

**Unaccompanied Asylum Seeking Children:
The Response of Social Work Services**

Summary of main findings

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September 2005

About the study

Some 6-7,000 unaccompanied asylum seeking children are supported by social services departments, mainly in London and the South East. Most are aged 16 or 17 when they arrive and most of these young people have been supported in the community under s17 of the Children Act 1989 rather than as looked after children (s20). Despite these numbers and the significance of them for local authority resources, little has been known about how social services have responded to their needs and how referrals of unaccompanied children have been prioritised and managed by them. This study sought answers to a number of inter-related questions:

- How were young people's needs assessed and how did variations in assessment and procedure relate to the services young people subsequently received?
- What support did young people receive over the time they were supported by social services and in relation to what areas of their lives? How did these vary for different groups and with what effects for young people's lives and progress?
- Why were services provided in the way that they were?

The study design incorporated several elements:

- A study of social work case files for a sample of 212 young people referred to three local authorities over a period of 18 months.
- Interviews with 31 young people and with their main support workers within social services.
- A study of local authority policies and procedures.

The sample was selected from all cases of unaccompanied children referred to the participating authorities between March 1 2001 and August 31 2002. A stratified random sample was selected to ensure a good cross section of cases, taking account of age, sex and length of time since referral. The main fieldwork was conducted in 2002/2003. This is significant. The study followed the evolution and consolidation of specialist children's teams and, inevitably, was unable to take adequate account of more recent policy changes affecting services for unaccompanied children. In effect, it provides an assessment of services at the beginning of 2004.

The final sample attained was a product of the sampling strategy. Around one half (52%) were referred in the first half of the 18 month sampling period, 80% were male and just over half (56%) were aged 16 or 17 at referral, the majority being 14-17 years old (89%). The children came to the UK from a total of 23 different countries.

Service Pathways

Most unaccompanied young people arrive in their mid teen years. Previous studies have pointed to large numbers of those aged 16 or 17 receiving only a basic assessment of their needs and for them to be routinely placed in shared housing under s17 arrangements with limited social work support. While this study broadly confirms these findings, patterns were more complex.

In general, those referred before age 16 were more likely to have been supported by children's teams and their subsequent careers were more likely to have followed a s20 pathway. 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. The statutory responsibilities associated with being looked after were also influential. These young people were more likely to have had allocated social work support, regular social work contact and more comprehensive packages of support linked to care planning and review arrangements.

For those following a s17 pathway, support arrangements were more highly variable and the vast majority of those aged 16 or 17 were supported in this way. At one extreme, rudimentary assessments led to placements in unsupported shared housing that provided limited (if any) social work contact and support. Placement and support arrangements were routine and resource led. At the other extreme, where support was provided by children's teams or, to a lesser extent, by dedicated support agencies, the overall package of support for young people was largely indistinguishable from that provided to looked after children. Although support arrangements were often more informal, reflecting a lack of statutory duties, where assessments had been thorough and a rhythm of home visiting was established over time, the responses to young people's needs often appeared no less efficient.

In general terms, however, those supported under s17 fared less well. They were more likely to spend time out of education or training, to experience greater social isolation and, given the lack of formal leaving care responsibilities, were expected to make their own way at age 18. **These findings generally reinforce the value of providing s20 accommodation and support to all unaccompanied young people, as envisaged in official guidance (Department of Health, LAC[2003]13). The range of placement options provided for older teenagers, however, may need to be flexible.**

Assessment

Assessment is the key to understanding these pathways. Well rounded assessments provide a basis for service planning that is grounded in a thorough understanding of young people's needs and aspirations. Most young people did receive some initial assessment of their needs (88%), although this was sometimes based on a single interview. Core assessments in line with the *Assessment Framework* were rarely undertaken, amounting to only 8% of the whole sample and 18% of those who were subsequently looked after.

Different models of assessment were evident. A 'procedural' model, following a standardised format to determine eligibility for services, was more likely for those aged 16 or 17 and often amounted to little more than a 'screening process'. The services that followed, for placement and financial support, were also standardised. An 'exchange' model, with practitioners working alongside young people to inform them of their options and help them to articulate their own needs and aspirations over time, was more often adopted by children's teams. This approach tended to make for better assessment.

Better and more rounded assessments were generally undertaken in children's teams, by qualified social workers and most often involved younger children. This reflected the roles and responsibilities of different asylum teams in these authorities.¹ However, there is room to improve the quality of assessments for all unaccompanied young people. Based on ratings by the research team, fewer than one half of those

¹ Each authority had at least one specialist children's asylum team. However, other teams also existed throughout the fieldwork, including a dedicated housing/support agency (Area 1) and a generic asylum team that worked with adults, families and older unaccompanied minors (Area 2). All assessments in Area 3 were conducted by a children's team.

referred below the age of 16 (48%) received an 'adequate or better' needs assessment and two fifths (41%) of assessments conducted by qualified social workers were considered 'less than adequate'. **Consistent use of the current Assessment Framework and, in future, of the proposed Common Assessment Framework may help to raise the overall quality of assessments.**

Age disputes amongst unaccompanied young people are not uncommon and concerns about age were evident in 26% of cases. Age assessments were difficult to conduct and often appeared unsatisfactory. Decisions sometimes appeared to have resulted from a single meeting and case file records often failed to provide a clear (or any) rationale for age related decisions. **Further guidance and training to provide for greater consistency in age assessments would therefore be welcome.**

The assessment process was always challenging. Young people's initial encounters with social services were often marked by confusion and a degree of suspicion. While some young people wanted to talk, others were more reticent and questions were met with silence or with what workers perceived to be formal asylum stories. Many workers understood that silence could be both protective and costly for young people. Timing, proceeding at the young person's pace and sensitive questioning were features of good assessment practice. Most workers were sympathetic or agnostic in relation to young people's accounts and initial assessments tended to focus on gathering basic information about young people's immediate needs for placement, finance, education and health screening. More complex questions about family, past experiences or reasons for exile and the emotional legacy of these were often deferred.

Deferring consideration of deeper emotional issues until young people are settled in placement may be a helpful strategy. **However, too often assessments proved to be a one off truncated event. Young people frequently needed to re-tell their stories and new needs emerged over time as their confidence in those around them grew. Initial assessments therefore need to be seen as provisional and be subject to a continuing process of review.**

Placement

Many young people first arrived at social services in emergency circumstances and almost one half (48%) were provided with accommodation on the day of referral. The management of referral, initial assessment and placement varied according to a number of factors: the place and nature of young people's arrival to the UK; their age; team policies and procedures; the placement resources available and whether or not young people already had some form of pre-referral living arrangement.

While placement was more likely to have flowed from an assessment of need for those under 16, older males were the group least likely to have received a pre-placement assessment. **As other studies have found, many older teenagers were routinely placed in unsupported or low level supported shared housing under s17 after only a basic assessment.** During the early phase of the study, in particular, reliance for initial placements on hotels or other emergency accommodation was not uncommon.

Assessments for those already living at referral with relatives, with informal community carers or in private foster settings also varied considerably. Where these were managed well, sensitivity and skill was evident in assessing the nature of the carer's relationship with the young person and their capacity to provide good quality care. In some cases, however, these arrangements were ratified too readily after

only basic checks had been undertaken. In addition, once assessments were completed social work monitoring and support often tended to reduce and undue reliance was sometimes placed on the sense of familial or community obligation that can exist within refugee communities.

Residential care was mainly used for reception of younger looked after males (10% of initial placements), offering a short-term bridge to assist their adjustment to life in the UK or to provide a period of preparation for independence. Some young people found comfort and solidarity in relationships with other young people from similar backgrounds. **Questions of location, the mix of residents and the nature of unit regimes were important influences on young people's experiences that should be taken account of when planning residential accommodation.**

Foster care was the preferred option for younger looked after children (and some older females) requiring placement. Around one in nine young people (11%) had a main placement in this setting. **Where they worked well, foster placements provided a feeling of safety, security and an opportunity to build new attachments.** Although cultural matching was recognised as important, it was often difficult to achieve in the context of limited placement supply. Most young people moved into cross-cultural placements that involved a difficult period of adjustment and carried some risk of social isolation. Although many placements lasted quite successfully, over time some young people felt the need to move to more semi-independent settings in culturally mixed areas. **Little use was being made of provisions for independent visitors or befrienders (perhaps drawing on refugee communities) who may have helped to mitigate placement tensions.**

Around one in six young people (17%) mainly lived in kinship settings, the majority (58%) supported under s17 arrangements. **Kinship placements often provided young people with stable and familiar attachments, opportunities for cultural integration and support for education.** These placements often proved very successful, although there were instances where limited assessment and monitoring arrangements created subsequent risks for young people and where the low income and poor housing available to refugee families strained family resources. **Financial support to families was highly variable, sometimes non-existent, and improvements in support and monitoring may help to strengthen positive outcomes in kinship settings.**

Most young people had a main placement in supported (34%) or unsupported (36%) accommodation, the majority under s17 arrangements. **Supported hostels and floating support schemes tended to work best when the support was provided directly by a dedicated social work team and linked to comprehensive packages of care tailored to individual needs.** Reliance on private landlords or housing agencies was considerably more problematic and often resulted in unwelcome placement mobility for young people and highly variable accommodation and support arrangements. Contracts with housing providers were difficult to monitor and enforce and housing options were generally limited by financial constraints. Contract enforcement and quality assurance should be undertaken effectively by specialist staff within local authorities rather than be left to individual social workers to negotiate.

The practice of asylum teams evolved over the course of the study, including the development of strategies to improve placement options. Meeting the differing needs of young people will require a flexible continuum of placement options. **These include expansion of the pool of local authority foster carers, especially those available within refugee communities, and of the range of supported options**

available, including supported lodgings, small supported hostels and floating support schemes. Developments of this kind require specialist staff and the investment of time and resources to build partnerships with statutory and voluntary housing providers. Lessons learnt over time in the leaving care field and greater collaboration with leaving care schemes may prove helpful.

Education and training

The young people came from diverse educational backgrounds and most had experienced disruption to their education. A successful re-introduction to education is an important feature of the resettlement process and support for academic and vocational education should be a high social work priority. **Careful assessment of young people's educational histories, language skills, attainments and aspirations should help practitioners to identify appropriate placements.**

Access to schools and colleges was often difficult, especially for those arriving in mid term or at age 15 and young people's adjustment to new educational environments also took time. Many young people were anxious, most needed intensive periods of English language support and some experienced bullying and racism. Young people need considerable reassurance from teachers, carers and social workers at this time. Not all young people felt able to share their concerns and practitioners need to be vigilant to signs of distress. **Clear links and communication with education services are necessary to ensure prompt access arrangements and to enable young people to benefit from the pastoral support, 'buddy' or mentoring services that some schools and colleges provide.**

Most young people were participating in full or part time education through schools, colleges or forms of alternative education provision. Limited use was made of accredited training schemes and opportunities for employment were extremely restricted and under-exploited, even for those with leave to remain.

Patterns of participation were not always continuous and at least one in ten young people did not establish a foothold in education or training throughout the time they were supported by social services. The likelihood of 'non-participation' varied according to age at referral, region of origin, type of placement and degree of placement stability. Young people who lived mainly in care or kinship settings were much more likely to have experienced a continuous pattern of education than was the case for those who mainly lived in either supported or unsupported accommodation. Young people placed in more independent settings, often under s17 arrangements, found it more difficult to sustain involvement in education. **This reinforces the value of providing unaccompanied young people with stable and supportive placements, of considering the educational impact of proposed placement changes and of giving educational support a higher priority when planning for young people to live more independently.**

Many young people were highly committed to education. Most also needed practical, financial and emotional support to maintain their motivation. Sustained participation was more likely where professional support for education formed part of a comprehensive package of care that addressed young people's lives as a whole - linking education, placement, health and emotional wellbeing - and where young people had developed strong networks of support from family, significant adults and friends. **Strategies that help to strengthen young people's social networks and that help to promote self esteem, self efficacy and resilience may therefore also help the progress of their educational careers.**

Financial assistance to support young people's education was variable and often discretionary. Living allowances were very low, especially for those living in more independent settings who often suffered genuine hardship. The development of 'financial incentives schemes' to support participation was limited and generally restricted to those looked after (s20). **Unaccompanied young people have a right to clear information about their entitlements and there is a strong case for reviewing their financial entitlements, including those supported under s17, in line with those now available to citizen young people in the care system.**

Formal links with education services were more clearly defined for children of school age. Liaison arrangements for young people accessing further education or training were less certain. Development work to expand resources and opportunities for young people tended to be *ad hoc*, often dependent on the individual commitment of social workers. **There is a need for greater corporate leadership and for dedicated lead officers to identify and exploit opportunities with colleges, training providers and employers to broaden this range of options.**

Health and wellbeing

Unaccompanied young people may carry with them a range of physical or emotional health problems arising from their past experiences. Initial assessments almost always included some screening of young people's physical health, although coverage of emotional wellbeing or risks to which they may have been exposed was less common. **Specialist children's teams were more likely than other asylum teams to conduct comprehensive health assessments and to have routine procedures in place for health screening.**

Although a majority of young people appeared to be physically healthy, around one in eight (13%) were experiencing chronic health problems that affected their daily lives. Health monitoring and support tended to be better for young people who were formally looked after (s20) - linked to statutory requirements for health assessments and planning - and for those supported under s17 who received an equivalent package of care. **Health monitoring was facilitated where young people were in settled placements, where carers and support workers gave priority to health concerns and where patterns of social work contact, planning and review were regular.**

Many young people had settled well and were purposeful in their outlook, especially where they had a stable placement, were engaged in education and had a supportive network of relationships. However, almost one third (31%) were continuing to experience some emotional turbulence. Anxieties about the past often articulated with resettlement difficulties in the present and concerns for the future to create emotional difficulties for young people.

Practitioners were often alert to signs of emotional distress and offers of counselling were frequently made. However, not all young people felt ready for these encounters and some maintained an emotional distance from practitioners. Responses therefore need to be grounded in an understanding of each individual. Where young people were prepared to accept it, counselling was often highly valued as a means of helping them to re-connect the threads of their lives that may have become fractured by the emotional effects of separation, trauma and displacement. Others, however, never got this opportunity, as their needs went unrecognised or their requests were ignored.

The scarcity of therapeutic resources and the ambivalence of some young people towards formal counselling suggests that more flexible and imaginative strategies for meeting young people's emotional needs may also be necessary. **Approaches that weave 'therapeutic care' into the daily lives of young people, drawing on the support of carers and social workers, may therefore prove helpful** (Papadopoulos 2002; Kohli and Mather 2003). Approaches of this kind, however, do have implications for social work time and resources, training and back up from psychotherapeutic services.

Information on health promotion work with young people in relation to diet, substance use, leisure and sexual health was limited. Most work tended to take place in the context of one to one casework or, in some instances, through social groups. Financial support to promote sport and leisure interests was variable. **Government guidance emphasises the importance of a coherent strategy to encourage young people to lead healthy, active lives. This may be strengthened through partnerships with health promotion teams, peer education initiatives and through links with local projects working in the areas of sexual health, drugs and alcohol.**

Social networks

Separation from parents, customary care givers and the familiar is common to all unaccompanied young people. Social workers have a key role in minimising the disconnection between young people's past and present lives by promoting continuities with the past and opportunities for new social activities and relationships.

Many young people were socially isolated and were primarily dependent on support from social services and allied professionals. Those who were looked after (s20), who mainly lived in care or kinship settings, preferably within the local authority, and who were consistently involved in education tended to have stronger networks of social support than did those living more independently under s17 arrangements. **Making an early investment in young people's social networks (through placement, education, family, friends and community) may help to improve overall wellbeing, reduce feelings of disconnection and, ultimately, help to reduce young people's longer term reliance on social services support.**

The arena of family and social relationships is sensitive territory. Uncertainty about young people's family histories, about their ordinary lives before exile and, in some cases, about their social lives in the present, was quite commonplace for practitioners. There are many reasons why young people may be guarded in sharing information about their families. **Patience, time and trust were often needed before young people's stories gradually emerged and providing opportunities to revisit past information or events is therefore likely to be helpful.**

In all, around 62% of young people appeared to have no family contact of any kind, 36% were known to have relatives in the UK - a majority of these links being between siblings (57%) - and a small minority (11%) were known to have links with relatives overseas. Most of those who had links with relatives had received some social services support to facilitate contact (through placement support; brokering or financing contact; offers of counselling or tracing).

Relationships between siblings were often the primary source of family identification and solidarity and practitioners were successful in keeping sibling groups together. Almost universally, young people wanted to keep the family together. However, some strains were evident for those in a primary care role

and a careful assessment of their capacity to care was not always undertaken. Continuing support was often based on perceived whole group needs rather than on an appreciation of the needs of individual members and, when placed in more independent settings, the capacity of sibling groups to manage was severely tested.

A significant minority of young people (16%) had also formed links with other significant adults who, to varying degrees, had played an important role in their lives - especially where young people were otherwise isolated. **Workers were not always aware of these connections or of their importance for young people and support to promote them was less common than was the case for relatives. Initiatives to connect young people to mentors, befrienders or independent visitors were also not sufficiently exploited.**

Many practitioners were mindful of the need to help young people connect with friends, with aspects of their own cultures and communities and with mainstream youth activities. Education and placement were the main arenas for broadening social networks. **Good friendships helped young people to reorient their lives and provided an important source of company and emotional support.** Companionship was also found through membership of churches and mosques. **Placements in kinship settings, in same culture foster placements and, to a more varying extent, in placements arranged through refugee associations, tended to provide greater opportunities for young people to connect with their communities of origin.**

However, young people's ability to lead active social lives or pursue leisure interests was seriously affected by lack of money, especially for those living independently on unrealistically low personal allowances.

Transition at 18

Most unaccompanied young people come to the UK in their mid teen years. Preparation and planning for transition should therefore be a core focus of social work practice. Transition planning, however, was often impeded by uncertainty about the future arising from the asylum decision-making process.

Pathways at age 18 varied according to asylum status and the support arrangements provided by social services. Many young people (34%) were still seeking an asylum decision at 18 and most had transferred to NASS support. Very few (14%) had been granted indefinite leave to remain. Two fifths had been granted temporary leave to remain (41%), the majority to their 18th birthday, and were therefore seeking an extension. A small number of young people had received a negative decision and exhausted their appeal rights. A 'multi-dimensional' approach to planning is required for distinctive sub-groups of young people who, though they may have common core needs, face different futures: a) those with long term futures in the UK; b) those seeking a longer term future; c) those who have been refused permission to stay; and d) those who may choose to return to their country of origin. **Multi-dimensional planning therefore needs to be flexible and realistic, taking account of these likely scenarios for each young person, and to develop individual support packages that maximise young people's options.**

At the time of study, pathways at 18 were also profoundly affected by social services policies and procedures. Information on post 18 transitions relates primarily to those who had been supported under s17, who formed the majority of the sample (76%).²

² Very few looked after young people (n=38) had reached 18 and were still living in placements and preparing for transition.

Over one half (56%) of this group were aged 18 or over at data collection and the vast majority (77%) had ceased to receive social services support beyond their 18th birthday. Case closure was routine and reflected the lack of statutory duties to provide leaving care services. Where looked after young people (s20) had moved on before age 18 to live more independently or to join relatives, support arrangements were often changed to s17, weakening *in practice* their entitlement to later leaving care support. **In overall terms, therefore, social services had delimited its leaving care responsibilities to the vast majority of young people.**³

The intersection of social services and immigration responsibilities makes transition planning complex. However, use of written pathway plans was rare, even for looked after children. Where they were used, workers often found them helpful planning tools. **For young people, pathway planning often provided access to realistic information, advice and guidance that helped to inform their decisions.** Towards the end of the study pathway planning was gradually being extended in line with statutory requirements.

The timescales for transition planning were too short and, especially for those living more independently, too often took the form of an 'exit plan' at 18. **Where young people's contact with social services had been weak over time, evidence of transition planning was often non-existent, transitions tended to be abrupt and arrangements for case closure were brief and formal.**

Where young people had leave to remain extending beyond 18, young people were better able to envisage and plan for their futures and workers could more readily make arrangements to access social housing, benefits and continuing education. Where leave to remain was uncertain, young people's sense of future was often foreshortened and other aspects of multi-dimensional planning became essential to prepare young people for different eventualities. **Planning drift was most likely in relation to the prospect of return.** Young people were often reluctant to consider this possibility and workers often found it difficult to repeatedly raise the implications of a negative outcome. However difficult it may be to help young people prepare for such an outcome, it is an important dimension of planning. **Transition planning needs to be realistic, take place over time and take account of all possible outcomes so that young people may make informed decisions.**

Amongst the over 18s there was, however, considerable evidence of need for leaving care support. Although most had some form of home base, the majority in private sector shared housing, at least one in seven (14%) were not participating in education or training and almost two fifths (39%) had no documented support from family, friends or community. The extent of need was, however, difficult to determine from case files. **Local authorities are not formally required to monitor or report on the circumstances of those supported under s17 and, as a result, many of these young people had disappeared from view after case closure.**

Development of specialist services

The study coincided with the evolution of specialist children's asylum teams in the participating authorities. These teams emerged from uncertain beginnings and at a time when social services were faced with a rapid increase in referrals from a relatively new client group. None of the local authorities were particularly well positioned to meet these challenges. Some confusion inevitably surrounded these

³ At the close of the study, Department of Health guidance (LAC[2003]13) and the Hillingdon judgement were starting to have some effect on a) the proportion of older teenagers accommodated (s20) and b) the leaving care entitlements of young people.

developments. Staff numbers were low and caseloads were high. New policies, procedures and guidance were needed at a time when few clear signposts existed to steer service developments.

These background factors provide context to the quite large variations that were found in services across the population as a whole – variations in the quality of assessments undertaken, in the services that flowed from them, especially amongst those supported under s17, and (perhaps most sharply) in the near absence of leaving care support. The lives of many young people were difficult. Many lived in poor quality housing, were coping with courses that failed to meet their aspirations, were isolated, faced uncertain futures and lacked sufficient money to improve the quality of their social lives.

Pools of positive practice were also evident, especially through the support provided by children's teams. Over the course of the study, and aided by a downturn in the numbers of young people arriving, the practice of these teams was gradually consolidated and realigned to tighten referral and assessment procedures, to improve placement options for young people (including for those in transition), to reduce reliance on less adequate service providers and to increase the proportion of young people looked after and therefore eligible for leaving care services. These have been welcome developments, reinforced by Government guidance and the Hillingdon judgement, that give greater optimism for the future.

However, the weaknesses in service provision, especially for those supported under s17, that have been identified in this (and other) reports also derive from the funding base to support work with unaccompanied young people and the tensions that arise from the interface between child care and immigration policy. The age related distinction in the Home Office Special Grant that funds this work has had an important influence on the shape of services and, in particular, on the use of s17 support for older teenagers. If, as the evidence suggests, young people benefit from the greater protection and support afforded by the looked after system, this distinction is untenable. Services will inevitably cost more and should be adequately funded. In addition, the core thrust of child care (and leaving care) legislation, with its emphasis on social inclusion and pathway planning, is at odds with the increasingly harsh climate surrounding immigration policy, creating an uncertain terrain for social work that impedes high quality planning and support.

Although social services have to work within the constraints imposed by immigration policies and procedures, the development of high quality services would be enhanced through the provision of a more equitable and enabling policy environment that supports the determined efforts of young people to re-build and re-centre their lives and that allows them to take advantage of new opportunities and acquire new skills, irrespective of whether they will remain in this country or eventually return to their countries of origin.

References

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