they will be able to give me an operation but that they can't do anything before that. He just said that until I turn 18 there is nothing he can do."*

**Tarek, 16-year-old boy from Iraq, Harrow**

One social worker described how the Asylum Team had struggled to get any unaccompanied asylum-seeking children to access a service designed specifically for looked after children, because the young people in question had been placed out of the borough.

*"We have a team – it's a service provided which is part-funded by the PCT<sup>81</sup> Child Trust and provides a range of psychological services for children whose placements are at risk because of their particular needs. None of ours have got access to this service. The reason given is that they are not registered with a Solihull GP. An example is the placement of a young lad in Leicester. The placement has broken down so he has moved to Birmingham. We want a consultation for the type of placement he needs. He is self-harming, suicidal and we want a consultation about what we should look for in a social worker, and what support they need. But the service won't help us because he's not registered with a GP in Solihull, and services in Birmingham won't take him because he is in Solihull's care."*

**Social services manager, Solihull**

## 4.3.3 Attitudes of service providers and practitioners

As discussed above, many stakeholders believe that the health problems presented by unaccompanied or separated migrant children are intrinsically linked to other issues, such as a lack of proficiency in English and social isolation, and can be overcome by establishing relationships in the community and social support networks. However, significant concerns were raised that, in some cases, this argument was used too quickly to dismiss more serious health concerns. Social workers were particularly critical of the attitudes of some GPs when presented with some of the physical symptoms of more serious medical problems.

80. DfES, 2006, p7.

81. Primary Care Trust.

*“We’ve had a young person having panic attacks or a young person coughing up blood and we go to the doctor’s and they’re saying that it’s psychosomatic.”*

**Befriending and advocacy project representative, Solihull**

*“It all manifested itself physically, so she thought she was dying. We had the ambulance out a few times, and that was quite challenging. The doctor knew that there was nothing wrong with her (physically), and to try and persuade him to do the tests because she needed them was quite difficult. The surgery was really off with her, they didn’t like the fact that she kept going back to the doctor. But that was the way it was manifesting itself. She had a lot of needs.”*

**Social worker, Solihull**

*“We had a girl last week, she’s started fitting [having fits] since she came. In actual fact she said that it had happened to her in her own country. But of course, nobody had ever done anything about it. So after leaving me the first day, they took her off to the dentist and she fitted three times in the chair.”*

**Health practitioner, Harrow**

Another representative of a national NGO service provider admitted to being surprised about the low take up of their service among unaccompanied or separated migrant children. Their service is based in a London authority with high numbers of such children, and they had assumed that they would have high numbers using it. They were not clear why this was not the case, but were concerned that it might be because of an attitude that ‘your asylum process is still going through so we’ll sort that (mental health) out later.’

#### 4.3.4 Unaccompanied or separated migrant children’s attitudes towards mental health services

While there are clearly serious concerns about the lack of access to mental health support services, another significant concern raised in the research is the appropriateness of existing services and approaches for this group of children and young people.

*“Western cultural trends – accelerating in the twentieth century – towards the medicalization of distress, and the rise of talk therapies, provide the backdrop to the discourse of ‘trauma’. Medicine and psychology have replaced religion as the source of descriptions and explanations of human experience, and individual psychology has come to be seen as the core of human nature everywhere<sup>82</sup>.”*

Past research<sup>83</sup> has found that most children and young people are ambivalent towards formal counselling, and practitioners interviewed in this study found that many children and young people were reluctant to go and see counsellors. One young man explained how he saw it as a sign of ‘weakness’:

*“I’m in pieces, I’m very emotional. I don’t have any support in terms of mental health – I used to – but now I think it’s time that I do it my way. I don’t want it, it’s for people who are weak and can’t deal with it on their own.”*

**Mangal, 20-year-old male from Afghanistan, Harrow**

82. Summerfield, 2000.

83. Wade, Mitchell and Baylis, 2005, p8.

*"I've had boys who are depressed who I've had to refer for counselling but usually they rarely take the counselling up. I think it's a thing that they are seen as failures as well, that they are not able to cope, so usually they turn it down."*

**Social worker, Kent**

*"You can refer to CAMHS, but if you do that, you've got to overcome the fact that kids don't understand the concept of counselling. They say, what good does talking about it do?"*

**Independent reviewing officer, Kent**

There were a range of opinions about why existing mental health services were not being successful in reaching and helping these children. Many people interviewed, including one national NGO representative, suggested that, until children's practical needs were sorted out – particularly their asylum claim – they were not ready for this type of service. There was also a suggestion that successful mental health treatment was time and resource intensive, and because of the uncertainty surrounding unaccompanied or separated migrant children's legal status, practitioners were reluctant to even begin the process:

*"You can probably treat depression while they're in a hotel with minimum support, with uncertainty about immigration. But if you want to treat someone's PTSD, you need a bit of certainty in the rest of their world."*

**Health practitioner, Harrow**

*"I have two or three examples of people who engaged really well, who responded to treatment quite well, and who are now... well I had this one particular young woman who is now off medication and who doesn't need any treatment, who is doing really well and hopefully going to university next year. She has moved miles away from the point she was at when I first met her. I mean she obviously still has issues to deal with, and lots of unresolved things in relation to immigration or whatever, but I think the place where she is now is much better. But it took about three years."*

**Health practitioner, Harrow**

Another concern is that many of the existing services or 'talk therapies' are not culturally appropriate for many of the children and young people to whom they are applied.

*"Some refugee children will be from cultures where mental illness and psychological distress are taboo subjects, and physical symptoms such as headaches, insomnia, stomach ache etc may be the way that emotional distress is presented<sup>84</sup>."*

Many of the young people looked after by social services in Kent and Solihull are placed in predominantly white, middle-class areas, and stakeholders identified a lack of appropriately skilled mental health professionals who are experienced at working with unaccompanied or separated migrant children.

*"Appropriate mental health services that understand the child's culture and their understanding of mental health services, language, those kinds of things, are a problem."*

**National NGO representative**

84. Burnett, 2002.



*“He suffered trauma, night trauma that sort of thing and I think they tried the talking route and they tried the medication route and I don’t think there was anything really that they thought that [they] could really do that would improve his lifestyle.”*

**Community support worker, Kent**

Many health practitioners were concerned that, as a result of these attitudes, young people and their support workers allowed significant health problems to be buried. Greater effort and resources need to be put into creating services and responses that do meet these young people’s emotional needs. A review of literature on the emotional well-being, vulnerability and resilience of refugee children identified a project that had been successful in moving from a view that ‘mental health difficulties’ are prescribed, diagnostically based terms associated with trauma, to an approach that takes into account young people’s strengths and hopes, fears and worries as well<sup>85</sup>.

*“They put it to one side and it’s buried. But it’s important to deal with that for the long-term health. And that’s been very hidden, we haven’t seen it but I think it’s very much there and I think it’s going to come out.”*

**National NGO representative**

## 4.4 Children and young people’s experiences of General Practitioners (GPs)

All of the children and young people interviewed were registered with a GP. This is a positive sign as previous studies have found that unaccompanied and separated migrant children were not always registered<sup>86</sup>.

Social workers and children and young people all reported problems in both accessing a GP service and the quality of the service provided. Examples given included GP practices pretending to be full when they were not, GPs who were reluctant to take unaccompanied and separated migrant children on because they expect ‘funny’ health problems and a low level of English that would mean they had to provide interpreters. It was also suggested, however, that this problem was due to a lack of support in helping them to register with a GP. Another concern mentioned was telephone diagnosis, described as “very bad practice, particularly with someone whose first language is not English... they dish out prescriptions based on a phone call,” according to one accommodation provider in Solihull.

*“It could be due to a lack of actual social worker or key worker support, helping them access GP care. If they are expected to make their own appointments and go to them, that might be difficult. Does anyone advocate on their behalf when perhaps they go to the doctor and they feel they only get another pill; they get sent away; there is nothing they can do about it. Those kinds of things.”*

**National NGO representative**

Particular problems were reported for children who were placed with new foster carers, or in different boroughs. However, the majority of children and young people interviewed had not had problems either accessing GPs or with the service that they received from doctors.

Nearly all of those in Kent had experienced a good GP service. This is likely to be because the Kent Asylum Team has a GP attached to one of the reception centres who holds two surgeries there and

85. Kohli and Mather, 2003, pp201–212.

86. See Dennis, 2002 and Stanley, 2001.



undertakes LAC health assessments. She is also part of the local surgery so children and young people can access an out-of-hours service, according to a social services manager in Kent.

## 4.5 The use of interpreters

An overwhelming concern amongst nearly all stakeholders was the issue of interpreters and how the lack of interpreters, and reluctance of health services to use them, affected access to and the ability to understand and continue with treatment. This issue permeated through a range of different services from GPs, to hospitals, as well as to counselling and specialist mental health services.

Primary Care Trusts and NHS Hospital Trusts have a duty under Section 11 of the Children Act 2004 to make arrangements to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children. NHS bodies also have a duty under the Race Relations Act 1976 to ensure that they do not discriminate against patients on grounds of race.

According to one social worker, if unaccompanied or separated migrant children are receiving services through the Primary Care Trust, it is the trust's responsibility to provide interpreting services. One social worker thought that many GPs claimed to be 'ignorant' of this fact. Others thought that health services try to avoid using interpreters as it involves extra work for them. Instead they try to use social workers, who can then also consent on behalf of the children or young person, according to a social services team manager in Solihull. The negotiations involved between the two services about whose responsibility it is to book interpreters can significantly delay processes, according to a social worker in Solihull.

*"If they have an appointment booked (with the Early Intervention Team within the NHS) it is very difficult, you can't be sure that an interpreter will be booked, even though it is the responsibility of the NHS."*

**Social worker, Kent**

*"[Accessing] interpreters for health services is a bone of contention, I will say. The doctors don't like to provide interpreters, they like us to do it, but it's usually their job to do it and it takes our funding, which should be spent on something else."*

**Community support worker, Kent**

There is a service called 'Language Line' which provides a telephone interpretation service, but those who mentioned it were dubious of its quality. Practitioners also described real struggles in getting interpreting services set up in hospitals. One social worker in Kent explained how, in her experience, it sometimes took hours of waiting before an interpreter was identified. It was also her experience that hospitals have a list of staff who speak different languages, who can be called upon even if they are not trained interpreters.

Lack of interpretation can cause real anxiety and confusion for young people. One young person ended up in hospital with an infection. A practitioner who went to visit him found him very scared and confused, as he had no idea what was wrong with him. She reported having to ask three different people to get him an interpreter, which was never arranged.

Another problem associated with interpreters is that mental health services are reluctant to use them. While this issue was not raised by the health professionals interviewed, many social workers described how CAMHS and other mental health service providers felt that interpreters were an unwelcome 'third party' and had concerns about the quality of interpretation. (This was mentioned by an independent reviewing officer in Kent and a national NGO representative.)

*"CAMHS... if they are going to have counselling with a child or young person they don't like to use an interpreter when they're doing it and that can be a barrier. It's difficult to have an interpreter as the information that you want to get might come back slightly different to whatever the person is saying, so it's difficult."*

**Social worker, Kent**

It is certainly true that the use of interpreters when such personal matters are being discussed can inhibit children and young people:

*"It's about sharing your deepest, innermost feelings with someone, then if they come from your tribe or one of your tribe's enemies, there's all that."*

**Independent reviewing officer, Kent**

*"I suppose one of the biggest issues for me is about access to good communication in terms of interpreters. That's where it all goes wrong early on, because actually you're too scared to disclose you've been trafficked because you're not sure about this interpreter and the quality of what they're saying. You don't want translators, you want someone who is bilingual and understands the profession. So much communication is lost through a third party."*

**National NGO representative**

A service that appears to be taking steps to overcome this barrier is 'My Time' in Smallheath, Solihull. Although primarily for adults, this service will see young people who are 16 to 18 as well. The service has a resource of counsellors who speak different languages so that they do not need an interpreter, but can give advice in the young person's language, according to a befriending and advocacy project representative in Solihull. However, it is likely that there would be many resource and training challenges involved if this project was to be replicated on a larger scale.

## Recommendations

1. CAMHS and the Department of Health should develop services to meet the particular needs of unaccompanied or separated migrant children who have suffered mental trauma or who are suffering an identifiable mental illness or psychological or emotional disturbance. These services should be developed in cooperation with those professionals who have a sufficient knowledge of the cultural attitudes to and the practical experience of psychiatric treatment in each individual child's country of origin, as well as intercultural communication skills.
2. Primary Care Trusts should arranged suitable training courses for General Practitioners and CAMHS to ensure that they are equipped to respond swiftly and effectively to the needs of unaccompanied or separated migrant children.
3. A specialist GP service should be developed for unaccompanied or separated migrant children in each local authority area where such children have been placed or are being looked after.
4. Social or support workers should go along with unaccompanied or separated migrant children to appointments with GPs and CAMHS to ensure that they understand what information they need to provide to health professionals and also any medical advice provided by these professionals.

## 5. Education

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### 5.1 Policy background

*Article 28 of the Convention on the Rights of the Child states that:*

“1. States Parties recognize the right of the child to education....”

*Article 29 of the same Convention states that:*

- “1. States Parties agree that the education of the child shall be directed to:
- (a) The development of the child’s personality, talents and mental and physical abilities to their fullest potential.”

*Article 39 then states that:*

“States Parties shall take all appropriate measures to promote physical and psychological recovery and social integration of a child victim of any form of neglect, exploitation or abuse; torture or any other form of cruel, inhuman and degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.”

*The Committee on the Rights of the Child’s General Comment No. 6 states at paragraph 42 that:*

“The unaccompanied or separated child should be registered with appropriate school authorities as soon as possible and get assistance in maximizing learning opportunities. All unaccompanied and separated children have the right to maintain their cultural identity and values, including the maintenance and development of their native language.”

*Article 2 of Protocol 1 to the European Convention on Human Rights states that:*

“No person shall be denied the right to education.”

*Article 5 of the International Convention on the Elimination of all forms of Racial Discrimination, which was ratified by the United Kingdom on 7 March 1969, states that:*

“...in compliance with the fundamental obligations laid down in Article 2 of this Convention, States Parties undertake to prohibit and to eliminate racial discrimination in all its forms and to guarantee the right of everyone, without distinction as to race, colour, or national or ethnic origin, to equality before the law, notably in the enjoyment of the following rights... the right to education and training.”

*Article 10 of the European Social Charter, which was ratified by the United Kingdom on 11 July 1962, states that:*

“Everyone has the right to appropriate facilities for vocational training.”

*Article 2 of Protocol 1 to the European Convention on Human Rights states that:*

“No person shall be denied the right to education.”

Sections 13 and 14 of the Education Act 1996 require education authorities to provide primary and secondary education to any child in its geographic area. This duty extends to the end of the academic year in which they become 16. This Act and the Education and Inspection Act 2006 also require education authorities to ensure that this education is appropriate to the child's age and ability and any special educational needs.

Section 19B of the Race Relations Act 1976 makes it unlawful for an education authority to carry out any act that constitutes discrimination when carrying out any of its functions.

The Department for Children, Schools and Families can provide Ethnic Minority Achievement Grants to schools and education authorities to meet the needs of minority ethnic pupils. Children's Services Grants are also available for work with asylum-seeking and looked after children.

**Paragraph 1.58 of the School Admissions Code<sup>87</sup> states that:**

"Parents who have moved to England with their children may express a preference for their children to attend a maintained school or Academy under the normal admission arrangements described by this Code regardless of their immigration status."

**Paragraph 2.9 states that:**

"Children in care are among the most vulnerable children in society and it is of paramount importance that a school place is found that is in the best interests of the child as quickly as possible."

The Department for Children, Schools and Families has also published *New Arrivals Excellence Programme Guidance<sup>88</sup>*, which applies to international migrants, among others. These are said to include refugees, asylum seekers and economic migrants from abroad. Some of its key principles are:

- Every child in our schools has an entitlement to fulfil their potential through access to the National Curriculum;
- This is best achieved within a whole-school context where pupils are educated with their peers;
- Schools should focus on the positive contributions made by new arrivals and mobile pupils.

**The Guidance also states that:**

"Where pupils arrive in Years 10 and 11, schools may want to consider a variety of models of induction which take account of the specific needs of this potentially vulnerable group. ... education provision should be tailored to the needs of the individual pupils while still ensuring the greatest possible access to the mainstream curriculum and future educational opportunities."

Access to education after the age of 16 is more complex. School-based post-16 education is a free service, but access is dependent on the discretion of the head teacher or the local authority and is often linked to academic achievement and the ability to undertake AS- and A-level courses. Access to further or higher education at a college or university is affected by immigration status. Young people who have refugee status are regarded as home students with all the rights to maintenance grants and loans that this entails. They also pay lower 'home student' rates for fees. Those who are granted exceptional or discretionary leave to remain are also treated as home students. However, they must have been ordinarily resident in the United Kingdom for three years for purposes other than education before they are entitled to a higher education maintenance grant or loan,

87. Department for Children, Schools and Families.

88. As part of Primary and Secondary National Strategies: issued September 2007.

although periods of time spent as asylum seekers count towards this three-year period. Asylum seekers are regarded as overseas students and therefore must pay full fees. They have no entitlement to grants or loans but they may be able to study on part-time further education courses for a reduced fee<sup>89</sup>.

## 5.2 Unaccompanied or separated migrant children's access and experiences of education

*"I'd say the first thing that unaccompanied children tell you is, 'when can I start college?'"*

**Accommodation manager, Harrow**

The children and young people interviewed had varied experiences of education before coming to England. Some had been in full-time education, while others had never been to school and were illiterate. Whatever their experiences, education was a priority for nearly all of them. For some, prioritising education was linked to ambitions to go to university and achieve qualifications in medicine or other professions. For others, education was important because it represented a form of social inclusion and a way to overcome loneliness and make friends. Many children and young people and practitioners described how friendships made in the initial weeks at school often lasted the longest, even when the children were moved to different schools or colleges. As previous research has shown<sup>90</sup>, education can play a vital role in supporting children and young people, helping them to overcome isolation and build their resilience, particularly for those who were able to access a school place. It provided them with something to aim for and focus on, and many of those who did not access a school place immediately spent the time in libraries instead.

*"It seems once they get into school, they seem to settle down. When I first came I thought that was really strange, that we put kids straight into school, when they've got so much to take on board, you know, a new country, new area, but then I realised, that's what they want. They actually want to get on with education straight away and it's quite a distraction for them."*

**Social worker, Solihull**

An education adviser who carried out a review of children and young people's ambitions and experiences of education explained how the findings emphasised the importance of the social aspect of school.

*"I did a consultation and asked what children actually wanted; English is something like number 10! Getting into school is often like number 2, often because it is linked to being able to make friends. Access to normality and safety and routine is important in giving purpose and making friends."*

**National NGO representative**

Being in mainstream education is also seen as a very important way of helping young people cope and adjust and find out about and access a range of services.

89. Crawley, 2009.

90. See for example Chase, et al., 2008; Dennis, 2002; Free, 2005.

*"I mean, the more you go to college, you get to make friends, talk to friends and other people, to professionals at college and then they talk to you about Connexions. That's how I found out that this Connexions existed."*

**Miriam, 19-year-old female from DRC, Harrow**

*"Going to college really helped me a lot. Because when I've applied for level One Health and Social Care, you get to read about health, about all these legal things and then, I kept on going. The more I studied I think my mind was a bit opening, you know? You get to speak to other people, in new situations, who had the same situation as you and they share the experience."*

**Miriam, 19-year-old female from DRC, Harrow**

Evidence suggests that success in education in the United Kingdom is rarely dependent on a child or young person's previous education experience. Rather it depends on their individual ambitions as well as the quality of education they can access in the United Kingdom, and the support they receive in helping them to engage with the system. One practitioner explained how she had always assumed that a lack of literacy would hold a child back:

*"I might have said yes once upon a time but I'd say no now. I'm thinking of two boys we have in the unit – two, never ever been to school before, on the hills all their lives and completely illiterate. One is such a sponge, incredibly intelligent lad, thirsty for knowledge and wants to know about everything all the time. We have another who is just not interested at all, not just in the school side of things but everything. And it may be that he needs to be here for six years or a year before he starts to engage with what's around him."*

**Education practitioner, Solihull**

Despite their very varied backgrounds and often limited experiences of education before coming to the UK, many children thrived and a number had completed their General Certificates of Secondary Education (GCSEs) and had plans for further education, including university. Popular courses included business and engineering, as well as medicine and teaching.

*"My aim is to go to university so at the moment I'm doing level 2, then I have to do another year national diploma in construction and I think it's five years, maybe five years because I have to do national diploma two years then another two years HNC<sup>91</sup> civil engineering after that."*

**Musitjab, 16-year-old boy from Afghanistan, Solihull**

Two young boys had been made head boy of their respective schools, and practitioners were able to give further examples of this happening. A number of other young people interviewed had also been recognised for their hard work and achievements:

*"I got an award in my first school for being Student of the Year. Then I went to college where I got the award for Hard Work Achievement every year for three years."*

**Mangal, 20-year-old male from Afghanistan, Harrow**

Many noted that a positive change in dynamics took place when a child from a different culture and education system arrived in a class, and this can have a positive impact on the learning environment for other children:

91. Higher National Certificate.



*“They came from a culture where there was unquestioning respect for the teacher, where they were aspiring for the very highest achievement, where they were focused on what they were doing. And actually a lot of teachers said that it changed the focus of their classroom quite considerably.”*

Education adviser, Kent

Practitioners were generally very committed to accessing a school or college place for their clients, and were very proud of their successes. In all three authorities, unaccompanied or separated migrant children had had greater successes in higher education than looked after citizen children.

*“We have more in higher education than the 16 plus team have. One of our corporate parenting activities is awards for children who deserve them. We always recommend children who achieve things in education, even if it has taken them two years to get there.”*

Social services manager, Solihull

*“One of the big successes in this county is that the majority of looked after or care leavers in higher education from Kent are unaccompanied asylum seeking children.”*

Education adviser, Kent

However, most of these successes were children who had been in foster care. As mentioned above, education practitioners noted a huge distinction in the attitudes, approaches and abilities of children who were in foster care, compared to those who were in independent or bed and breakfast accommodation. Those in foster care were thought to adapt much better to school or college life and to be able to cope with the work. They have ‘parents’ who can come to parents evening, somebody their tutor can talk to and someone to read all their reports, which makes a big difference in contrast for those in semi-independent or supported accommodation.

Despite many successes, the research findings confirm, as identified elsewhere<sup>92</sup>, that significant numbers of unaccompanied or separated migrant children continue to struggle to access a school or college place, and that the quality of education provision is dependent on the resources and training within schools. While many children and young people were happy with the ESOL courses they were accessing, a significant barrier identified by young people and practitioners was that so many had to undertake three years of ESOL before they could access other education courses.

92. See for example, Doyle and McCarriston, 2008.

## 5.3 Factors affecting access to education

Evidence shows that in each authority, education is prioritised from the outset and in most cases has been integrated into pathway planning<sup>93</sup>. The majority of the social workers interviewed described working closely with teachers on personal education plans (PEPs):

*“You have to talk seriously, the case worker, the teachers, have to talk very seriously with those young people about what the possibilities actually are. And a lot of what we do is talk about transferable skills. So you’re triple planning<sup>94</sup> the whole time. You’re talking about the plan that’s going to be in place if this young person stays in this country and becomes an adult in this country, and therefore starts to access the world of work. You’ve also got to talk about this young person returning at some point to their home country.”*

**Education adviser, Kent**

*“It was my first school in the UK. I had a meeting there with my social worker to put together an education plan. She asked me about how my English was going and told me about the kinds of things I could do at that school. It was a really nice school. I really liked the teacher. He was nice to me and I was nice to him and all the teachers helped me a lot.”*

**Mehdi, 15-year-old boy from Afghanistan, Solihull**

However, despite a statutory requirement for looked after children to be in education, many social workers and other relevant practitioners struggled to access the education that was most appropriate for unaccompanied or separated migrant children, and in some cases, struggled to access any education placement at all. All of the children and young people who took part in this research were able to access some form of education or training. However, the quality of that education, and their satisfaction with it, varied hugely. Many young people were on part-time courses and would have preferred to study full time. Some found the nature of ESOL courses disruptive and a barrier to both accessing other courses and meeting young people who were not asylum seekers. These findings are not unique or new, and a report by the Department for Education and Skills (DfES) in 2003 highlighted many similar issues<sup>96</sup>. It is very disappointing, therefore, to see that so little has changed.

### 5.3.1 Access to education: age and language ability

Despite education being integrated within the needs assessment, evidence shows that education plans and experiences rarely reflect unaccompanied or separated migrant children’s educational needs or experiences in reality, and are instead based on factors such as age, resources and language. Those who are under the age of 16 when they arrive are deemed to be eligible for school places, while those who arrive when they are over 16 are only able to access college placements. The courses that they are able to access at college are then almost completely dependent on their language skills, rather than their previous academic experiences:

93. Local authorities who are looking after a child over the age of 16 or have previously looked after them are under a duty to maintain a pathway plan for them until they become 21.

94. Making alternative plans if the unaccompanied or separated migrant child is not granted indefinite leave to remain in the United Kingdom in the future.

95. Now the Department for Children, Schools and Families

96. DfES, 2003, p16.

*"I suppose the younger ones, the under 15s who are placed in foster care who would go to schools and have the support of a carer – their needs are better met by local schools in terms of having a better flow through education. The 16 pluses who are placed in the community have to rely on colleges and what they are getting are ESOL courses."*

**Team leader, Kent**

Because English is not their first language, young people are initially only able to access ESOL courses. As previous studies have highlighted<sup>97</sup>, the quality of courses and English tuition is patchy, and concerns were also expressed that the ESOL language level requirements act as a barrier to being able to access other courses.

*"I think if they're in mainstream school it's much better for them. Although there are obviously issues with racism and integration. They achieve much better than just doing ESOL."*

**Befriending and advocacy project representative, Solihull**

*"And as far as ESOL is concerned, it's just 'stick them on ESOL'."*

**Befriending and advocacy project representative, Solihull**

Those children who arrive within Year 10 generally fare better, and will often be found a school place. This can happen despite a lack of any previous education experience or English language knowledge:

*"We have a Somali young person who arrived in the summer of Year 10, but because he was still just Year 10 age, he went straight in. He only spoke Swahili but he was bright and motivated and he got five A to C grade GCSEs. He wouldn't have had that opportunity if he had gone to FE<sup>98</sup> college because he wouldn't have got the ESOL level he needed."*

**Social services manager, Solihull**

This reality means that children who may have been in full-time education prior to their arrival in the United Kingdom might only be able to access ESOL and basic maths and IT<sup>99</sup> on a part-time basis in college, because they arrived when they were 16. A child who arrives aged 15 with little educational experience at all, on the other hand, can access a full-time school place and in many cases, go on to achieve a handful of GCSEs.

*"We've got a Chinese boy as well at the moment, and he's really, really clever at maths, but his English isn't good, but it must be so frustrating because he's really brilliant at maths and computers. But he's on this course struggling still at entry level."*

**Social worker, Solihull**

In Harrow a pattern of practice has emerged where social workers will try and register 15 year olds with a school, and the school will then refer that young person to a college and pay the college fees on the young person's behalf:

*"So, even if their social worker knows they'll end up being referred here, we can't actually just take them directly. They have to be referred to us because the school funds them; so the school will pay the college from their funding for them to attend here."*

**Education provider, Harrow**

This was thought to be a positive approach because many 15 year olds were thought to struggle if they were put straight into schools doing GCSE courses.

97. See, for example, article on [communitycare.co.uk](http://communitycare.co.uk) based on research by Charlotte Ritchie, researcher at the Department of Social Policy and Social Work, Oxford University.

98. Further education.

99. Information technology.

*“You had young people who’d had to stay at school until they were 16 and had been in GCSE classes without necessarily achieving anything. You’d end up with a learner who is not able to progress with their peers at school and who is told ‘you’ve got to go to ESOL’. So they’re not happy. If they come here in Year 11 it just cuts that out and it’s what they need; they don’t need to sit in a GCSE classroom for a year, not understanding anything so that was a real step forward.”*

**Education provider, Harrow**

### 5.3.2 Access to education: availability of places

Those children who are eligible for a school place are frequently let down by a lack of availability of either school or college places. Local authorities face real challenges in finding school places for those who arrive when they are 16 and in Year 11 – the second year of the two-year GCSE course. Schools are very reluctant to take on new students in the middle of a two-year programme of learning, especially if they do not have special support programmes to support a new student with only basic English language skills. Practitioners in Kent and Solihull also described an increasing reluctance on the part of schools to admit unaccompanied or separated migrant children, especially mid-term and had sometimes initiated legal action in order to get a young person admitted. On some occasions, an education adviser from Kent related how authorities have had to use the 2007 Admissions Code, which allows a local authority to direct a school to take in a person. As other studies have found, this was attributed to school’s concerns about their performance in national league tables<sup>100</sup>.

*“There are so few school places... we have to go through lengthy appeals processes. And we’ve had kids who have gone through that, won their appeal process and still haven’t been accepted into a school.”*

**Education practitioner, Solihull**

*“They managed to get him a place at a good school in the area; then the school just withdrew the place when they found out a bit more about him. They just said the place had been given to someone else.”*

**Befriending and advocacy project representative, Solihull**

This is particularly a problem for 15 and 16 year olds, as discussed above. Social workers in Solihull have particularly struggled to find school places for children who arrive when they are 16 years old. In response, at a joint meeting between Children’s Services, the Education Unit and the local authority, it was decided to fund places at an independent Muslim school. Solihull found that the independent school fees were less than that of a Year 11 Further Education package.

*“They follow the national curriculum, get peer support. It could be as many as 12 children, but we’re paying for quality. There isn’t the money for it, the grant doesn’t cover it. Solihull council covers it. It has to, because reasonable effort taken to get children into other schools has failed, particularly for the Year 11s.”*

**Social services manager, Solihull**

100. DfES, 2006, p8.

Because of the struggle to access school places, education practitioners were extremely concerned about the implications that becoming a specialist authority as part of the Home Office UASC Reform plans would have<sup>101</sup>. Schools were at full capacity at the time of interviewing and an increase in the number of unaccompanied or separated migrant children looked after by Solihull would only increase this problem.

Nearly all the children interviewed for the research had had to wait a number of months before accessing a school place, and many became bored and disheartened during this period. Some described being 'desperate' to start, and a number quickly located their local library so that could try and learn English while they waited.

*"At the beginning I had to spend two months at home and I couldn't go to school and I was really bored."*

**Abdul, 14-year-old boy from Afghanistan, Solihull**

*"It took three or four months... I just sit at home, watching TV and not understanding what they're saying! I spend some time in the library trying to learn things. Anything just to kill time."*

**Blehdi, 20-year-old male from Albania, Harrow**

Practitioners were worried about the impact that this had on children and young people's well-being, and were also critical of the lack of extra-curricular activities that they could get involved in, particularly during the summer months:

*"A young person who arrives in May for example, and school is ending already, they now have to wait until the beginning of September and then what do I do with that young person just waiting there? So there are huge, huge challenges."*

**Education adviser, Kent**

To overcome these problems, and to help smooth the transition into the English education system, Kent Refugee Action have set up a provision at Riverside in Canterbury that provides education for new arrivals. After their initial assessment in the reception centres, young people are generally able to get a place here where they do basic English, IT and maths qualifications, according to a community support worker in Kent. However, some practitioners were critical of the quality of provision at the project and thought that it was 'limited in scope', according to an accommodation officer in Kent.

Similarly, in Solihull in response to a lack of school placements and the fact that many children were waiting months before accessing some form of education, the local authority has funded an Education Unit at the Craig Croft Education Centre. Children accessing the service are in placements across the borough and also in out-of-borough placements in Coventry and Dudley. Social services pay for all children to get to the centre by taxi initially, until they have been in the UK long enough to be confident using public transport. The centre also has an outreach service attached to it. There are three outreach workers who go out and follow the young people into schools to monitor them and ensure that they are getting the support they need. They also work with teachers in the schools to support their input. This service has been particularly helpful for those children who have no previous education experience. However, the team were mindful that there was a chance that this service could be used as an excuse to delay enrolling these children used by schools that are reluctant to take unaccompanied or separated migrant children. For this reason, publicity about the centre had been kept to a minimum.

*101. These plans have now been abandoned by the Home Office, but Solihull is likely to continue to look after a substantial number of unaccompanied and separated migrant children as there is an asylum screening unit in its geographic area.*

### 5.3.3 Access to education: legislation and policy

Social workers and other service providers often came up against problems accessing a place for children and young people because of the lack of knowledge within schools and colleges of policy issues related to this group of children. Many social workers struggled to convince schools and colleges that young people with discretionary leave are entitled to full-time education, for example, according to a team leader in Kent.

*“The college kept demanding to see the social worker and because the young person is age disputed he doesn’t have one”*

#### **Befriending and advocacy project manager**

*“Those young people might be entitled to EMA<sup>102</sup>, but the college refuses, because they don’t have all the information, so we advocate on behalf of the young person. We have examples of some young people getting EMA, the EMA people say, ‘OK, fine’, but the college stopped it because they thought that they haven’t got refugee status. So the confusion around the status can stop young people getting in.”*

#### **Connexions adviser, Harrow**

Secondary schools can receive funding from a variety of central government sources, depending on the type of school they are. Schools can also apply for specialist funding such as the Ethnic Minority Achievement Grant (EMAG)<sup>103</sup> to support activities such as extra language provision<sup>104</sup>. Children’s Services Grants<sup>105</sup> are also available from Central Government Vulnerable Children Grant. The Children’s Fund and Education Action Zones (EAZ) can also be used for refugee children. However, the cost of post-compulsory education for migrant children can be prohibitive. Asylum seekers may have to pay a tuition fee for a full-time course at colleges of further education. Nonetheless, the Learning and Skills Council has granted a concession allowing unaccompanied asylum seekers aged 16-19 to study for free<sup>106</sup>.

Previous studies have noted disproportionately high numbers of asylum seeking and refugee children excluded from post-compulsory education<sup>107</sup>. While practitioners in the three research authorities commented on the success of unaccompanied or separated migrant children in higher education in comparison to the rates of citizen children in care, there are still many barriers impeding these children’s access to higher education. The key barriers are immigration status and funding. Asylum seekers are usually treated as overseas students, which means that, if they go to university, they must pay overseas student fees and are not eligible for grants or loans. Those with refugee status, humanitarian protection, discretionary leave to remain or those who have applied for an extension to their leave and are still waiting for a decision<sup>108</sup> have the right to higher education as a home student. However, in practice many universities still fail to accept these unaccompanied or separated migrant children as home students and very often access is only gained at the discretion of the university and with the financial support of their local authority<sup>109</sup>. However, Manchester University has amended its policies and now allows asylum seekers to study as home students, following campaigning from a self advocacy group<sup>110</sup>.

There appears to be a distinct lack of guidance and support in terms of eligibility for financial and other support for unaccompanied or separated migrant children and young people who want to go to university, in addition to inconsistent application of policies by further

102. Education Maintenance Allowance – available to those on a low income who stay at school or in further education between the ages of 16 and 19 to maximum of £30.

103. A grant from what is now the Department for Children, Schools and Families that is available to schools and local authorities for the support of minority ethnic pupils.

104. DfES, 2004.

105. A grant to local authorities for the development of strategic approaches to providing services to vulnerable children such as asylum seekers or children being looked after.

106. Greater London Authority, 2004.

107. A Greater London Authority, 2004, p42–50.

108. In such circumstances, Section 3C of the Immigration Act 1971 deems the applicant’s previous leave to continue.

109. A Under Sections 23C and 24B of the Children Act 1989.

110. A Brighter Futures, Save the Children UK Access to Education Campaign.



education institutions<sup>111</sup>. In addition, there is a lack of consistency and equity in terms of how the decisions governing access to student loans are made, and confusion in terms of eligibility for student loans for those young people who are receiving assistance under Sections 23C and 24B of the Children Act 1989, as a consequence of the amendments introduced by the Children (Leaving Care) Act 2000<sup>112</sup>.

Practitioners confirmed that unaccompanied or separated migrant children and young people particularly struggled when they started to think about higher education, and how children start to fall out of the system at that point<sup>113</sup>. Practitioners also described their frustrations at the inconsistencies of universities in practice:

*"I've just been having arguments with a local university about fees because they refused to say that the young person was eligible for home fees. And that's a shame, because last year we managed to help three young people to get to university. And this year, we've got one."*

**Education practitioner, Solihull**

A number of the unaccompanied or separated children and young people interviewed had experienced problems getting a place at college, or accessing services within colleges, because of a lack of papers or documentation or because of their immigration status. One young man had arrived in the United Kingdom when he was 12, and was given two years leave to remain. He is now 15, has applied for an extension and says about his education goals:

*"I want to leave school and I want to go into the Royal Air Force to do engineering. I'm really interested in that. It's my dream to join the RAF to do engineering and I can't. I haven't got permission to stay in this country. I want to go into the RAF next year when I'm 16, when I leave school, but they say I have to wait until I have a decision on my application."*

**Mohammed, 15-year-old boy from Afghanistan**

Other young people described problems registering at college because of a lack of documents as they were waiting for the outcome of the appeal.

*"I've had a lot of problems in this country because I don't have documents. When I went to register at college in September they asked me to bring the documents but they didn't accept the documents I brought them. But this problem ended when I got refugee status a few weeks ago so now I will go to college."*

**Zamir, 20-year-old male from Afghanistan, Harrow**

*"I want to go to university but because of my immigration situation I can't go right now. I can't go in higher education. So now I'm just looking for a job and spending time in the library reading anything that seems interesting to me."*

**Ping, 22-year-old from China, Harrow**

111. *Ibid.*

112. Chase, Knight and Statham, 2008.

113. Education practitioner, Solihull.



### 5.3.4 Access to education: the commitment of practitioners

In many cases, accessing a school or college place has come down to the support and dedication of a social worker or another service provider who has pushed to ensure that the unaccompanied or separated migrant child or young person has got a place. This finding confirms Refugee Council research, which suggests that young people who lack parent or carer support at home are at risk of missing out on educational opportunities and not fulfilling their potential<sup>114</sup>.

*“One of the factors I saw in terms of a child’s access to secondary education was how much the local authority, at an individual level, usually within the education service, put into finding a place for a child.”*

#### **National NGO representative**

A social worker described pushing to ensure that children and young people accessed the right level of education:

*“In order to do that I’ve had to buy these GCSE assessment things and say, ‘look, you know, they can do this?’ Because it must be so frustrating.”*

#### **Social worker, Solihull**

Teachers were also praised, and in many of the case studies individual teachers were identified by children and their social workers for their help and support.

*“We have a Congolese girl and her numeracy teacher coached her during Church time so she did GCSE maths at Solihull College, yet at the time she was only level two on ESOL.”*

#### **Social services manager, Solihull**

In Harrow, this role has been carried out by Connexions and one worker’s time is dedicated to providing support to unaccompanied asylum-seeking children. It was a service known to or used by nearly all the young people interviewed in Harrow:

*“What we’ve been doing is, as soon as the Asylum Team get a referral from the Home Office, they get us to put them into the Connexions system... information about the young person, their destination in terms of learning. Are they doing ESOL classes? Which college are they going to? So this information is on the system, and if after two months this young person didn’t find a course, the information is likely to turn red [and alert professionals to take further action].”*

#### **Connexions adviser, Harrow**

In Solihull, the manager of the Education Unit was identified as providing dedicated one-to-one support to new arrivals and worked in partnership with social workers to gain access to school places for children.

114. *Beyond the School Gates, a Refugee Council Report 2008, p19.*

## 5.4 Separated and unaccompanied migrant children's experiences of education

### 5.4.1 ESOL courses

More than half of the young people interviewed were attending or had previously attended ESOL courses. As discussed previously, policy makers and practitioners were particularly critical of the ESOL system, which requires children and young people to pass Entry Level Three through to Level One before they can access a wider range of other courses. One 17-year-old girl in Harrow who had been in the United Kingdom for over a year wanted to study health and social care. However, she was told that her English was not good enough and that a better option would be childcare. A 22-year-old from Albania, also living in Harrow, wanted to do a plumbing course but could not because he had only passed ESOL Level One.

*"I think there could be more support around those children who perhaps are very interested in sports or sciences or have particular interests; that can be quite difficult until they have reached the level of English that enables them to go into mainstream classes."*

#### **National NGO representative**

As a result, many of the young people had been studying ESOL for two to three years. A young person who arrives with no previous formal education experience will enter at pre-entry level, and it will then take them four years of studying before they can enter mainstream education, according to an education provider in Harrow. There is evidence that young people become bored and frustrated, especially those who had achieved a high level of education in their home country, and for whom language was a huge barrier in being able to apply this experience.

*"The Eritreans, for example, have had an education, they really don't want to just go in and do ESOL, they really want to do what they're used to doing, so it's getting the right level and trying to argue, 'OK, they might not speak good English, but their maths is probably past GCSE level'. We had one boy who said, 'I'm doing what I was doing two years ago in Eritrea' and that must be really hard, because education is so important for most of them."*  
Social worker, Solihull

*"So the majority of our young people, because their language is at entry level, are sitting toiling in ESOL classes. That's all that's available for them at FE level – ESOL classes, entry level ESOL classes. And let's face it, two, two and a half days of ESOL classes a week and you'd cut your wrists! If that was all you were doing; but they can't do anything until they've achieved Level One. Until they've achieved Level One, they can't access mainstream college courses."*

#### **Education adviser, Kent**

*"ESOL isn't as good as we'd want it to be. It is hugely varied. You can't access vocational or academic courses without reaching the right language level. We struggle to address this."*

#### **Social services manager, Solihull**

A further barrier is funding, and while ESOL is free for those between the ages of 16 and 18, once they turn 19 they have to pay tuition fees unless they are claiming benefits, according to an education provider in Harrow.

While most children and young people praised the standards of teaching and support provided by their teachers on ESOL courses and at colleges, some had had negative experiences and had changed colleges two to three times. Reasons included a lack of support both inside and outside of the classroom, the fact that they had to travel a long way to get to college and disruption in the classroom. Even for those who had positive experiences, there were many aspects of the courses that they did not like. Many were put off by the other children and young people on the course who were described as 'rowdy' and 'unfocused'.

*"I find college quite different from how it is in my country, like the way they teach us, it's good but sometimes it's difficult to understand because the students are often naughty."*

**Biniam, 18-year-old male from Eritrea, Harrow**

*"All I know is that you can do anything you want in class and nobody cares; you can wear your underwear on your head and nobody cares. I was so shocked the first time I saw it."*

**Mangal, 20-year-old male from Afghanistan, Harrow**

The huge mix of educational experiences on ESOL courses can be off-putting for more experienced students, as can the cliques that form when young people from a particular nationality or language are present, according to a social services team manager from Solihull. Young people were also critical of the fact that they were put together with other young people who spoke their native language. They missed the opportunities to socialise with English young people and practise their new language skills. One education practitioner felt very strongly that unaccompanied and separated migrant children and young people should be given the opportunity to mix with native English speakers:

*"What we would like to do is to have our young people in a centre where there are secondary age, looked after English people so that there's not this isolation. So they can still have this programme that is tailored to them but there's not the isolation."*

**Education practitioner, Solihull**

The part-time nature of ESOL was also identified as a problem, particularly by young people, as it left them with a lot more free time, which led to many feeling lonely and isolated:

*"At the moment I only go to college for one or two hours a day. I think it would be more helpful to have a full day of lessons instead."*

**Ping, 22-year-old female from China, Harrow**

One accommodation officer from Kent felt particularly frustrated that certain colleges were having to advertise quite heavily for students on a range of basic to advanced courses, yet, despite their 'looked after' status, his clients, who were often very ambitious, were not able to access these opportunities.

Interestingly, few of the young people interviewed were critical of this system, despite the fact that many were still studying ESOL after three years in the UK, and still had not managed to access other courses apart from maths and IT. It was a cause for concern for some practitioners that so many young people were content on their ESOL courses. This was thought to stem from a general lack of specialist advice and support about what they should be aiming for, and what was out there:

*“The dynamics of the FE courses is about what do you aspire for, but most children don’t know what they can do. Are we engaging these children into the social support they need? Does it connect them with English speaking communities so that they can acquire the language? Are we engaged in training them so that their life prospects improve? No, we’re not! There are huge gaps because there is no inclusive provision of service.”*

#### **National NGO representative**

There was evidence that a number of young people had fallen into the courses they were doing without much advice about what other options were available.

Some young people were able to succeed past Entry Level One. One 17-year-old girl from Somalia had spoken English before she arrived in the United Kingdom. After six months, she had passed Level One and, following consultations with a Connexions Careers Adviser in Harrow, she is now studying for a B-Tec in IT. Many children and young people in Harrow mentioned the Connexions advisers, who had let them know about the educational opportunities available to them and linked them into a range of services. In one case, Connexions informed a young woman of the ‘Care to Learn’ initiative, which provides financial support for teenage parents who want to continue in, or return to education. It helps with the costs of childcare and travel. This young woman had previously thought she would not be able to access education because she had a baby. In other cases, resourceful young people have been able to navigate the college system themselves, often because their previous educational experiences have meant they know more about their rights and entitlements, and opportunities that exist:

*“When I arrived I went straight to college but now I’ve moved to a different college. I was at the first college for two terms and I was studying business, maths and English; I chose to study those subjects. Now I’m studying a B-Tec in Sport, I also decided to do that because I want to play football and to do that I need the B-Tec in Sport. I’ve been able to make all the decisions about my education by myself. I found out about the courses by myself using the internet and I was quite happy to do it by myself.”*

#### **Biniam, 18-year-old male from Eritrea, Harrow**

There is evidence of some good practice within colleges, where they are flexible and committed to meeting the needs of the young people, and overcoming language barriers:

*“Some of the boys are intelligent, they might go for the easy course maybe for six months or so and the teachers will notice that they’re quite good and so, without wasting time, they’ll put them down for their GCSEs. Some boys are more vocational; they’re not really academic, they’ll tell you ‘I want to do motor mechanics’, so you go to the college and say, ‘hang on, this young boy wants to do motor mechanics’, and they’ll try and work it out with you like, ‘ok, you do motor mechanics but your English isn’t good enough for you to be able to understand the motor mechanics language so how about you do motor mechanics two days a week and maybe English two days a week so you’ve got a balance of everything?’”*

#### **Social worker, Kent**

*"I'd like to see more opportunities for fast tracking. We're starting to see a lot more of it now because we're with an exam board who allow us to have a lot of flexibility about the level, so they allow our students to take an exam... so even if they were in an Entry One class they could do Entry Two exams at the end. So that's helped a lot because you don't end up with students having to plod through all the levels when they really don't need to."*

**Education provider, Harrow**

Some further education institutes have designed courses to address this difficulty. For example, at West Thames College in London, a large number of full-time courses are offered where a student can combine learning English with subject-based courses. A student can enrol for an ESOL pre-GCSE humanities course, which includes English language, social sciences and ICT (Information Communication Technology) or an ESOL Destination Course in Hair and Beauty, which involve English language classes for 50 per cent of the time and practical sessions in hair and beauty for the other half of the week. It is also possible to study full time on a GCSE Science and ESOL Course.

Changes to college and further education systems to provide a range of courses for unaccompanied or separated migrant children were seen as a priority by practitioners and policy makers. One of the main barriers appeared to be funding. Colleges are bound by the structures that have been put in place by the Learning and Skills Council<sup>115</sup>. The Learning and Skills Council's responsibilities will transfer to local authorities in 2010 and will come into local authority control as part of the 14–19 reforms. There was optimism that these reforms, which bring in Foundation Tier Learning<sup>116</sup>, will allow children and young people who have English as an Additional Language (EAL) to access a much wider range of courses.

An additional suggestion made was that children and young people should be offered the opportunity to study literacy in their own language:

*"I think they should be able to develop literacy in their own language. For example, if we were doing triple planning effectively, then Pashtu should be available, or Dari or Kurdish. Something that is of use to them if they are returned. Maths, English and Pashtu, these would be useful skills to help them get a job at home. There is no provision for people who aren't literate in their own language."*

**Social services manager, Solihull**

## 5.4.2 School

School was consistently mentioned as being one of children's most positive experiences since arriving in the United Kingdom. School was valued not only because it was a gateway to further education and success, but also because of the social aspects and the fact that it gave unaccompanied and separated migrant children a focus, and very often a distraction, from their wider concerns and anxieties.

*"The happiest time for me since I've been here was when I was at school. I liked it because it kept me busy. I feel happy that I've done my GCSEs and I'm looking forward to going to college."*

**Essan, 16-year-old boy from Afghanistan, Solihull**

115. A non-departmental public authority, which was established by Central Government in 2001. It was responsible for the planning and funding of high-quality education and training in England for those who are over 16 and at not at university.

116. This tier will introduce entry-level qualifications for all 14 to 19 year olds, which are additional to those obtained through GCSEs and A-levels.

*"I still like to meet my friends from school, going out, cinema, playing football. Yes, I did GCSEs, it was alright but it was difficult. It's just because spending time with English friends and just learning, talking, thinking."*

**Mustijab, 16-year-old boy from Afghanistan, Solihull**

*"I really enjoyed going to school. I really liked studying English and computing. I enjoyed learning and the teachers as well, they were very kind to me. This year they made me head boy!"*

**Ajmal, 18-year-old male from Afghanistan, Solihull**

Previous studies have noted a lack of pastoral support for unaccompanied and separated migrant children in education<sup>117</sup>. Yet this study found that many of these children had had extra language support, sometimes within lessons, sometimes as an additional lesson. Some had developed close relationships with their teachers, many of whom they turned to for support on a wide range of issues.

*"I liked it at school, they gave me a special teacher to help with my English which was helpful."*

**Noor, 14-year-old boy from Afghanistan, Kent**

*"My ICT teacher and my English teacher really helped me a lot. Also, the woman in the library at school also helped me a lot. She just liked trying to help me with my work."*

**Abdul, 14-year-old boy from Afghanistan, Solihull**

Most unaccompanied or separated migrant children were initially shocked by the different approach to education in the United Kingdom, compared to their home country. Nineteen-year-old Mohammed from Afghanistan described other students as naughty and many described being shocked by the lack of respect for teachers and the inappropriate language used by other students in front of the teachers. One 14-year-old boy from Afghanistan described finding the lack of discipline and respect in the classroom as 'hard to cope with'.

This, in addition to the language and cultural barriers, made their first experiences of school quite daunting for some of them:

*"It was quite difficult when we first started at school because it was hard to understand people and the lessons. People talk to you and you just look at them and you don't know what they're talking about. And the school was so big!"*

**Hamid, 16-year-old boy from Afghanistan, Kent**

Despite these challenges and significant language barriers, a number of the unaccompanied and separated migrant children had managed to establish strong friendships with English young people, and there was little evidence of racism within their school environments.

*"The other children were nice. We got on better the longer I was there."*

**Abdul, 14-year-old boy from Afghanistan, Solihull**

*"Everyone was nice there. I was the only one who had English as a second language but everyone was so nice to me I had friends who used to come back to my house and they helped me with my English."*

**Mohammed, 15-year-old boy from Afghanistan, Solihull**

117. Greater London Authority Report, 2004.



Many schools and colleges were praised for having developed specialist support and services that cater to the needs of separated and unaccompanied migrant children. For example, in Kent the Minority Communities Achievements Service (EMCAS)<sup>118</sup> has set up a programme for new arrivals. Kent is also part of the 'New Arrivals Excellence Programme', which has been set up in chosen schools across the country by the Department for Children, Schools and Families to meet the needs of children who have arrived in the United Kingdom as the result of international migration, including unaccompanied or separated migrant children. EMCAS was also praised by a community support worker in Kent for 'fighting our corner for us' and helping social workers get young people onto courses in colleges that they had not previously been able to access.

In many cases, this innovative commitment also stems from good working relationships between the schools and the local authority. In Kent, the Looked After Children Education Adviser works closely with schools, the social services team and in partnership with EMCAS. He is involved in training all the staff within schools to rethink the planning of their lessons so that they include the issue of language, with the help of extra support, according to an education adviser in Kent.

The quality of support from teachers was high and examples were given by both children and practitioners of teachers and other practitioners in the school environment going out of their way to help them. For those children who had been able to access school, teachers were one of, or sometimes the only, source of adult support.

*"I also talk to my teachers. I had an extra English teacher and another teacher who came in three or four times a week and she sat with me in like English or maths lessons and just gave me extra help; she helped me to understand what was going on in the lesson. It was really helpful."*

#### **Mustijab, 16-year-old boy from Afghanistan, Solihull**

*"His education has been bang on. The teachers have all gone the extra mile because they've seen him go the extra mile. He tries so hard and the teachers have told me that they're over the moon with him."*

#### **Foster carer, Solihull**

A small number of the unaccompanied and separated migrant children, however, did not have positive experiences of school. Some had found the experience overwhelming – particularly those with little previous educational experience – especially in the context of disruptive class settings and in some cases, very little extra language support:

*"I went to school for about two months or something. But I was really unhappy there because nobody was helping me with my English so I ran away for four days and then I came back and I started coming here. I ran away because I was unhappy at school."*

#### **Mehdi, 15-year-old boy from Afghanistan, Solihull**

Three of the unaccompanied or separated young people interviewed had experienced racism at school, although based on practitioner experience it is likely that this happens more frequently than was suggested by those interviewed. A number of the unaccompanied or separated migrant children had had to change schools on one or more occasions because of a lack of support structures. Many practitioners believed that some schools and colleges were reluctant to offer places because of the perceived challenges associated with educating this group of children, and the resources required to support

118. A service run by Kent's Children, Families and Schools department, it works in partnership with schools, communities, parents, carers and children to improve access to education and raise levels of achievement for minority ethnic and bilingual children.



their education. Schools need to have good structures in place in order to look after children with no or little English. Schools often barter money and learning support funds for individual children to get extra support for teaching assistants. Unaccompanied or separated migrant children often need extra support but schools are not always willing to pay, so Children's Services sometimes use the Personal Education Allowance<sup>119</sup> to pay the school for extra support, instead of using it for support outside of school, for example, for help with homework, according to a social worker in Kent.

Social workers in Solihull struggled to get a good service from schools they had not worked with before and because of a lack of foster placements within Solihull, the number of out-of-borough placements meant that this was a recurring problem. Social workers increasingly found themselves starting from scratch with new schools, often in traditionally white areas, which have little experience of working with unaccompanied or separated migrant children with language support needs.

*"It does depend on the local authority and on the schools individually whether they have the positive attitude to work with that child. And I do think some of our young people suffer because of the school they go to."*

**Education practitioner, Solihull**

Evidence shows that dispersal, especially away from big cities, has created significant problems for unaccompanied or separated migrant children in the past, as they have found themselves out of reach of members of their own community and feeling isolated<sup>120</sup>. In these contexts, especially where the unaccompanied or separated migrant children have had no formal education experience, the Education Unit set up in Solihull proved to be a successful initiation into education. One child who had been to two schools and not enjoyed either experience said:

*"I like it here and I want to stay. Big school is actually really hard, they expect a lot from you. I told the teacher that I want to stay here, I don't want to go to another school. I didn't feel like there was anyone there to help me when I was there and the work was really hard because I couldn't read or write in English."*

**Mehdi, 15-year-old boy from Afghanistan, Solihull**

### 5.4.3 Citizenship and cultural awareness programmes

Another aspect of education that was identified as being important was citizenship and cultural awareness education and programmes. Many of the unaccompanied and separated migrant children in the study, and in the separated migrant population in general, come from conservative cultures whose social norms and traditions are very different from those in the United Kingdom. Children and young people and practitioners described a range of situations where young people did not understand the social norms of the United Kingdom, which sometimes led to misunderstandings and in a few cases, led to police interventions. Many of these issues concerned interactions with young women:

119. An allowance that Children's Services should make available to each looked after child to provide out-of-school education and learning support out of its Central Government Area Based Grant.

120. O'Connell Davidson and Farrow, 2007.

*“On my second day in England there was a group of girls who wanted to talk to me and I was terrified; I ran off! I was scared. I was scared because I’ve never had experiences with girls before in my life, I don’t have any sisters or anything and the girls where I come from don’t usually go out.”*

**Mangal, 20-year-old male from Afghanistan, Harrow**

As discussed in Section 8, often what is missing is basic orientation and practical support. One practitioner suggested that a DVD should be made to help explain the processes and structures that children and young people will be exposed to:

*“I think, what we need to do, which we haven’t got, is to have something visually that you can show people when they come in, in their own language; so if we had a DVD that they could play, with other young people explaining what it’s like to be looked after. Because that’s really hard. They don’t understand that concept at all. If you imagine, you tell people when they first come in after this huge long journey and they don’t know where they are and you start telling them about Section 20, it’s bizarre really.”*

**Social worker, Solihull**

Those children and young people who had accessed citizenship or orientation training told researchers that they had enjoyed it and found it really useful. In the reception centres in Kent, and in the Education Unit in Solihull, courses are run to address these issues. At the Education Unit, they have based the sessions on consultations with unaccompanied and separated migrant children who have been in the United Kingdom for a number of years and are more settled. They were asked about the things that they had wished they had known earlier and the things that were most important. With the children, the Unit agreed on six or seven top priorities to base their cultural awareness sessions on. Another unaccompanied and separated migrant child was able to access a ‘skills for life’ project run for all looked after children that his social worker found out about. While he and his social worker thought the service had been good, his social worker was aware that it was not necessarily the best use of resources:

*“He’s been really positive about it. But again, it’s a one off and we’ve paid for an interpreter to go every week for two hours for sixteen weeks. With that amount of money for the interpreter, we could have done something else to reach more young people.”*

**Social worker, Solihull**

However, access to this kind of orientation and citizenship training is ad hoc. Evidence suggests that, in most cases, it is education practitioners such as teachers who found that, as well as focusing on educational needs, they were also drawn into providing other forms of support and pastoral care, and that this put pressure on them.

## Recommendations

1. Educational Maintenance Allowances should be provided to all unaccompanied or separated migrant children and young people in further education between the ages of 16 and 19.
2. Looked after unaccompanied or separated migrant children and young people should be provided with detailed individual education plans and additional educational support through the use of the personal educational allowances to which they are entitled and the opportunity to choose to attend mainstream or specialist educational provision appropriate to their individual needs.
3. All unaccompanied or separated migrant children should be provided with introductory citizenship courses, which instruct them about the rights and responsibilities of those living in the United Kingdom.
4. Local education authorities and further education colleges should develop courses that combine the learning of English with subject-based modules.
5. Unaccompanied or separated migrant children and young people should be offered funded places in further and higher education if this is necessary to meet their educational and welfare needs.

## 6. Politics, racism and social exclusion

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*“Typically, the national discourse around asylum is quite negative.”*

### **Social worker, Kent**

The overarching political discourse around asylum affects the way that society and the media depict the role of asylum seekers and unaccompanied or separated migrant children and this filters down into all aspects of service provision. It affects the attitudes and beliefs of practitioners, as well as impacting upon their ability to access resources and deliver a high-quality service. According to one social worker in Kent, politics ‘overwhelmingly’ takes over what the workers are trying to do and achieve with children and young people. This in turn affects their experiences of social inclusion or exclusion.

*“I remember, 2005 I think it was, one of the things that made her stay home she said, was that she saw a very big poster by the Conservative Party, saying that we want less immigration and what have you. And she ended up just staying home. It was that powerful to her.”*

### **Connexions adviser, Harrow**

Many practitioners spoke of an inherent ‘culture of disbelief’ that runs through all services, and a continual questioning of the credibility of asylum seekers and unaccompanied or separated migrant children. A lack of documentation often prevents these children from proving their entitlement to international protection and often their own identities – their age, their reasons for being here, the country they are from, is continually challenged. Unaccompanied or separated migrant children are suspected of providing rehearsed ‘stories’ that have been manufactured by the agents who facilitated their journey to the United Kingdom. A health practitioner in Solihull also noted that many people talk about unaccompanied or separated migrant children as if they are expecting to be conned or deceived. This extended to the practice of the UK Border Agency.

*“And you know he comes into therapy and he’s completely traumatised and the Home Office just say, ‘Oh, we thought you’d like to know that if his mental well-being really did depend on counselling, he wouldn’t be missing appointments, so we don’t think he’s genuine’. And I’m just thinking, he’s missing appointments BECAUSE he’s in such a state.”*

### **Health practitioner, Solihull**

At a local level, one national NGO representative explained there can be huge tensions around the issues of resources, and discrimination in terms of ‘why should our tax money go to them,’ and ‘are these kids perceived as worthy of services’ here?’ One practitioner described how she herself struggled with some of these issues:

*“There’s sort of personal and ethical demons that one has to fight for a while – being a professional – your taxes and my taxes pay for the young asylum seekers. So that can get very frustrating sometimes when they just keep demanding and refuse to pay their gas bills. Actually, the reality is that I have to do this and the money I earn is paying for you to be in this country. It sounds cruel but that’s the reality and sometimes it works, sometimes it doesn’t. I don’t want to sound like I’m being judgemental; I’m not, but that’s the reality and sometimes they need reminding of it.”*

### **Social worker, Kent**

There are many examples of how these macro-level discourses filter down into service provision. In evidence taken by the Home Affairs Committee inquiry on missing children earlier this year, it was suggested that there is a tendency to assume that unaccompanied or separated migrant children do not go missing but are complicit in their disappearance. This is linked to a more serious issue around people's attitudes to migrant children. It was suggested that they are often seen as children who are coming here to seek an economic advantage, and the mistrust that goes along with that means there are some authorities that take the view that, as they are unaccompanied or separated migrant children, they should be treated with a lack of trust and respect<sup>121</sup>.

Some practitioners gave examples of foster carers having a hostile attitude towards unaccompanied or separated migrant children based on a belief that they should be more grateful for the services they receive. This meant that these children are being placed in environments that are already hostile towards them. Others described how they struggled to access leisure activities like youth centres because of the stigma attached to them. These attitudes do not necessarily come from the workers, but from other young people, and unaccompanied or separated migrant children are deemed to be taking things that local people could have. This is particularly problematic in Solihull and Kent, which are predominantly white areas and where there are sensitivities over social cohesion. In Solihull, the presence of a BNP counsellor makes the local authority particularly wary because it highlights the need to increase public understanding of the complex issues relating to migration. However, the council also strives to ensure that this does not undermine the positive attitude it adopts to being a corporate parent to unaccompanied or separated migrant children.

*"Sometimes we can refer them to something like swimming but they would find it difficult to go and actually swim because maybe the way people talk to them or look at them or even say things to them like, 'how dare you leave Afghanistan and come here', and things like that."*

#### **Social worker, Kent**

*"I've had one of my boys accused of sexually or inappropriately touching someone in the pool and yet he didn't actually do it, they had to go through the CCTV<sup>122</sup> and he was nowhere near this girl but because of the stigma that they're Afghan boys... from that day onwards he told me, 'I'm not going to go to the swimming pool ever again'. If he'd been found guilty, if it wasn't for the CCTV, the Home Office would have homed in on him and he'd be deported or go to prison or something."*

#### **Social worker, Kent**

The politicisation of asylum also has a significant impact on how a local authority carries out its duties under the Children's Act. The asylum teams in each authority described how they felt that they were treated as 'secondary' or looked down upon by other teams, who often view unaccompanied or separated migrant children with distrust and disbelief, especially where their age is concerned. When collecting money from the finance department, one practitioner had been told, 'they're asylum seekers and this is local authority money; it shouldn't be for them'. Employees in the finance department had also expressed shock that this group of children receive birthday money, as is the right of any child in care, according to an accommodation manager in Harrow. A social worker in Harrow described how 'this impacts on us as social workers, you don't want to be defensive,

121. Q4 Tom Brake in Uncorrected Transcript of Oral Evidence to be published as HC729-i House of Commons Minutes of Evidence taken before Home Affairs, Missing Unaccompanied Asylum Seeking Children, 2009.

122. Closed-circuit television.

you want to work together.’ They also felt huge pressures from the council. One social services manager in Kent described how there were too many people ‘with their magnifying glasses, having a look at what we do’.

Evidence from this research suggested that unaccompanied or separated migrant children were not seen as ‘children in need’ in the same way as citizen children:

*“In reality, because their status is often in question, they don’t get access to the full range of services that other children have access to. They might not receive the same level of support from the local authority around housing or education or at certain transitional points. There might be an assumption that they shouldn’t get access to services because they might not be here forever more.”*

#### **National NGO representative**

*“I think if you could wave a magic wand and make everybody think of these children in the same way as we think of children, then lots of these problems around access to services would be gone. So I don’t think it’s about money, resources, paper, processes and systems that put all these barriers in place. I think there is also something fundamental about when someone is different or other or foreign, whether that be a different colour, a different nationality, using a different language, having an accent, all those things, I think serves to make us either suspicious or just think ‘these children aren’t quite the same as our children.’”*

#### **National NGO representative**

## **5.1 Racism and marginalisation**

These prevailing attitudes and beliefs about unaccompanied or separated migrant children filter down into a range of settings in which these children find themselves, such as schools and placements. Previous studies have shown how the United Kingdom’s immigration policies can undermine the long-term economic and social integration of individuals and communities, as well as giving rise to particular kinds of stigma and social ostracism. Of the children and young people interviewed in this study, at least five had experienced some form of racism first hand. In addition, practitioners gave countless examples of other unaccompanied or separated children or young people who had experienced racism. Interestingly, none of those from Harrow mentioned having experienced racism, and other studies too have found that racial harassment is more likely to occur outside of major cities. One study found that the majority of those asylum seekers and refugees interviewed who had been racially harassed were living outside of London at the time of the incident<sup>123</sup>.

Much of the racism experienced was verbal with young people being called ‘pakis’ or ‘suicide bombers’, for example. This points to a worrying trend noted by others that British young people hold intolerant or prejudiced attitudes towards ethnic minorities and immigration. Some British young people consider Muslims, Asians, Afghans, Iraqis and asylum seekers to be potential terrorists<sup>124</sup>.

Some unaccompanied or separated migrant children and young people faced hostility in the community and from their neighbours. Sometimes they came up against campaigns of hatred where neighbours had systematically targeted them, cutting their electricity or doing other things to their property to scare and intimidate them:

123. O’Connell Davidson and Farrow, 2007, p49.

124. Lemos, 2005 – cited in Crawley, 2008, p64–5.

*"If they get moved to posh flats, then usually they get a grilling from the residents who are calling them names and saying things like, 'how dare you come here, we've worked all our lives to get a house like this and you come and be my neighbour'."*

**Social worker, Kent**

A foster carer described how one boy in her care had experienced some bullying at school and how the fact that she was caring for him had been noted by the community:

*"I went into the paper shop a few months ago and as I walked out, someone said, 'oh, that's the one with the suicide bomber', and I just felt, you know, what's he said that for. I couldn't believe it."*

**Foster carer, Solihull**

Two of the unaccompanied or separated young people interviewed had been beaten up and had had to have hospital treatment as a result, with significantly more examples of this type of racist violence being given by practitioners. One 16-year-old boy from Afghanistan, living in Kent, had been attacked more than once, but had not reported it to the police because he was scared of the consequences and the impact that it might have on his asylum claim.

*"I've had one of my boys beaten up terribly, he's had an operation, what do you call it, to rectify the face."*

**Social worker, Kent**

Some of them experienced racism at school, or had found it very difficult to make friends with English people of their age:

*"I didn't feel like they wanted to be friends with me."*

**Ajmal, 18-year-old male from Afghanistan, Solihull**

*"If you go to a school where you're the only unaccompanied person everybody knows you and they know you're the only one who doesn't have a family and some people can just be horrible, you know? I try to stay away and ignore them and if they continue I report it to the teacher."*

**Mohammed, 15-year-old boy from Afghanistan, Solihull**

In one school in Solihull, arrangements had been made for an education support worker to be there on a weekly basis to meet with the unaccompanied or separated migrant children and keep an eye on what is going on and make sure that there is someone there to advocate for them.

Negative experiences profoundly affect unaccompanied or separated migrant children and young people's confidence and contribute significantly to their social exclusion. Practitioners described how children and young people became housebound as a result, and no longer accessed activities or services where they felt intimidated:

*"He finds it difficult to go to the library, and he's one person who used to spend the whole day in the library. He rarely goes to the town centre because he's so scared even though we've moved him to another location, but he's just too scared. He was even too scared to walk to college, because anyone could attack him."*

**Social worker, Kent**



*"I've had a couple of guys beaten up whilst they've gone to play football in the park because the indigenous boys didn't want them to play, and so they find it difficult, even though we say, 'oh we'll go out and support you and see if it happens again', but they still say 'No, I'm not comfortable, look, I've got a scar for life, somebody beat me up so I'm not going there'."*

**Social worker, Kent**

Worryingly, one young person (now aged 20) described how he had become bitter over the four years he had been in the United Kingdom. He had arrived keen to work and sure that he would be welcomed. Instead, his negative experiences have led him to feel that the United Kingdom doesn't care what he does and whether he succeeds or stays on benefits.

*"I've tried so hard to be successful in England, but England doesn't want me to be successful. My faith is the only thing that keeps me going. If I wasn't a Muslim I couldn't go on because I'm fed up with life. Nick Griffin is right, the Muslims are becoming more and more ... and I guess he has to deal with it."*

**Mangal, 20-year-old male from Afghanistan, Harrow**

## Recommendations

1. Training should be organised for practitioners to challenge any negative attitudes they may have towards unaccompanied or separated children, which are based on the perception that they are not entitled to the same level of support and funding as children who are permanently resident here.
2. Care should be taken to place unaccompanied or separated migrant children in school, colleges or foster or other residential placements where they have the support of other children or adults from their own communities, if at all possible.
3. Mentoring systems should be established so that unaccompanied or separated children can be befriended by children of their own age who are permanently resident in the United Kingdom and who do not have negative attitudes towards them and who can then help them to find suitable sport and recreational opportunities.
4. Specific sport and recreational sessions should also be arranged for unaccompanied or separated children if they are too afraid to attend sessions that are open to all local children.

## 7. Sources of support and social inclusion

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*"If you could just give young people a chance, or even before giving them a chance, direct them in the right direction so at least once they get somewhere. Once they get somewhere they will be able to do things by themselves, you know, like on their own, yeah? So just give them a way. Tell them you do this at college, help them register at college, for I'm talking about young asylum seekers and refugees, because they come in this country, they can't speak the language, they don't know nobody. So all I am asking is to give them a way. Then, finally, when they get, when they settle down and get used to the system they will be able to do things by themselves. Just like I did. But I did not have that experience, I did not have that help. I did not know where to go."*

**Miriam, 19-year-old female from DRC, Harrow**

This research has identified some examples of very good practice across the service spectrum, from assessment and placement through to education and health services. However, this level of service and support is by no means uniform across and between local authorities. Many children and young people struggled, particularly in the first few months or the year after they arrived, to understand their rights and entitlements, to access a school or college place, or to feel any degree of safety and security.

There was overwhelming evidence to suggest that one of the most significant factors determining unaccompanied or separated migrant children's ability to access services and support is the presence of supportive, reliable and consistent adult support in their lives. The need for constant and dependable support has also been acknowledged by the government, which, in a 2004 consultation suggested that 'Unaccompanied Asylum-Seeking Children need a stable base from which to integrate – therefore a living environment that offers support, stability and encouragement is essential'<sup>125</sup>.

Practitioners and policy makers described how having individuals such as social workers and foster carers who had gone out of their way to support the young person, provided them with a 'much better chance' and access to a much wider range of services and choices, according to one national NGO representative. A social services team leader in Kent had recently carried out some research with former looked after unaccompanied asylum-seeking children who had successfully gone to university. One of the major and consistent findings was the presence of various people who had supported them in many ways, including social workers and teachers who helped with applications.

Those unaccompanied or separated children and young people who mentioned sources of support generally had fewer concerns and anxieties. They were also supported on many levels; social workers, foster carers and friends and teachers at school, as each supportive adult had been able to connect them with other sources of support and services. Conversely, those who were more isolated were isolated on all fronts, had little contact with social workers and were only accessing college for a few hours a week.

Many of them acknowledged the crucial support that had been provided by their social workers. However, all too often the time social workers had available to play this role was severely limited

125. Home Office, 2004, p16.

and meant that they were doing little more than trouble shooting and sign-posting. Many unaccompanied or separated migrant children and young people were lonely and isolated and missed the kind of support provided by a family.

The findings showed that those who had access to strong sources of support and networks were those who were under the age of 16 and who were living in foster placements. Not only did they have access to a supportive and reliable adult whom they trusted, but they were better linked into social and leisure activities as well. As has been identified elsewhere, those unaccompanied or separated migrant children and young people who were more isolated socially were primarily dependent on support from social services and allied professionals and were not living in a family setting or accommodation with an adult resident who could help them<sup>126</sup>.

## 7.1 Support needs that are not being met

Unaccompanied or separated migrant children presented a range of practical, social and emotional support needs that were not being met. For some, none of these needs were being met and they were clearly suffering from social and emotional exclusion.

Some of the practical support needs that they had ranged from quite small things such as wanting to know about how to get a bus pass, to bigger problems such as a broken boiler, according to a befriending and advocacy representative in Solihull. Many were very scared and bewildered during their first few weeks in the country, and would have liked extra support to show them how to get around and understand the public transport system, for example.

*"I was young, at that time I needed someone to walk me to college and maybe talk to them."*

**Miriam, 19-year-old female from DRC, Harrow**

*"I just think they didn't help me when they should have. Right at the beginning, I was supposed to be told where to go to collect money, where to go to collect food, this is what to do or just how to cook. You can't leave a guy on his own and make him do things when he's a kid. I also felt that they didn't care, even though they were supposed to care."*

**Mangal, 20-year-old male from Afghanistan, Harrow**

A social worker explained:

*"I had one lad who said to me, 'I want you to take me around and show me places and help me to understand'. That's probably not done very well, and an organisation like BUMP<sup>127</sup> does it, but for a limited number of people. I think there could be much more of that sort of thing."*

Social worker, Solihull

It was suggested by one national NGO representative that one of the reasons why children and young people experienced so many problems accessing GPs was not because of attitudes at the practice but because there was nobody actually helping them, and explaining what they needed to do. It was also suggested by an asylum team manager in Solihull that, where young people struggled with further education, it was often to do with levels of support they were not receiving from accommodation providers. A young person described really struggling to access the course at college she wanted to do, and finding the right people to help her:

### Case study: Ama's story

Ama is a 17-year-old girl from Guinea and has lived in the United Kingdom for a year. She currently lives in Harrow and she would like to have contact with a community from her home country, but she does not know if there is one and her social worker has not helped her find one.

She has had two social workers. She did not find the first one helpful and it was difficult to see her, even after making an appointment. Most of the time the social worker called to reschedule appointments. She said that her social worker had never been interested in her well-being; she did not check up and only called to remind Ama of her appointments. When she had her looked after review, she had an appointment at 10am, which was cancelled five minutes before and rescheduled for later that day. She felt that this showed a lack of respect for her needs.

Ama found that most social workers were too busy to help. She did not think that she was taken seriously and said that this left her feeling insecure and abandoned. She thought that the service was disorganised and that they should be better informed about and more interested in what was going on with the young people in their care<sup>128</sup>.

126. *Befriending Unaccompanied Minors Project, The Children's Society.*

127. *Befriending Unaccompanied Minors Project, The Children's Society.*

128. *One of these social workers no longer works for Harrow Council.*

*“At that time I was just a child, so they take you and put you into ESOL courses, but then for you to get into other courses... it was really hard for me to get there. I need to call different people, to give them a phone call that she’s been in the country, she’s being supported under this government act. No one actually called the college, nothing. I had to do that by myself only with the letter that they offered me. Going to college, they say no, so you change to another college.”*

**Miriam, 19-year-old female from DRC, Harrow**

Other issues and concerns related to help with immigration issues and asylum applications. A health worker in Harrow described how children and young people would often come to her to ask her to phone their solicitors to clarify the meaning of a letter or to help them understand what was going on.

Linking unaccompanied or separated children into the community as soon as possible should be a priority, as it can help them to overcome initial anxiety and fears, and to engage with others and keep busy. While practitioners such as national NGO representatives were critical of the ‘patchy’ provision of youth services and activities, there was a marked contrast in the extra-curricular and social activities that young people in foster care were able to access compared to those in supported or semi-independent placement.

Those in foster care attended sports clubs, the gym, went to the cinema and had social gatherings arranged by their carers to get together with other young people like them. Every looked after child and care leaver in Harrow was provided with a free gym membership, which included access to all classes, gym equipment and swimming sessions. They were also all enrolled with a library, usually a local one. This did not prevent one 17-year-old girl from DRC frequently referring to her loneliness, boredom and lack of friends in Harrow.

*“Isolation is a big problem for many young people, and the lack of a support network. Sometimes KCC<sup>129</sup> is to blame for that; some young people are more or less abandoned.”*

**Support worker, Kent**

*“What we would say is that they need more help. It is not just about signposting, it is also about support.”*

**National NGO representative**

Orientation skills to help children and young people interact with others are also missing. While some of these aspects are addressed in education programmes (see Section 6) designed specifically for asylum-seeking young people, both practitioners and children and young people felt that their ability to integrate socially would have been increased if they had been helped with issues such as how to act appropriately around girls, being safe on the streets, the kinds of situations to avoid, and the language for getting around. One practitioner said that they were increasingly ‘mindful that they need to be better supported’.

*“With Afghan boys we have problems with sexual boundaries. They get themselves into hot water with the authorities because of gawping and touching, and worse sometimes. There is a huge cultural adjustment to make, which can be underestimated.”*

**Asylum team manager, Solihull**

Conversely, one boy from Afghanistan who was placed in a foster family who had a teenage daughter was supported in understanding the social and cultural differences between his home country and the United Kingdom. The evidence from this case suggests that, with the support of his foster family, he was able to overcome any potential prejudice or misunderstandings:

*“He’s got interesting things to say, you know. My daughter will be going out clubbing and she’s wearing hot-pants and make up and he’s saying ‘Oh my God Auntie, if she went out like that in Afghanistan, she’d be whipped’, you know he’s making a joke of it. We were sitting at the table the other day and Barry said something so I whacked his head as I passed and Khandar says ‘that’s it Auntie, the sticks would be out’. And he’s just so funny, he’d be telling us if anything went missing, if you’d stolen a pen or a mobile phone or something you’d only get your hand chopped off up to here but then if you stole a tele [sic] it’d be up to here.”*

#### **Foster carer, Solihull**

Evidence suggested that constant and trusted support from adults is also integral to the long-term emotional well-being of unaccompanied or separated migrant children and young people, and the fostering of resilience and coping skills. Service providers repeatedly talked about the need for people to help with emotional difficulties before they ‘reached a threshold’, and the need for ‘something in between being on their own and coming to a specialist’<sup>130</sup>.

*“To be honest, I think that unless they have a dedicated worker helping them through the process, it can be very isolating and very scary for a young person to be here without any support and without anybody to take the time to really listen to what it is that they need.”*

#### **Connexions manager, Harrow**

Certainly there is evidence that where unaccompanied or separated migrant children and young people did not feel supported, they expressed an acute sense of loneliness, isolation and disillusionment. Many practitioners believed that additional input was needed at an early point to help them adjust.

*“It was hard when I came, because you’re just, you’re alone... so it was a little bit tough experience.”*

#### **Fatima, 17-year-old girl from Somalia, Harrow**

A number of children and young people appeared to be scared and vulnerable and in need of someone who would take the time to really listen to them, to their fears and their needs, and provide reassurance and guidance to help them feel comfortable and confident again, according to a social worker in Kent and Connexions manager in Harrow. Some practitioners recognised this as a parenting role:

*“Most of them are really children, and all they want – they want their mum here. And they don’t have them, so it’s quite painful.”*

#### **Health practitioner, Harrow**

As discussed in Section 5 above, those children and young people in semi-independent and bed and breakfast accommodation were the most vulnerable to mental health problems, and many were struggling in placements where nobody was helping them to get up in the morning and go to school or college:

### **Case study: Mangal’s story**

Mangal arrived in the UK when he was 16 years old and he was placed in a hotel. He was very lonely and said that there were no other young people there. He was very confused and did not understand what he should be doing or how to get around. He didn’t know how to cook or clean or look after himself. The only person who helped him was the receptionist at the hotel: “I was on my own, I didn’t know my social worker, I didn’t even know what her role was. I didn’t understand a word of anything, nothing. I didn’t even understand the money. For at least one year there was no one helping me and I didn’t ask for help because I didn’t speak enough English to be able to ask.”

*“I came in a really bad situation and there was no one here to help. I didn’t speak any English and there weren’t even any other Afghans to say, ‘hey buddy, you shouldn’t do this.’”*

Mangal also had a bad accident at the hotel and had to go to hospital. Again, there was no one to help him:

*“I cut my finger with a big knife and there was blood everywhere so I was like, I need to go somewhere. But I was panicking, I knew I had to go to a hospital but I didn’t speak much English and I wasn’t sure how to say it. So I just went out into the street and asked some people, ‘hospital?’ but I couldn’t understand a word they were saying to me; I just took short instructions and then asked someone else for help, and I got there. When I got to the hospital they asked me for a card and things like that but I didn’t know what they wanted, all I could say was ‘blood!’ They were really helpful, they did it all for free. Actually, it felt great that someone was doing something for me. That was probably my first positive experience of being here.”*

Mangal’s traumatic experiences of his first year in the United Kingdom have significantly affected his outlook on life and his emotional well-being, and he has suffered from PTSD.

*“I’ve tried so hard to be successful in England but England doesn’t want me to be successful. If you’re an asylum seeker you have to prove everything about yourself.”*

130. Social worker, Solihull; Accommodation Officer, Kent.



*"It is going to be a lot harder for them if they have sleeping difficulties perhaps, then they don't wake up in time and are expected to get themselves to school, sit through the day and on top of all that expected to come home and have nobody to talk to about how their day at school or college went. Older children in particular are just left to get on with it."*

#### **National NGO representative**

When these children and young people talked about their anxieties and concerns, it became clear that many did not feel that they had anyone to talk to or confide in.

As well as being crucial for the well-being of the unaccompanied or separated migrant children and young people, supportive relationships are also an important aspect of fostering community cohesion and ensuring that they are able to learn skills that will enable them to contribute as citizens in either the United Kingdom or their country of origin.

*"During this crucial and unique period with us they will pass from being gauche young people into adult citizens. That means our input, standards and accountability should be character building and beneficial. If they learn to respect and enhance their life opportunities, home, neighbours and environment that at least, would be a good start for any young person in the UK."*

#### **Accommodation officer, Kent**

The lack of support to help these children and young people to overcome the physical, social and emotional challenges that they face can also have more serious consequences. For example, a health worker in Harrow felt strongly that unaccompanied or separated migrant children and young people's emotional and mental health needs could not be effectively treated without addressing the wider psychosocial aspects of isolation and uncertainty. They are also more open to injury and abuse with nobody to address the repercussions. One boy had been seriously injured in a racial attack. The police became involved and he was referred to hospital. However, it was a bank holiday weekend and when the police tried to contact his social worker in Kent, they found she was away. The boy spent three days in the state in which he had been found with only pain killers until the social worker returned on Tuesday. One young woman described what happened when she was assaulted:

*"I was assaulted and I did not know who to turn to. Because the people I turned to were just horrible. So, that was the worst time of my life in this country. At that moment, if I had had someone to talk to, someone to listen to me, it would have made a big difference."*

#### **Glory, 19-year-old female from DRC, Harrow**

## **Case study: Malik's story**

Malik is a 16-year-old boy from Afghanistan, living in Kent. His age was disputed when he arrived and he has been detained twice for a total of six weeks. The dispute was finally resolved after a medical assessment, and he has been told that he is 17. He lives in a flat with one other young person and struggles to cook for himself and pay his bills. He has very little contact with his social worker who plays more of a trouble-shooting role:

*"My social worker does help me sometimes like if something is messed up in the house, broken down or not working then they will arrange for someone to come and fix it, but sometimes it doesn't feel like support."*

Malik feels quite isolated socially, and also without support, both emotionally and practically:

*"The hardest thing is loneliness when I don't have any friends around, so it can be hard when I don't have friends around me. Sometimes we're at college, but that is only some of the time, in fact it's only for one day so for four days we have nothing to do... It would be good to have an adult to help me, but apart from my social worker I don't know any other adults who I could talk to; I don't know anyone else I could talk to."*

*"If you are free, you would like to socialise with other people and go to some social event like a club or a cricket match or something. I do want to do those things, but no one listens to me."*

His loneliness is impeded by his anxiety over his asylum status:

*"If you are hanging in the balance with nothing to do, no occupation, you are very vulnerable probably to violence, probably to drugs or something, you feel very vulnerable... if you have an occupation, you're busy so you can make life. But these circumstances, they make you feel at risk sometimes."*

## 7.2 Sources of support: examples

Many of the unaccompanied or separated migrant children and young people interviewed had experienced supportive, reliable and consistent adult support that had made a significant difference to their lives, compared to their counterparts who were more isolated. The findings showed that this support came from a number of different people: foster carers, teachers, social workers, librarians and youth group leaders – professionals and non-professionals – who were committed to helping them achieve their goals. Many children or young people also found support and security within the school environment or a community. The key is that they felt able to turn to these adults or groups at any stage, and as often as they needed to, and knew that the support was there. Examples of this support are provided below.

In many respects, each example of a consistent supportive relationship was unique and down to the commitment of the individual involved. It is hard to draw out a model of good practice from which to make recommendations. While some children and young people were lucky to have social workers who went out of their way to ensure that the full spectrum of their needs were met, others were not so lucky. In an environment where resources are stretched to their limit, very few social workers are in a position to be able to provide this level of support.

### 7.2.1 Support roles: social services

*“It really has to be individualised. But most of them want to feel wanted. They want to feel that we’re pleased to have them, that we’re interested in their legal status, representation, that we’re interested in their education and that we want them to have some happy times as well.”*

#### **Social worker, Solihull**

The commitment shown by many social workers helped many unaccompanied or separated migrant children and young people to overcome adversity. Evidence from the research showed that many social workers were committed to their work and to meeting the needs of the unaccompanied or separated migrant children, and spent time developing relationships with them. As discussed in Section 4, the team in Solihull focused on relationship building and encouraging young people’s wider interests as a way of overcoming potential emotional health problems.

When unaccompanied or separated migrant children and young people were asked to talk about positive experiences since living in the United Kingdom, those who had had positive experiences talked with enthusiasm about their social workers, and the support they received from them. Some young people were deeply appreciative of the support they had received in terms of orientation and signposting and helping them to access basic services. Social workers had helped them to access education, had accompanied them to various appointments, listened to their concerns and problems and helped them to feel better about themselves:

### **Case study: a social worker’s story**

A social worker described how she supported a young woman who was experiencing mental health problems:

*“She didn’t communicate at all for the first couple of months, and she didn’t want education, she certainly didn’t want to learn English at that time she was clinging onto her French language and she just seemed in a real state of depression.”*

*“It was a struggle to get help for her. We did get there in the end. We got things like, it’s the little things that are so important, like we got her some worship music – she’s a Christian – so she could go off to sleep listening to it. We managed to get a French bible and went to the Congolese shop and bought lots of food that she was used to, all those smells of home that she was used to. Oh, and she wanted her hair done, and Management agreed – I spent £100 on having all her hair done and it was really making her feel better. It was all those things that gradually brought her on, and I got them all. I must admit, there were times that I thought, I wonder if I’m going to get this, especially the hair. And it made such a massive difference to her. I mean it was the smallest investment, for the difference it made in her, and it was a case of persisting.”*

*“It was that initial, you know I don’t want to be here, I’m not having anything to do with you, I’m not having anything to do with your language, and you can understand that; she was clinging onto the past. And it was a case of not forcing it. I got her a French book and some French tapes, and tried to learn French myself, you know, that was what she needed. But now she’s the opposite; the girl that she lives with still likes to speak French, but she insists that she mustn’t speak French, that she really needs to speak English and improve, and so she’s just come on absolutely brilliantly.”*



*“For me, the social worker is the best thing about the system here. She is the person who does everything for you. They find a place for you to stay and other things. I don’t think there’s anything bad about what I’ve received here.”*

**Hamid, 15-year-old boy from Afghanistan, Solihull**

*“If I have any problem I can call her and she come definitely. Now, 100 per cent. She is so nice because I think I am a lucky person, she is so nice, lovely person. Yes, better experience than some people”*

**Sam, 18-year-old male from Sri Lanka, Kent**

*“Social services have been a big help. I’ve heard it can stop when you’re 18 and I’m a bit worried about that. But they have been good and they always want you to be happy and they always try to find out what they can do to make you happy. If you say anything they try to solve it for you.”*

**Mohammed, 15-year-old boy from Afghanistan, Solihull**

*“I’ve got a really, really, nice social worker. Since I arrived she’s been very nice, help for education, health, the immigration, she’s been really nice. Like going to the GP and stuff because when I came I wasn’t really very healthy and I had a lot of worries so today I’m seeing a counsellor.”*

**Hanna, 18-year-old female from DRC, Solihull**

Yet in reality, very few unaccompanied or separated migrant children or young people received intensive personalised support from their social worker. In many cases, especially for those in semi-independent or supported accommodation, contact only took place when they called their social workers to make an appointment with them. They were aware that they were one of many cases, and did not always see their social worker as often as they would have liked.

*“My social worker hasn’t turned up in months; I haven’t seen him for a long time.”*

**Malik, 16-year-old boy from Afghanistan, Kent**

*“I think my social worker did help me, but sometimes I felt that they didn’t do anything when I was asking them for help.”*

**Sokol, 22-year-old male from Albania, Harrow**

*“It would be good to have more social workers because they have to look after so many young people. I think it would be better if each social worker had less young people to take care of.”*

**Ping, 22-year-old female from China, Harrow**

Social workers themselves were keenly aware that they were not able to provide the support that many unaccompanied or separated children needed. All too often the support aspect of their role was limited and social workers were able to do little more than trouble shooting and sign-posting. One boy had asked his social worker to show him round the local area, when reflecting on this she said:

*“We don’t do it because, we say yes, we ought to do that, but we pay for BUMP and that’s the way we can do it. It would be nice if it was a role for a social worker, but much as I’d like to do it, I think it could be a valid argument that we don’t need social workers to go on days out.”*

**Social worker, Solihull**

Another commented that, while the duties and rights set out on paper might look good in theory, what is often missing is the individual relationships that can mentor and guide these vulnerable children:

*“Yes, I know there are Pathway Plans, IROs, making informed choices and so forth, but equally we have considerable absenteeism, crime and negativity amongst our young people. Are we good teachers, coaches and motivators tuned into the essentials of passing on life skills and helping them to adapt to our society?”*

**Accommodation officer, Kent**

*A further issue identified was that very often the children were confused between the role of the Home Office and Children’s Services, and often thought that social workers worked for the Home Office. This affected their ability to trust their social worker and open up to them.*

## 7.2.2 Support and advocacy projects

In each authority, a range of advocacy, mentoring and befriending services existed. These services provided unaccompanied or separated migrant children and young people with a place to meet friends and socialise, the opportunity to learn new skills and find out about services, and advice about their current legal and care situation. They offered befriending support, key workers who were able to provide advice and assistance to young people, and mentors from the local community.

*“I find that where they have advocates through an NGO or voluntary organisation who specialise in supporting unaccompanied children, there is a much better chance that local authority involvement will be effective and will help young people to get services they might not be getting otherwise.”*

**Health practitioner**

One foster carer thought that the boy she was looking after would be ‘lost’ without the support of the befriending project he attended.

*“BUMP has been great, especially when I first came, it was really helpful. I still come occasionally but I’ve got lots of other things to do but I do come occasionally. At first when I came it really helped, like with making friends, it was brilliant. If you’ve got a problem they can help you.”*

**Mohammed, 15-year-old boy from Afghanistan, Solihull**

*“We go to BUMP. I can have conversations with other people there and make friends. They run activities and it’s really good to meet new people and if you’re having a problem they can help you. They’re not social workers, just the people who run the activities.”*

**Essan, 16-year-old boy from Afghanistan, Solihull**

One young girl was pregnant when she arrived in the United Kingdom, and gave birth to her daughter a few months after arriving. Her memories of that first year indicate that it was a very difficult time for her, but she was supported through it by a Young Person’s Parent Group:

*“Because when the baby’s crying, and you don’t know what to do... she (the baby) was crying and I was crying. At first, I didn’t know about, to go to college. I met the Young Parent’s Group and from this... I appreciate them because they helped me a load with everything. And they said to me, ‘If you would like to go to college we can help you’. And then you know, step by step, I came here. I decided to do a business course because I love to do it.”*

**Mirela, 20-year-old female from Albania, Harrow**

Not all unaccompanied or separated migrant children and young people are accessing these services, however. Service providers outlined frustrations that, in many cases, this was because they were not told about them, or did not know how to access them. In this respect, social workers, support workers and key workers were important gatekeepers who could connect young people to services.

*“We took the young people to a football match; it was out of this world. The noise and excitement was just great. But how it was done, if it had been a leaflet, no one would have come, so we were phoning the young people, knowing where they live. So if we can have the social worker share the information, of activities that are on in the borough and in the beginning helping them to come to the centre, because they might not know how to get there.”*

**Connexions adviser, Harrow**

For one very oversubscribed befriending service, access was dependent on submission forms completed by a service provider such as a doctor, teacher, or generally social worker. However, because of the competition, those who gained access were those whose social workers knew that they had to fill in the forms thoroughly, outlining in detail the support needs of the child or young people. Others may have been just as needy, but if a case history was not provided, they did not gain access, according to a befriending and advocacy service project representative in Solihull. As one social worker explained:

*“You can get the service quite quickly for the girls – not for the boys. I have done it for the boys, if I get a particularly vulnerable boy you can do it within a week, but again, you have to push. Otherwise things take a long time and it’s those first few weeks where it’s important.”*

**Social worker, Solihull**

### 7.2.3 Foster carers

While there can be challenges in establishing a good match in foster placements, where these are successful, they provide a different type of grounding. Unaccompanied or separated migrant children in foster placements are supported in their adjustment into life in the United Kingdom on a daily basis. They are taught about expectations, routines, rules, respect, how to treat women and how to be respectful of others, how to take responsibility for themselves and how to get around, according to a social worker in Kent.

Children in foster care had better educational experiences and came across in the research as more confident and resilient. Only one of those interviewed who was in foster care exhibited any signs of emotional health problems or anxieties beyond concerns about their immigration status. A positive foster placement can sometimes help a child overcome difficulties and anxieties:

*“He’s doing very well at his present school but before he’d come to us he’d actually been excluded from his former school because of behavioural difficulties. There’s been a huge improvement in that area.”*

Social services manager, Harrow

Because foster care is a full-time supported placement, many children were able to develop very close relationships with their foster carers. A number of children referred to their carers as ‘family’ and in some cases called the foster carer ‘Mum’ or ‘Auntie’.

*“I get on brilliantly with my foster carers; they’re just like my family.”*

**Mohammed, 15-year-old boy from Afghanistan, Solihull**

*“If I’m worried about something I just talk to Mum (foster carer) and she helps me to think about what I should do. She sorts everything out for me that I need – school, doctor, she also does my cooking and cleaning. She’s also been teaching us how to do these things for ourselves so now we understand how to do it. There’s nothing I don’t like about living here and I don’t want to move.”*

**Hamid, 16-year-old boy from Afghanistan, Kent**

Many foster carers were proactively involved in organising and supporting the children to access leisure activities within the community:

*“And the ones who are outside of Birmingham and Solihull, it’s amazing what some of them, if you’ve got a good foster carer, even if there [are] no other Pushtu speaking people around, or Tigrinean, they manage to get into the local, integrated into the community. I’ve got people playing for rugby football club, people doing different kinds of ordinary clubs that all children go to, and usually those children have done very well, extremely well, but you’d have to have a certain type of child who could cope with that.”*

**Social worker, Solihull**

Many foster carers were also very involved in the unaccompanied or separated migrant child or young person’s education:

*“She’s helped me with my college, my coursework and also she’s helping me around the course like because I’m going twice a week to college, I’m off on Wednesday, Thursday and Friday so I’m free. She’s trying to find me another course in like leisure centre or any school or any GCSE school, she help me to find anything coz she wants me to study all the time.”*

**Hanna, 18-year-old female from DRC, Solihull**

The husband of one carer helped the child prepare for his Public Services Diploma interview. Another had organised for a trainee solicitor to come to her house, where she was fostering three separated asylum-seeking children, to help teach them English. One of the boys commented:

*“I learnt a lot of English from him; before I found it difficult to talk to people in English, but now I can. He spoke Pashtu, which is my first language, so he could explain lots of things to us.”*

**Hamid, 16-year-old boy from Afghanistan, Kent**

Another 17-year-old boy from Afghanistan whose social worker was struggling to get him a school place in Kent described how his foster carer stepped in and ‘made things happen more quickly’.

In Solihull, where many of the foster placements are out of borough and sometimes quite isolated, foster carers had helped children in their care overcome their cultural isolation by organising to meet up with other children in care:

*“When I first arrived I was so upset that I couldn’t speak any English and that I didn’t have any friends. And the family taking care of me were also sad because they didn’t know how to make things better for me. Then, they found me another Afghan to speak to, I spoke to him and it really helped. He was being looked after by a foster carer who was a friend of my own carer.”*

**Noor, 15-year-old boy from Afghanistan, Solihull**

*“The daughter of my carer also cares for three Afghan boys so we often meet up with them too. The other boys I live with have been here for three years now and they know what they’re doing so I just go with them.”*

**Abdul, 14-year-old boy from Afghanistan, Solihull**

*“X knows another foster carer who is looking after three young Afghan children, roughly the same age as me. We have an arrangement every Saturday to go to play football. When we play football and when I go to the gym, he always takes me there and back.”*

**Hamid, 15-year-old boy from Afghanistan, Solihull**

Foster carers were described by one practitioner as ‘kid’s best advocates’ and many social workers were convinced that many more children should be in foster placements.

*“I think it’s really important to keep them in foster care, to make foster care a really positive experience for them. To have teachers and foster carers who work with these children all the time.”*

**Education practitioner, Solihull**

It must be noted that foster care is not appropriate for all children. Some are not happy to be placed with a strange family and are adamant that they want to live independently. This means that the level and quality of support provided in foster care placements should be replicated in other forms of placements. While children’s needs in terms of placements might be different, their support needs very often are not.

## 7.2.4 Friends and family

Where unaccompanied or separated migrant children were placed in accommodation with others of the same age or background, they appeared to develop close and dependent relationships, for example, attending mosque or church together and changing colleges so that they could both go there. A couple of practitioners also observed that recreating a family environment was particularly important for girls and young women. Three of the girls interviewed were living in the same bed and breakfast accommodation in Harrow, and each commented on their friendship with each other, and the support that it provided:

*“We talk to each other, because they’re my family in here. We hang around together, go to the movies together, go shopping.”*

**Fatima, 17-year-old girl from Somalia, Harrow**

Previous studies<sup>131</sup> have found high levels of pregnancy among separated asylum-seeking girls and young women. The reasons for this are varied; some are pregnant when they arrive; some pregnancies are associated with a lack of knowledge among young asylum seekers about sexual health, while in other cases, becoming pregnant is thought to provide a way for young women to form new attachments and a focus in life<sup>132</sup>.

One of the girls interviewed for this research was pregnant when she arrived in the United Kingdom. While she initially struggled with a young baby, she is now very focused and in full-time education, having found support through the 'Care to Learn' initiative, which has enabled her to put her daughter in childcare.

Some practitioners confirmed these studies, and it was their experience that many girls and young women, particularly those from West Africa, become pregnant. This was not always seen as a negative thing, and one practitioner observed that it gave them a focus, and that they were generally very competent mothers:

*"We find that our girls seem to generate substitute families, and probably have better outcomes than citizen children. Many have babies, but it's a positive, life enhancing thing and they see it as 'their family'. They stay in education and we don't have any parenting concerns about them."*

**Social services manager, Solihull**

## 7.2.5 Community and faith

Finding a community that reminded them of home was an important source of security and support to some unaccompanied or separated migrant children and young people, and many really missed the cultural aspects of being part of a community. For some, their religion provided this support, and they were often prepared to travel quite long distances in order to attend a church or mosque, according to a health practitioner in Harrow.

Confirming previous research studies<sup>133</sup>, church attendance was particularly important for young women. As well as being supported by their worship, they were able to access a range of other support and activities through their church. Church was also important for some of the Eritrean unaccompanied or separated boys and young men who were interviewed, and some of them attended twice a week. They too were able to access a wide range of support there and three 17-year-old Eritrean boys living in Solihull explained that Church 'brings you closer to God', 'tells you to do the right things' and 'the pastor there helps you'.

*"They have quite a few things going on, meals, meetings; they do a lot around their places of worship. And then the ones that are in Christian churches, we've got a good church locally, and they do keep fit with the girls – it's a worship keep fit – and they like that because it's more culturally acceptable, and they're doing study courses with them and they go to youth clubs, so they find the churches ok, because it's more, it's a safer environment for them."*

**Social worker, Solihull**

While only a small number of Afghan boys and young men mentioned their faith, for those who did mention it, going to the Mosque was very important, particularly for new arrivals:

131. See for example, Freeman, 2009.

132. Chase, Knight and Statham, 2008, p127.

133. Chase, Knight and Statham, 2008.



*“My faith is the only thing that keeps me going, if I wasn’t a Muslim I couldn’t go on because I’m fed up with life.”*

**Mangal, 20-year-old male from Afghanistan, Harrow**

One 17-year-old girl in Harrow, Fatima, described her search for Somali communities so that she could ‘at least get somebody in this country, somebody who knows my background’. Her social worker was helping her, but as yet she had not identified a group that was specifically from her tribe.

Community appeared to be particularly important for Afghan boys and young men who were described by practitioners as culturally ‘very sociable’. When they were not able to access a community, they quickly formed their own and carried out social celebrations in each other’s houses. The significance of community to unaccompanied or separated migrant children and young men from Afghanistan became clear in Solihull, where the presence of the nearby Alum Rock area, a predominantly Muslim area in Birmingham, was a huge pull for this group and played a significant role in many of their lives.

*“There aren’t really any other Afghan young people around near me, but I often go to Alum Rock, there are lots of Afghan young people there. Some are with their own families and some are with foster carers.”*

**Noor, 15-year-old boy from Afghanistan, Solihull**

*“I’m still in touch with those boys from the hostel, we often meet up around Alum Rock – there’s a lot of Afghan and Pakistani persons there.”*

**Ajmal, 18-year-old male from Afghanistan, Solihull**

However, practitioners in Solihull were not always comfortable with the role of the community in Alum Rock, and had concerns that unaccompanied or separated migrant children and young people were particularly vulnerable to manipulation and exploitation there. These concerns appeared to be based on evidence of cases where children had run away and left care to go and live within the Alum Rock community. While they have often asserted that the people they have gone to live with are relatives, practitioners did not think this was always the case.

*“I worry about it because I see young people going missing and I know it’s because there’s a strong Afghan community and they think they’re going to be looked after by this ‘uncle’ who may be nothing related with them but it’s someone they trust from the community, someone who’s living under the radar possibly, and saying ‘you can get by this way’. So we lost one of our 12 year olds who had been missing from care for over a year. Someone you met on Tuesday has gone missing already, we know he’s in Birmingham – he’s phoned in – but he’s not saying where he is.”*

**Education practitioner, Solihull**

There have also been cases of exploitation and potential trafficking within this community, as described in Section 3. It is a grey area for practitioners, who are aware that many young people find comfort and support in familiar things. However, they remain concerned that these boys and young men are a particular target. This community was also seen to have an impact on their ability to adapt to life in the United Kingdom, and their commitment to education for example.

*“Many children talk about ‘my Afghan life’ and ‘my Solihull LAC life’, and the pull of the Afghan life in Alum Rock can be very hard for some of them.”*

**Social services manager, Solihull**

Practitioners suggested that more should be done to connect children and young people with their local community and environment as well. Another suggestion was to identify ‘cultural mentors’ – good role models from within the community to discourage contact with those who are seen to be setting out to exploit children.

*“There is a well educated group of Afghan and Pakistani Muslims in the area... but we don’t know who they are. There must be legitimate refugees from the Taliban, good Muslims rather than those who are going to radicalise a whole new generation of Taliban over here.”*

**Social services team manager, Solihull**

## 7.3 Guardianship

The ad hoc and unreliable nature of support for unaccompanied or separated migrant children led many practitioners to suggest the creation of a formalised supportive role:

*“I think that what we really need to do is a more mentoring service. I feel that when children come in first of all, if they’re not allocated straight away they can be two or three weeks stranded somewhere, and they might not even have had anybody.”*

**Social worker, Solihull**

*“Their needs would be safety and someone to be there all the time who they can refer to about what their rights are in this country. Like a single point of reference, because social workers change and other things change.”*

**National NGO representative**

*“One other thing that I think unaccompanied young people might need that others don’t is having someone independent, either an advocate or a mentor. Most other young people have someone, outside of the residential service, but these young people have no one. So it would be good if they had someone – not necessarily court appointed, but someone independent who would have their best interests at heart and hopefully matches their background as well.”*

**Practitioner, Harrow**

At a national level, many NGOs<sup>134</sup> have been calling for the creation of legal guardians to ensure that the rights of unaccompanied or separated migrant children are met, and to play an important coordinating and monitoring role to ensure that other professionals provide children and young people with the assistance and care they need.

This would be particularly important if an unaccompanied or separated migrant child had a social worker allocated to them who was not sympathetic to their needs, due to his or her belief that they had come here to obtain a free education and access to a larger job market. Many unaccompanied or separated migrant children also reported experiencing frequent changes in social workers or key workers and said that they were not given information about what services they were entitled to. There was also sometimes a wider failure by the

134. See for example the Crawley, 2006; Bhabha and Finch, 2006.

local authority itself to meet such children's needs or simply a financial inability to do so without further central government assistance. In such instances, the child needs an independent adult who can take responsibility for him or her and advise him or her of any appropriate legal or other remedies, and guide them if they decide to take such action.

The lack of a guardian may also mean that an unaccompanied or separated migrant child has no appropriate adult with him or her when he or she has to attend an assessment, such as an age assessment, with his or her local children's services. In one case this led to a legal agent being employed to accompany the child.

**The UN Committee on the Rights of the Child's General Comment No. 6<sup>135</sup> states that:**

"States should appoint a guardian or advisor as soon as the unaccompanied or separated child is identified and maintain such guardianship arrangements until the child has reached the age of majority or has permanently left the territory and/or jurisdiction of the State."

The Committee then goes on to provide a comprehensive summary of the role that such a guardian should play and its suggestions were endorsed by the findings of this research. In particular the Committee states that:

"The guardian should be consulted and informed regarding all actions taken in relation to the child. The guardian should have the authority to be present in all planning and decision making processes including immigration and appeal hearings, care arrangements and all efforts to search for a durable solution. The guardian or adviser should have the necessary expertise in the field of childcare, so as to ensure that the interests of the child are safeguarded and that the child's legal, social, health, psychological, material and educational needs are appropriately covered by, inter alia, the guardian acting as a link between the child and existing specialist agencies/individuals who provide the continuum of care required by the child. Agencies or individuals whose interests could potentially be in conflict with those of the child's should not be eligible for guardianship."

## Recommendations

1. A guardian should be appointed for every unaccompanied or separated migrant child as soon as they come to the notice of the UK Border Agency or a local children's services authority.
2. Further support and advocacy programmes should be developed at a local level to combat the social isolation that unaccompanied or separated migrant children often experience. For instance, unaccompanied or separated migrant children could be put in touch with nationals of their own country of origin and/or communities so that they can share experiences and retain their cultural roots.
3. Unaccompanied or separated migrant children should be provided with practical support to enable them to access the services they need and also classes to introduce them to the practical skills they need to adapt to living in the United Kingdom.

135. *Treatment of Unaccompanied and Separated Children outside their Country of Origin*, 2005.

136. Professor Sir Albert Aynsley-Green, *Children's Commissioner for England*, 2006.

# Appendix 1: Interview schedule for children and young people

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## *Notes for researchers:*

Please note, the 'essential' questions do not have to be asked using the exact wording given below, but could be asked through the process of a guided conversation. Questions can be adapted according to the age, gender or experience of the child. The probes are optional questions that you may want to ask, using this or your own wording. Fill in the interview cover sheet, ensuring that you have information about the child's age, gender, length of time in the UK and immigration status where possible.

In between all of these questions researchers should use their discretion and follow up with questions related to what the young person has said, constantly asking them to explain why, who was involved and what happened next.

## Is the child able to access appropriate accommodation?

### Essential questions

*Note: Use a timeline to help mark key dates and events*

- Where do you live now? How long have you lived here?
- Where have you lived since arriving in the UK (mark key dates on timeline)?
- Who do you live with here?
- Why have you moved since you have been in England?
- How much choice did you have about where to live?
- What have you liked/disliked about the different places you have lived in? Why?
- What could be better?
- Have you ever complained about where you live? To whom? Was anything changed as a result?
- Would you like to move from your current accommodation? Where to? Why?

### Probes

- Did you want to live in a different place? Where? Why?
- Did you want to live with different people? Who? Why?
- How well do you get on with the others in your accommodation (foster parents, residential staff, family, other young people)?
- Do you live with or near others from the same nationality?
- Do you cook for yourself? Who helps you with your daily living?

## Is the child able to access appropriate education?

### Essential questions

Use a timeline to help mark key dates and events – add on all the schools, colleges, if any, attended since arriving in the UK, and any gaps when they did not attend school/education.

- Are you attending school or college at the moment?
- How long have you been there? What are you studying?
- Is the course useful and is it what you wanted to be studying? If not, why not?
- How did you find out about school/college courses?
- What are the things that have helped you at school/college?
- How much help did the school/college give you to help you settle in when you started there?
- Is there any bullying in the school/college?  
Have you ever been bullied?
- Have you attended any other schools/colleges before this one (apply above questions if yes)?
- What were the reasons for not attending school, reasons for changing schools?
- How much choice have you had about which schools you attend?  
Who has asked you?
- Have you been offered local authority grants, access to loans or other help with fees?
- Have you been provided with an Individual Education Plan or a Pathway Plan? Who took part? Is it regularly updated?

### Questions for children and young people who are not in school or college

- Have you attended college/school in the past?
- Do you plan to/want to? If not, why not?
- Have you been told you cannot access further or higher education? Why?
- Have you been offered local authority grants, access to loans or other help with fees?
- Have you been provided with an Individual Education Plan or a Pathway Plan? Who took part? Is it regularly updated?
- Do you plan to do something else instead?
- What are your future ambitions?

## What health needs do children have and are these being adequately met?

*Note: Use a timeline to help mark key dates and events*

### Essential questions

- How would you describe your general health since you arrived?
- Have you seen a doctor or any other health service? Has your experience been positive/negative? Why?
- Have you had any difficulties getting health services? What? Why?
- Are there any other health services you would like to have? Like seeing a dentist, gynaecologist, optician, emotional support?
- When have you felt happy and when have you felt sad since you arrived in England? Place the happy, sad, neutral faces on a timeline.
- Who would you talk to if you had a problem that was worrying you? For example, if you were being bullied at school, feeling sad or depressed, or worried about other things?

## Who provides social and emotional support to children and young people?

### Essential questions

*Note: a spider diagram can be used to map out all the key individuals that the young person has contact with now.*

Discuss each of the relationships with the child, covering the following questions:

- How much contact do you have with each person? What is their relationship to you?
- What do they help you with? Can you give me any examples?
- How much help or support do other adults give you? (frequency and type of contact)
- Is there any other help or support you would like from them? From others?
- Has any of the support you received been unhelpful? Why?
- How could the support you have received be improved?
- Have you ever had to seek help or support from someone you did not know? Explain?

### Probes

- Do you have any contact with social workers/ teachers/ connexions advisers/doctors? How much help or support do they give you? (frequency and type of contact)
- Who arranged your education?
- Do you receive money? Who from?
- Has anyone helped you with your immigration application?
- Have you received help to prepare you for living independently/ turning 18?



## Enabling separated migrant children to identify their own needs and make policy and practice recommendations

### Essential questions

- In your experience, from what you know and what you've seen, what do you think are the good things that help people like you in this country?
- What do you think are the bad things for people like you in this country?
- How could the help and support that you have received be improved?
- What advice would you give to someone in your situation arriving on their own in the UK?

### Concluding – essential questions

- Is there anything else you would like to tell me about?
- Do you have any questions for me?
- How did you find this conversation?

## Appendix 2: Focus group discussions

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### Guidelines

#### Introduction:

*In the introduction make sure you include the following:*

1. Introduce yourself and affiliation. Inform the children that you are a researcher with UNICEF/Garden Court and that you are trying to find out about the support and services they receive. Do NOT tell them what you think and know about the services they receive. Instead, emphasise that you are trying to ascertain what they think and what they know about this issue – to help you.
2. Give the children a chance to ask questions about you, your interests and background. Answer honestly and openly.
3. Aims of the focus group: what you are investigating and what you plan to do with the knowledge. Be careful not to raise expectations so please emphasise that this is a research project that will be used to help future policies and projects.
4. Ask the children if they want to participate and remind them that they do not have to participate if they do not want to do so. If they are uncomfortable or unhappy, they can decide not to take part, can leave the room and speak to the facilitator privately. Emphasise that everything will remain confidential and that their names or any stories that might identify them, will not be used.
5. Set the ground rules. Together the facilitator and the children should come up with a list of what behaviour is acceptable and unacceptable. They should all have a say as to what will happen to the person who transgresses these rules.
6. Discuss some of the activities. For example, ask them if they like art, theatre and music and use this to inform the focus group schedule and ice-breakers.
7. Inform them about practical aspects. For example, where the toilet facilities are, how many breaks there will be and so forth.

#### Closing:

*In the closing make sure you include the following:*

1. Thank them warmly and openly for their participation.
2. Ask them what they thought of the focus group. Did they enjoy participating? What activities did they like the most? Try to ascertain which activities were perceived to be the most fun and interesting. Similarly try to ascertain what activities were disliked. It is always useful to ask the children to imagine that they are going to run this type of focus group. What activities would they include? What would they do differently?
3. Ask them how they feel after having participated? At this point it might be useful to allow the children to write or draw what they felt of the activities and how you fulfilled your role as a facilitator. This should be confidential to enable them to be as open and honest as possible.
4. Discuss some of your immediate findings and perceptions. Ask the children if they are warranted and valid.
5. Discuss what will be done with the material that was accumulated in the focus group. Ask them how they think it should be used. Ask them if they are happy for it to be used in

your study and/or report. Offer to make copies and/or provide them with the original. Once again, emphasise that all that is shared in this safe space will remain confidential and that they have final ownership over everything that they have produced.

## Sensitive issues:

- Watch the children closely to check whether they are sensitive about any particular issues and/or visibly distressed. Do NOT force them to participate if they do not want to. If a child appears upset or uncomfortable, approach them gently without drawing attention to yourself or them. Ask them if they are OK, would like to talk to you and/or like to leave. They might prefer to stay with the group but remain silent.
- If they choose to talk to you, provide comfort and support. Do NOT presume that you know what is best for that particular child. LISTEN to the child, ask them what would make them feel better and who they would like to talk to.
- It is useful to ensure that a person whom they know and trust, such as someone from a local project, is in calling distance. Alternatively they might have a close friend in the group with whom they prefer to talk. Give them the opportunity to have some quiet time together in viewing distance.

## Activities:

Activities carried out within a focus group will need to be planned according to the age and ability of the children/young people. For example, it is likely that the majority of children and young people accessed as part of this research will be over the age of 14, and if asylum seeking, they are likely to be over the age of 16. However, if you are able to access other separated children, such as children in private fostering arrangements, they might well be younger. You will need to plan accordingly and think about the need for translation and interpretation support.

Below are the topics for focus group discussions, and some ideas about how to go about discussing them. They can all be adapted, however.

### 1. Social supports and networks

#### a) Social web:

Purpose: To build rapport and trust and to develop some understanding of children's social networks and supports

Age: All

Duration: 30 min.

Materials: Ball of string or wool

Step 1: The children are asked to stand in a circle

Step 2: The facilitator gently throws the ball to one child

Step 3: The child holds onto a piece of the string and then throws it to another child

Step 4: This continues until each child is part of the web

Step 5: Discussion:

- What is a social network or web?
- Can the children think of social networks in their lives?
- If they could throw the string to significant people in their lives who would it be? In other words, who belongs to their social networks?
- Do they ever feel that they throw the string to certain people but those people do not catch it and/or do not throw it back?
- Do they ever have no-one to throw the string to?
- In other words, do some social supports fail them?

## b) Mapping social networks and supports:

Purpose: To visually map the networks and supports in children's lives

Age: All

Length: 45 min.

Materials: Paper, crayons, string, scissors and drawing pins (could replace with stones, sticks, leaves)

Step 1: Each child is given a large sheet of paper, crayons, string, scissors and drawing pins

Step 2: The children are asked to draw a picture of themselves

Step 3: Then they draw/list the people who are important to them in various places on the paper

Step 4: They then cut the string into pieces and connect the picture of themselves to each of these figures using drawing pins (e.g. Connect Girl A to Friend A, or connect Girl A to Mother)

Step 5: They then draw/list some of the people who are important to those people on the same piece of paper, and connect them using string (e.g. Connect Friend A to Friend A's mother). The result is a picture of a social web

Step 6: Each child is asked to present their social webs to the group

Step 7: The facilitator then takes a large piece of paper and draws the symbol of a child, and then proceeds to draw some of the important people that emerged from the children's presentation. This is done while discussing the following:

- Why are these people important?
- When are these people important?
- Are these people important to everyone?
- Do all children have important people in their lives?
- Can these important people provide any help or support when the children feel unhappy or scared?
- Do these important people sometimes not provide any help? If so, when and why?
- Are there any other people that they would like to help them?
- How would they go about asking these people for help?

### c) Community mapping

The children are asked to brainstorm all the services they use and places they go to in their day-to-day lives (probes: think about places you go to for fun/recreation; think about places you go to for help/support). They are also asked to think about services that they don't use but would like to.

A grid is drawn up with four columns. The first column is for services, the next columns indicate frequency of use, for example:

Service	Use a lot	Use a little	Hard to access
School	x		
Gym			x

If children have different experiences, then a tally can be kept in each column.

The facilitator then leads a discussion based on the following questions:

- Why are those places important to them?
- Can all children visit those places?
- Why are certain places perceived as being unavailable to them?
- Is that the same for everyone or are some children able to access services that others can't? Does this relate to gender, age etc.? (At this point the facilitator should refer to whether and why children have different experiences of services).

## Appendix 3: List of service providers and policy makers interviewed

### National

**Debbie Aryo**, AFRUCA  
**Syd Bolton**, The Medical Foundation for Victims of Torture  
**Judith Dennis**, The Refugee Council  
**Savita de Sousa**, British Association for Adoption and Fostering (BAAF)  
**Barbara Donovan**, The Children's Champion's Office  
**Karmena Dorling**, The Children's Legal Centre  
**Don Flynn**, Migrant Rights Network  
**Natalie Huegler**, The Medical Foundation for Victims of Torture  
**Aarti Kapoor**, Child Exploitation and Online Protection Centre (CEOP)  
**Emma Kelly**, End Child Prostitution, Child Pornography and the Trafficking of Children (ECPAT)  
**David McDonald**, Home Office  
**Adrian Mathews**, 11 Million  
**Lisa Nandy**, The Children's Society  
**Jeremy Oppenheim**, The Children's Champion's Office, Home Office  
**Swati Pande**, NSPCC Child Trafficking Advice and Information Line  
**Vijay Patel**, NSPCC  
**Nancy Purdy**, Barnardo's  
**Time Spafford**, REFED  
**Kate Tilley**, NSPCC

### Harrow

**Ali Abdi**, V Talent and Connexions  
**Priya Banatra**, Connexions Manager  
**Adebayo Bankole**, Accommodation Manager, Leaving Care Team and unaccompanied asylum seeker (UASC) Service  
**Ann Birchley**, Foster carer  
**Samuel Botchley**, Harrow Council Senior Youth Participation Coordinator  
**Jodie Darge**, Teenage Pregnancy Coordinator  
**Philip Ishola**, Service Manager, Leaving Care Team and unaccompanied asylum seeker (UASC) Service  
**Dominic Joannou**, Community Development Worker, NHS Trust  
**Colette Lennon**, Health Access Unit  
**Yeta Olusanya**, Child Leaving Care Team Manager  
**Helena Mills**, English for speakers of other languages (ESOL)  
**Claire Moatti**, Team Manager, CS Safeguarding Children  
**Jennifer Noble**, Service Manager, Children in Need and Children Leaving Care Teams  
**Sejal Shah**, Connexions Personal Adviser  
**Helen Smith**, Senior Social Worker, Leaving Care Team and unaccompanied asylum seeker (UASC) Service  
**Dr Yovanja Tolmack**, The Child and Adolescent Mental Health Services (CAMHS)

### Kent

**Carol Ashton**, Accommodation Officer, Transitions Team, West Kent  
**Hilary Carter**, Acting District Manager, Reception and Assessment, Kent  
**Tim Clarke**, Community Support Worker, Transitions Team, West Kent  
**Andrea Courtier**, Community Support Worker, Transitions Team, East  
**Diane Daniels**, Social Worker, Transitions Team, West Kent  
**Tony Dickinson**, Project Team Leader, Transitions Outreach, West Kent  
**Teresa Gallagher**, Acting District Manager, Transitions, Looked After Children (LAC) and Care Leavers, Kent  
**Karen Goodman**, Head of Services, Kent  
**Chad Lacey**, Accommodation Officer, Transitions Team, East Kent  
**Stella Motsi**, Social Worker, Transitions Team, West Kent  
**Janette Narramore**, Team Leader, Duty and Initial Assessment Team  
**John Reymond**, Service Manager, Education, Minorities and Communities  
**Ian Scott**, Independent Reviewing Officer, Kent  
**Hannah Stott**, Barnardo's, Kent  
**Mavis Steeles**, Community Support Worker, Transitions Team, East Kent  
**Malcolm Thomas**, Education Adviser, West Kent, Looked After Children  
**Helen Wooding**, Social Worker, Transitions Team, East Kent

### Solihull

**Ann Cheese**, Foster carer  
**David Diaram**, Time Out Project  
**Jill Eley**, Time Out Project  
**Lynn Graham**, Social Worker, Leaving Care Team, Solihull  
**Sharon Griffin**, Time Out Project  
**Cornelia Heaney**, LAC Team Manager, Solihull  
**Theresa Iommi**, Urgency Housing Provider  
**Helen Maitland**, Befriending Unaccompanied Minors Project, The Children's Society  
**Kate Keen**, Education Unit Support Officer, Solihull  
**Melissa Perring**, Project Manager, Befriending Unaccompanied Minors Project, The Children's Society  
**Joy Robinson**, Social Worker, Solihull  
**Richard Ross**, Asylum Team Manager, Solihull  
**Sue Well**, Social Worker, Solihull



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